(

Name of Facility The Card Home for the Aged, Inc.	Address	Phone Number	
The Card Home for the Aged, me.	154 Pleasant Street, Willimantic, CT,	860-423-9123	
Type of Facility and License Number(s)	06226		1
	□ CCNH	□ RHNS	Residential Care Home
Licen	ise Number		1267RCH
Medicaid Provid	er Number		
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016	$\neg$	
		1	
Medicare Provider Number			
Printed Name (Administrator)	Printed Name (Owner)		
Susan Humes			
Report Prepared By	Phone Number	Date	
Shane, Navratil and Company	860-456-2297	1/31/	2016
Type of Ownership (Check appropriate			
O Proprietorship O LLC O Par If this facility opened or closed during r		O Government O Trust Date Opened	
In this factility opened of closed during f	eport year provide.	Date Closed	
	o or operation during this report year? If "Yes,"	' explain fully.	
O Yes			
Name of Administrator Susan Humes			
Nursing Home Administrator's License	No.		
rursing nome number utor 5 Election		1	
Other Operators/Owners who are Assis	tant Administrators (full or part time) of this fa	cility.	
Name Johanne Philbrick		License #	
			State(s) and/or Town(s) in Which
Legal Name of Partnership/LLC	Business Address		Registered
Name of Partners/Members	Business Address	Title	% Owned
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
The Card Home for the Aged	154 Pleasant Street, Willimantic, CT 06226	Incorporated CT	No Shares Held by Each
	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT	Incorporated	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT	Incorporated CT Title	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT	Incorporated CT Title President	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT Title President Vice President Vice President	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT Title President Vice President Vice President	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No, Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Secretary	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT         06226         Business Address         154 Pleasant Street, Willimantic, CT         06226         154 Pleasant Street, Willimantic, CT         06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No, Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each
The Card Home for the Aged Name of Directors, Officers Johanne Philbrick David Fowler Marjorie Petro Patricia Dubos Barbara Garceau Names of Stockholders Owning at Leas	154 Pleasant Street, Willimantic, CT 06226 Business Address 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226 154 Pleasant Street, Willimantic, CT 06226	Incorporated CT CT Title President Vice President Vice President Vice President Secretary Treasurer	No. Shares Held by Each

property or the loaning of funds to this facility, re common ownership, control, or business associati officials of this facility?		O 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 Rela Party
Johanne Philbrick	107 Chaplin St. Chaplin, CT 06235	O Yes ⊗ No 0.00%	Salary for President	Page 10/Line A3	5,566	
	Percentage Non-Related		1			
	Percentage Non-Related	© Yes © No 0.00%				
		O Yes O No				
	Percentage Non-Related	0.00%				1
		O Yes O No				
Γ	Percentage Non-Related			1		
	Percentage Non-Related	© Yes © No 0.00%				
		O Yes O No				
	Percentage Non-Related	0.00%				
	Demonte en Neu Deleted	O Yes O No 0.00%				
	Percentage Non-Related	O Yes O No	1			
	Percentage Non-Related					
		O Yes O No				
	Percentage Non-Related	0.00%				1
In the preparation of this Report, were all costs a	llocated as required? If ''No,'' explain ful	lly why such allocation was not	made.			
⊙ Yes O No					ſ	
Explain the allocation of related company expens	es and attach copy of appropriate support	ing data.				
Did the Facility appropriately allocate and self-di		rsing home cost centers? (e.g., A	ssisted Living, Home Health, Outpatient Ser	vices, Adult Day	l	
© Yes ○ No	ch allocation was not made.					
Include all long-term leases for motor vehicles an	d equipment that have not been capitalize	d. Short-term leases or as need	led rentals should not be included in these and			
Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Amount Claimed	Related to Owners
						O Yes O No
						O Yes O No
						O Yes O No
						0.Y
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
						O Yes O No
		1	La Miran La Dal Maria a di Stati	Total	0	
The records of this facility for the period covered	hy this report were maintained on the F-1	lowing hasis.	Is a Mileage Log Book Maintained for All I	eased Vehicles ?		O Yes O No
Accrual     Cash	by this report were maintained on the for	lowing basis.				
O Modified Cash						
Is the accounting basis for this period the same as • Yes • O No	s for the previous period? If "No," explai	n.				
Name of Accounting Firm Shane, Navratil & Company		1	Address of Accounting Firm 20 Walnut Street, Willimantic 06226	]		
	4	2 3		-		
Services Provided by This Firm (describe fully)		4 Charge for Service Provided	•	L		
Audit of Financial Statements and Preparation of An Prepare Federal and CT 1041 for Trust	nual Report of Long-Term Care Facility	3,500 300				
Are these charges reflected in the expenditure po	rtion of this renort? If Vec specify evpon	se classification and line number	 r.			
Yes O No	or and report. If res, specify expen			-		
		-		1		
Page 15 D Accounting and Audit						
Page 15 D Accounting and Audit Name of Legal Firm or Independent Attorney Mary C. Healy, Attorney at Law, LLC	Address PO Box 703, Mansfield Center, CT 0625	Telephone Number 860-450-1810	1			
Name of Legal Firm or Independent Attorney		Telephone Number 860-450-1810				
Name of Legal Firm or Independent Attorney		Telephone Number 860-450-1810				
Name of Legal Firm or Independent Attorney		Telephone Number 860-450-1810 Charge for Service Provided 98				
Name of Legal Firm or Independent Attorney Mary C. Healy, Attorney at Law, LLC Services Provided by This Firm		860-450-1810 Charge for Service Provided				

5 Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number. © Yes © No

Page 4

Page 5

Page 6

Page 7

	Are time records maintained by all individuals recei	iving compensation?		© Yes O No		
			Explanation of Relationship	Related to Owners, Operators, Officers	T	
				O Yes O No	1	
				O Yes O No	]	
				O Yes O No	]	
				O Yes O No	]	
				O Yes O No	]	
				O Yes O No	l	
				O Yes O No	]	
				O Yes O No		
				O Yes O No		
				O Yes O No	1	
				O Yes O No	1	
				O Yes O No	1	
				O Yes O No		
				O Yes O No	l T	
				O Yes O No	1	
				O Yes O No	] T	
			L	O Yes O No	l T	
			<u> </u>	O Yes O No	ı T	
			I	O Yes O No	⊥ T	
				O Yes O No	ı T	
				O Yes O No	1	
				L	-	
	Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #		
					-	
					-	
2F	I Is the cost of employee meals included in 2E?		© Yes O No	1	1	
21	Did you receive revenue from employees?		⊖ Yes © No	If yes, specify amt.		[
23	Where is the revenue received reported in the Cost I Is the cost of meals provided to persons other than e			(Page/Line Item)	I	I
2¥ 2I	Members, Guests) included in 2E?	inproyees of residents (i.e., board	O Yes ⊙ No O Yes ⊙ No	If yes, specify cost. If yes, specify amt.		
	M         Where is the revenue received reported in the Cost	Report?		(Page/Line Item)		l
2N	Is cost of food (other than meals, e.g., snacks at mon provided to employees included in 2E?	thly staff meetings, board meetings)	O Yes ⊗ No	If yes, specify cost.		ļ
20 2F		Report?	O Yes ◎ No	If yes, specify amt. (Page/Line Item)		
30	Is cost of employee laundry included in 3E?		O Yes	If yes, specify cost.		I
3F	H Did you receive revenue from employees?		⊖ Yes © No	If yes, specify amt.		
31	Where is the revenue received reported in the Cost	Report?	O Yes O No	(Page/Line Item)	I	l T
3J 3k		ployees or residents included in 3E?	O Yes O No	If yes, specify cost. If yes, specify amt.		-
31		Report?		(Page/Line Item)		l
	Is the property either owned by the Facility or lease	d from a Related Party?	⊖ Yes © No	If "Yes" complete Part B. If "No" complete Part C.	+	
114	Description Date Land Purchased	Total 1/1/1965	Į			
11A 11A	A Date Structure Completed A Date of Initial Owner, Date of Purchase A Date of Initial Licensure	3/31/1965				
11A 11A	A5 Total Licensed Bed Capacity A6 Square Footage	20 8,959	1			
11A 11A	7a Original Cost - Land 7b Original Cost - Building	1,100 117,856	1			_
	Part B - Owner and Related Parties 1a Type of Financing (e.g., fixed, variable) 1b Date Mortgage Obtained	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	Į
11B 11B	Interest Rate for the Cost Year           1d Term of Mortgage (number of years)					   
11B	The Amount of Principal Borrowed If Principal balance outstanding as of <u>Complete if Mortgage was Refinanced During Curren</u>	nt Cost Year		<u> </u>	<u> </u>	1
11B	Type of Financing (e.g., fixed, variable) The Date of Refinancing Tive Variable Vari					Í
11B 11B	11 Term of Mortgage (number of years) 11 Amount of Principal Borrowed					
11B	Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Property				 	Annual Amour
	Improvements Only Arms-length leases	Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Lease
С	Arms-length leases Arms-length leases Arms-length leases					
C	Arms-length leases					
C						
C	Printed Name of Preparer Shane, Navratil & Company					
C	Printed Name of Preparer					

Page 15 E Legal

	Δ	В	С	D	Е	F	G	Н	Ι
355	11	27	Prescription Drugs	0	L	1	0	11	1
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32		0					
			Oxygen (not emergency)						
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs Page 29 Schedule	) 0	-	-	-		
363		Page	22 - Maintenance and Property						
364		35	Excess Movable Equipment Depreciation Page 29 Schedu	ile 0	_	-	_		
						_	_		
303		36	Depreciation on Unallowable Motor Vehicles	0					
366	6	37	Unallowable Property and Real Estate Taxes	0					
367	Page 29	38	Rental of Building Space or Rooms	0					
368	age	39	Other Property Costs Page 29 Schedule	553	-	-	553		
369	Ч	Page	27 - Insurance						
270		40	Mortgage Insurance	0					
370									
3/1		41	Property Insurance	0					
372		Other	- Miscellaneous						
365 366 367 368 369 370 371 372 373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
276			-						
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense Page 29 Schedule	0	-	-	-		
201			or Profit Providers Only		-	-	-		
374 375 376 377 378 379 380 381 382 383 383				~					
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383			Page 29 Schedule	•					
384		51	Total Amount of Decrease	22,762	0	0	22,762		
385									
							Residential		
201		/			COM	DING			
386		Line #	<b>A</b>	Total	CCNH	RHNS	Care Home		
387		Reside	ent Room, Board & Routine Care Revenue						
388		I1a	Medicaid Residents (CT Only)	114,274			114,274		
389		I1b	Medicaid Room and Board Contractual Allowance	0					
390		I2a	Medicaid (All Other States)	0					
391		I2b	Other States Room and Board Contractual Allowance	0					
392		I3a	Medicare Residents (all inclusive)	0					
393		I3b	Medicare Room and Board Contractual Allowance	0					
394		I4a	Private-Pay Residents and Other	233,306			233,306		
395			Private-Pay Room and Board Contractual Allowance	0					
			-	Ū					
396			Resident Revenue					1	
397			Prescription Drugs - Medicare	0					
398		II1b	Prescription Drugs - Medicare Contractual Allowance	0					
399		II1c	Prescription Drugs - Non-Medicare	0					
400			Prescription Drugs - Non-Medicare Contractual Allowance	0					
401				0					
			Medical Supplies - Medicare						
402			Medical Supplies - Medicare Contractual Allowance	0					
403			Medical Supplies - Non-Medicare	0					
404		II2d	Medical Supplies - Non-Medicare Contractual Allowance	0					
405			Physical Therapy - Medicare	0					
405	0		Physical Therapy - Medicare Contractual Allowance	0					
400	e 30								
407	Page		Physical Therapy - Non-Medicare	0					
408	Ч		Physical Therapy - Non-Medicare Contractual Allowance	0					
409		II4a	Speech Therapy - Medicare	0					
410		II4b	Speech Therapy - Medicare Contractual Allowance	0					
411			Speech Therapy - Non-Medicare	0			1		
411			Speech Therapy - Non-Medicare Contractual Allowance	0					
413			Occupational Therapy - Medicare	0					
414		II5b	Occupational Therapy - Medicare Contractual Allowance	0					
415			Occupational Therapy - Non-Medicare	0					
416			Occupational Therapy - Non-Medicare Contractual Allowance	0					
410			Other (Specify) Medicana		L			l	
41/			Other (Specify) - Medicare Other Resident Rev	0	-	-	-		
418			Other (Specify) - Non-Medicare	0	-	-	-		
419		III	Total Resident Revenue	347,580	0	0	347,580		
420		Other	Revenue						
421		IV1	Meals sold to guests, employees & others	0					
422			Rental of rooms to non-residents	0					
122									
423		IV3	Telephone and Telegraph	0					
424		IV4	Rental of Televisions and Cable Services	0					
425		IV5	Interest Income (Specify) Interest Income	19	-	-	19		
426		IV6	Private Duty Nurses' Fees	0					
419 420 421 422 423 424 425 426 427 428 429 430 431		IV7	Barber, Coffee, Beauty & Gift shops	0					
120				169,452			169,452	I	
428		110		109,452	-	-	109,452		
429			See Attached Schedule	a			a		
430		V	Total Other Revenue	169,471	0	0	169,471		
431	30	VI	Total All Revenue	517,051	0	0	517,051		

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

#### Line #

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

	Name	ССМН	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)		Name and Address of All Other Employment**	Compensation Received
[- wner										
oction ] ttors/O										
Section I- Operators/Owner s										
ther										
& 12 1 II-O d Par										
Page 11 & 12 Section II-Other Related Parties										
Pag S										
Section III- Administrators	Susan Humes			45,673	2,340	A2		House Administrator and Overall	None	
tinistr										
Sec										
ant s	Johanne Philbrick			5,566	360	A3		Management of Home	None	
Assist trator										
Section IV-Assistant Administrators										
Section										

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

		Related to Owner				Total	Cost/Page Ref.		
Name of Individual/Company	Address	Operators, Officers	Explanation of Relationship	Full Explanation of Services Provided	CCNH	RHNS	Residential Care Home	Page	Line
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							
		○ Yes ○ No							

Page 21

Line #

#### Please fill in the Depreciation Schedule as follows:

		Asset Addition Schedule	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	A1	Land Improvements - Acquired prior to report period	8,250		8,250	2,704	straight line	15	550
	A2	Land Improvements - Disposals	-						-
	A3	Land Improvements - Acquired during this report period (attach schedule)							-
	B1	Building Improvements - Acquired prior to this report period	353,916		353,916	224,221	varies	varies	8,877
	B2	Building Improvements - Disposals	-						-
	В3	Building Improvements - Acquired during this report period (attach schedule)	38,680						1,996
Page 23	C1	Non-Movable Equipment - Acquired prior to this report period	64,305		64,305	25,558	varies	varies	4,265
	C2	Non-Movable Equipment -Disposals	-						-
	C3	Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	log	nileage book ained? No	Dat Acqui Month	isition	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
D1a		100	110		I cui							1
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period					40,297		40,297	29,382	varies	varies	2,149
					-							
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					-						_

Please fill in the Amortization Schedule as follows:

				e of isition	Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Organization Expense	Month	Year						
	A1									
	A2									
-	A3									
Page 24		Mortgage Expense								
ag	B1									
-	B2									
	B3									
	C1	Leasehold Improvements and Other - Acquired prior to this report period								
	C2	Leasehold Improvements and Other - Disposals				-				-
	C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-

	٨	В	С	D	Е
1	А	Line #		Subtotal	E Total
2			nt Assets	Subtotal	Total
3		A1	Cash (on hand and in banks)		19,374
4		A1 A2	Resident Accounts Receivable		17,574
					1 420
5		A3	Other Accounts Receivable		1,429
6		A4	Inventories		. 40 4
7		A5	Prepaid Expenses ( <i>itemize</i> )		5,486
8		а	Insurance	4,455	
9		b	Taxes	505	
10		с	Elevator Service	526	
11		d			
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (itemize)	-	0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		26,289
20		/			,
21		Fixed	Assets		
22	1	B1	Land		1,100
23	e 3	B1 B2	Land Improvements		4,996
23	Page 31	14	Historical Cost	8,250	0//,
24	Π		Accumulated Depreciation	3,254	
25		D2		3,234	157,502
		B3	Buildings	202 507	157,502
27			Historical Cost	392,596	
28		<b>D</b> 4	Accumulated Depreciation	235,094	0
29		B4	Leasehold Improvements		0
30			Historical Cost		
31			Accumulated Depreciation		
32		B5	Non-Movable Equipment		34,482
33			Historical Cost	64,305	
34			Accumulated Depreciation	29,823	
35		B6	Movable Equipment		8,766
36			Historical Cost	40,297	
37			Accumulated Depreciation	31,531	
38		B7	Motor Vehicles		0
39			Historical Cost		
40			Accumulated Depreciation		
41		B8	Minor Equipment-Not Depreciable		
42		B9	Other Fixed Assets ( <i>itemize</i> )		0
43		-			
44					
45		B10	Total Fixed Assets (Lines B1 thru 9)		206,846
46		<b>D</b> 10		Brought Forward	233,135
47		Lease	hold or like property recorded for Equity Purposes		
48		C1	Land		
49		C2	Land Improvements		0
50			Historical Cost		v
51			Accumulated Depreciation		
52		C3	Buildings		0
53		05	Historical Cost		v
54			Accumulated Depreciation		
55		$\mathbf{C}^{A}$			0
		C4	Non-Movable Equipment		V
56			Historical Cost		
57		~-	Accumulated Depreciation		_
58		C5	Movable Equipment		0
59			Historical Cost		
60		~ -	Accumulated Depreciation		_
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66	32				
67	Page		ment and Other Assets		
68	P,	D1	Deferred Deposits		
69		D2	Escrow Deposits		

70	A B	C D	E
70	D3	0 1	0
71		Historical Cost	
72		Accumulated Depreciation	
73	D4		
74	D5		1,418,036
75		IB Investments 1,418,036	
76			
77	D6	Loans to Owners or Related Parties	0
78		Name and Address	
79		Amount	
80		Loan Date	
81			
82	D7	Other Assets	73,965
83		Beneficial Interest in Perpetual Trust 73,965	
84			
85			
86	D8	Total Investments and Other Assets (Lines D1 thru 7)	1,492,001
87	D0 D9	Total All Assets (Lines A9 + B10 + C8 + D8)	1,725,136
88	D)		1,725,150
89	Curr	ent Liabilities	
90	A1	Trade Accounts Payable	5,745
90 91	A1 A2	-	5,745
	A2	Notes Payable (itemize)	
92			4
93			4
94			
95			
96	A3		0
97		Name of Lender	
98		Purpose	
99		Amount	
100		Date Due	
101			
102		Name of Lender	
103		Purpose	
104		Amount	
105	~	Date Due	
106	Page 33		
107	Ba A4	Accrued Payroll (Exclusive of Owners & Stockholders)	7,706
108	<b>н</b> А5	Accrued Payroll (Owners & Stockholders only)	
109	A6	Accrued Payroll Taxes Payable	829
110	A7		
111	A8	•	
112	A9	•••	
112		) Interest Payable	
114		Accrued Income Taxes	
115		2 Other Current Liabilities (itemize)	11,146
115	A12	Accrued Expenses 6,200	11,140
117		Deferred Revenue 4,101	
117		Deferred Revenue 4,101 Deferred Federal Excise Taxes 845	4
		Defense redetat Excise Taxes   845	4
119		<b>├</b> ──── <b>├</b> ───	4
120		<b>├</b> ──── <b>├</b> ───	4
121			4
122			4
123			
124	A13	Total Current Liabilities Lines A1 thru 12)	25,426
125	Ŧ	Total Brought Forward	25,426
126	-	-Term Liabilities	<u>_</u>
127	B1		ļ]
128		Name of Lender	4
129		Purpose	4
130		Amount	
131		Date Due	
132			
133		Name of Lender	
134		Purpose	
135		Amount	
136		Date Due	
137			1
138	B2	Mortgages Payable	
	=		·

155       Reserves         157       A1       Reserve for value of leased land         158       A2       and appurtenances to be amortized         158       Reserve for depreciation value of leased personal       Reserve for depreciation value of leased personal         159       Reserve for depreciation value of leased personal       Reserve for leasehold real properties on which fair         160       A3       property (Equity)       Reserve for leasehold real properties on which fair         161       Fernal Value is based       Importances         162       A5       Reserve for funds set aside as donor restricted         163       Fe Net Worth       Importances         164       B1       Owner's Capital         165       B2       Capital Stock       Importances         166       B3       Paid-in Surplus       Importances       Importances         167       B4       Treasury Stock       Importances       Importances       Importances         168       B5       Cumulated Earnings       Importances       Importances       Importances         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       Importances       Importances         170       C       Total Reserves and Net Worth       Imp		в в		
140       Ye       Name and Address of Lender         141       Amount       Loan Date         143       Name and Address of Lender       Amount         144       Name and Address of Lender       Amount         145       Cher Long-Term Liabilities (itemize)       Image: Cher State Sta	9 8		-	
121       Loan Date         133       Name and Address of Lender         144       Amount         145       Loan Date         146       Loan Date         147       B4         148       B4         149       Image: State		B3		0
141       Loan Date         143       Name and Address of Lender         144       Amount         Loan Date         145       Loan Date         146       Loan Date         147       B4         148       B4         149       Image: State Stat				
143       Name and Address of Lender         144       Loan Date         145       Loan Date         147       B4         148       Other Long-Term Liabilities (itemize)         149       B4         151       Distribution         152       B5         153       B5         154       C         155       Total Long-Term Liabilities (Lines B1 thru 4)         156       C         157       A1         158       Reserve for value of leased land         159       A2         150       Reserve for depreciation value of leased personal         151       A3         156       Reserve for leasehold real properties on which fair         160       Reserve for leasehold real properties on which fair         161       B1         162       Capital Stock         163       Paid-in Surplus         164       B2         176       Total At Worth         166       B3         167       B4         168       C apital Stock         169       C Total Reserves and Net Worth         168       B2 Capital Stock         16				
144       Name and Address of Lender         145       Amount         146       Loan Date         147       Amount         148       B4         149       Other Long-Term Liabilities (timmize)         149       Image: Construction of the set of t			Loan Date	
145       Amount         146       Loan Date         147       B4       Other Long-Term Liabilities (itemize)         151       Image: Control Conter Control Control Conter Control Conterecontrol Control Conter C	3			_
146       Loan Date         147       B4       Other Long-Term Liabilities (itemize)         149       50       5         150       5       Total Long-Term Liabilities (Lines B1 thru 4)       25         151       C       Total All Liabilities (Lines A13 + B5)       25         153       Reserve for depreciation value of leased land       Reserve for depreciation value of leased personal       7         153       A2       and appurtenances to be amortized       Reserve for funds set aside as donor restricted       7         160       A4       rental value is based       7       7       7         161       B1       Owner's Capital       7       7       7         162       7	4		Name and Address of Lender	1
147       148       B4       Other Long-Term Liabilities (itemize)         150       150       150       150         151       151       151       151         152       B5       Total Long-Term Liabilities (Lines B1 thru 4)       152         153       C       Total All Liabilities (Lines A13 + B5)       25         154       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserve for depreciation value of leased buildings       161       172         158       A2       and appurtenances to be amortized       162       163         159       A3       Reserve for depreciation value of leased personal       175         159       A5       Total Reserves       164       164         160       A4       rental value is based       165       166         161       B1       Owner's Capital       166       166         164       B1       Owner's Capital       166       166         165       B4       Treasury Stock       166       166         166       B3       Outer's Capital       167       164         167       B4       Treasury Stock       169       169         172<	5		Amount	1
147       148       B4       Other Long-Term Liabilities (itemize)         150       150       150       150         151       151       152       153       155         153       B5       Total Long-Term Liabilities (Lines B1 thru 4)       155         154       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserves       161       161       161         158       A2       and appurtenances to be amortized       162       163         159       A5       Reserve for depreciation value of leased personal       164       164       164         159       A5       Reserve for depreciation value of leased personal       165       164       164         160       A5       Reserve for depreciation value of leased personal       167       164       164         161       B4       Treasury Stock       165       166       166       166       166         162       Net Worth       1669       166       166       166       166       166         164       B4       Treasury Stock       167       166       166       166         165       B5       Cumulated Earnings       169       169	6		Loan Date	1
148       B4       Other Long-Term Liabilities (tiemize)         149       151       151         152       B5       Total Long-Term Liabilities (Lines B1 thru 4)       25         153       Reserves       151       25         154       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserve for depreciation value of leased buildings       26         156       A1       Reserve for depreciation value of leased personal       26         157       A2       and appurtenances to be amortized       26         158       A2       and appurtenances to be amortized       26         159       A3       property (Equity)       4       4       4         160       A4       Reserve for funds set aside as donor restricted       4       4       4         161       B2       Capital Stock       4       5       6       3         166       B3       Paid-in Surplus       4       5       6       3       16       3       16       3       16       16       6       3       16       16       16       16       16       16       16       16       16       16       16       16       16				4
149		B4	Other Long-Term Liabilities (itemize)	0
150         151           152         B5         Total Long-Term Liabilities (Lines B1 thru 4)         25           153         C         Total All Liabilities (Lines A13 + B5)         25           155         Reserves for value of leased land		2.		ľ
151       152       155       156       157       158       158       158       158       155       156       156       156       156       156       156       156       156       156       156       156       156       156       156       156       166       1				1
153       B5       Total Long-Term Liabilities (Lines B1 thru 4)       25         154       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserves       17       A1       Reserve for depreciation value of leased buildings       2         155       and appurenances to be amortized       Reserve for depreciation value of leased personal       2       2         158       A2       and appurenances to be amortized       Reserve for leasehold real properties on which fair       2         160       Reserve for funds set aside as donor restricted       5       4       6       16         161       PC       A4       Reserve for Qapted Set aside as donor restricted       5       6       16				4
153       B5       Total Long-Term Liabilities (Lines B1 thru 4)       25         154       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserves       A1       Reserve for depreciation value of leased buildings       25         156       A1       Reserve for depreciation value of leased buildings       26         157       A1       Reserve for depreciation value of leased personal       27         159       A2       and appurtenances to be amortized       28         150       A5       Reserve for luds set aside as donor restricted       26         161       Ke Korth       16       16       16         162       A6       Total Reserves       16       16         163       B2       Capital Stock       16       16         164       Treasury Stock       16       16       16         165       B5       Cumulated Earnings       1.669       16         166       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33       16         167       B4       Treasury Stock       1.699       1.699         173       A       Balance at End of Prior Period       1.665       1.665         175				4
153       C       Total All Liabilities (Lines A13 + B5)       25         155       Reserves       1       1       Reserves       1         156       Reserve for value of leased land       Reserve for depreciation value of leased buildings       1         158       A1       Reserve for depreciation value of leased personal       1       1         159       A3       property (Equity)       Reserve for depreciation value of leased personal       1         159       A3       property (Equity)       Reserve for leasehold real properties on which fair       1         160       A4       rental value is based       1       1       1         161       F       A6       Total Reserves       1       1       1         163       B2       Capital       1		D.5		J
155       Reserves         157       A1       Reserve for value of leased land         158       A2       and appurtenances to be amortized         159       Reserve for depreciation value of leased personal       Reserve for depreciation value of leased personal         159       Reserve for depreciation value of leased personal       Reserve for leasehold real properties on which fair         160       A3       property (Equity)       Reserve for leasehold real properties on which fair         161       F       A5       Reserve for leasehold real properties on which fair         161       F       A6       Total Reserves         163       Paid-in Surplus       Inference         164       B1       Owner's Capital         165       B4       Treasury Stock       Inference         166       B3       Paid-in Surplus       Inference         167       B4       Treasury Stock       Inference         168       B5       Cumulated Earnings       Inference       Inference         169       Total Net Worth       Inference       Inference       Inference         170       C       Total Reserves, and Net Worth       Inference       Inference         172       D       Total Liabilities, Res				0
157       A1       Reserves         157       A1       Reserve for value of leased land Reserve for depreciation value of leased buildings and appurtenances to be amortized Reserve for depreciation value of leased personal property (Equity)         159       A3       property (Equity)         Reserve for leasehold real properties on which fair rental value is based		С	Total All Liabilities (Lines A13 + B5)	25,426
157       A1       Reserve for value of leased land Reserve for depreciation value of leased buildings and appurtanances to be amortized Reserve for leapreciation value of leased personal property (Equity) Reserve for leasehold real properties on which fair rental value is based         160       A3       property (Equity) Reserve for leasehold real properties on which fair rental value is based         161       A5       Reserve for leasehold real properties on which fair rental value is based         162       A6       Total Reserves         163       A7       Total Reserves         164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       333         170       D       Total Net Worth       1,665         173       D       Total Liabilities, Reserves, and Net Worth       1,725         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Revenue       1,699         178       E<				
A2       Reserve for depreciation value of leased buildings         158       A3       and appurtenances to be amortized         Reserve for depreciation value of leased personal       property (Equity)         Reserve for depreciation value of leased personal       property (Equity)         Reserve for leasehold real properties on which fair       rental value is based         160       A4       rental value is based         161       FC       A6       Total Reserves         163       Paid-in Surplus				
158       A2       and appurtenances to be amortized Reserve for depreciation value of leased personal property (Equity)         159       A3       property (Equity)         Reserve for leasehold real properties on which fair rental value is based	7	A1		
158       and appurtunatives to be anintized         159       A3         159       Reserve for depreciation value of leased personal         159       Property (Equity)         Reserve for leasehold real properties on which fair         160       A5         161       Property (Equity)         162       Property (Equity)         163       Property (Equity)         164       Reserve for funds set aside as donor restricted         165       B1         166       A5         167       B4         168       B2         166       B3         167       B4         168       B5         169       B6         169       B6         160       B5         170       B7         171       C         172       D         173       Total Net Worth         174       A         175       B         176       C         177       D         178       E         181       Intervenue         182       Intervenue         183       Intervenue <td></td> <td>12</td> <td></td> <td></td>		12		
159       A3       property (Equity)         Reserve for leasehold real properties on which fair         160       A4         rental value is based         161       Feserve for funds set aside as donor restricted         163       A6         164       B1         165       B2         166       B3         167       B4         168       B2         169       B6         166       B3         167       B4         168       B5         169       B6         169       B6         169       B7         170       B7         171       C         172       D         173       Total Reserves and Net Worth         174       A         175       B         176       C         177       D         178       Total Revenue         179       F1         178       Balance         179       F1         180       Image: Second Seco	8	AL		
159       property (Equity)         160       Reserve for leasehold real properties on which fair         161       A4       rental value is based         162       A5       Reserve for funds set aside as donor restricted         163       A6       Total Reserves         164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       B       Total Revenue       5517         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       333         178       E       Balance       1,699         180       F3       Total Additionas       1,699	1	* 2	Reserve for depreciation value of leased personal	
160       A4       rental value is based         161       A5       Reserve for funds set aside as donor restricted         162       A6       Total Reserves         163       B1       Owner's Capital         164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1.665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1.6699         171       C       Total Reserves and Net Worth       1.699         172       D       Total Revenue       517         173       B       Total Revenue       517         174       A       Balance at End of Prior Period       1.665         175       B       Total Revenue       517         176       C       Total Activenue       517         176       C       Total Activenue       1.699         178       E       Balance       1.699         180       F2       Other (itemize)	9	A3	property (Equity)	
160       A4       rental value is based         161       A5       Reserve for funds set aside as donor restricted         162       A6       Total Reserves         163       B1       Owner's Capital         164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1.665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1.6699         171       C       Total Reserves and Net Worth       1.699         172       D       Total Revenue       517         173       B       Total Revenue       517         174       A       Balance at End of Prior Period       1.665         175       B       Total Revenue       517         176       C       Total Activenue       517         176       C       Total Activenue       1.699         178       E       Balance       1.699         180       F2       Other (itemize)	1		Reserve for leasehold real properties on which fair	
161       A5       Reserve for funds set aside as donor restricted         163       Wet Worth         164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       333         170       B7       Total Net Worth       1,669         171       C       Total Net Worth       1,669         172       D       Total Net Worth       1,669         173       Total Liabilities, Reserves, and Net Worth       1,665         173       Total Revenue       517         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       333         188       E       Balance       1,699         178       F3       Total Additions       1,699         179       F1       Additional Capital Contr	0	A4		
162       26       A6       Total Reserves         163       B1       Owner's Capital	1	A5	Reserve for funds set aside as donor restricted	
164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,695         172       D       Total Liabilities, Reserves, and Net Worth       1,695         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         181       E       Balance       1,699         188       F2       Other (itemize)       1,699         188       F2       Other (itemize)       1,699         188       F3       Total Additions	2 8	A6		0
164       B1       Owner's Capital         165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,695         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         181       E       Balance       1,699         188       F2       Other (itemize)       1,699         188       F2       Other (itemize)       1,699         188       F3       Total Additions	age 1			Ū
165       B2       Capital Stock         166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       Total Revenue       517       1,665         175       B       Total Revenue       517         176       C       Total Revenue       517         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       E       Balance       1,699         181       E       Balance       1,699         183       F2       Other (itemize)       1,699         184       F2       Other (itemize)       1,699         188       F3       Total Additions       1,699 <td></td> <td></td> <td></td> <td></td>				
166       B3       Paid-in Surplus         167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       433         177       D       Net Income or Deficit       33         178       E       Balance       1,699         177       N to Income or Deficit       33       33         181       E       Ealance       1,699         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         182       F2       Other (itemize)       1,699         183       F3       Total Additions       1,699         190       F3				
167       B4       Treasury Stock         168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,725         173       D       Total Liabilities, Reserves, and Net Worth       1,725         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,609         179       F1       Additional Capital Contributed (itemize)       1,609         180       F2       Other (itemize)       1,609         181       F2       Other (itemize)       1,609         183       F3       Total Additions       1,609         190       F3       Total Additions       1,609         191       F3       Total Additions       1,609         191       F3       Total Additions       1,609			-	
168       B5       Cumulated Earnings       1,665         169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,669         179       F1       Additional Capital Contributed (itemize)       1,699         180       F2       Other (itemize)       1,699         181       F2       Other (itemize)       1,699         188       F3       Total Additions       1,699         190       F3       Total Additions       1,699         191       F3       Total Additions       1,699         193       F3       Total Additions       1,699         193       F3       Total Additions       1,619			-	
169       B6       Gain or Loss for Period 10/1/2015 thru 09/30/2016       33         170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,725         173       D       Total Liabilities, Reserves, and Net Worth       1,725         174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,669         177       Net Income or Deficit       33       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       F2       Other (itemize)       1,699         181       F2       Other (itemize)       1,699         183       F2       Other (itemize)       1,699         184       F3       Total Additions       1,699         199       F3       Total Additions       1,699         190       F3       Total Additions       1,699			•	1 ((= 0.0=
170       B7       Total Net Worth       1,699         171       C       Total Reserves and Net Worth       1,799         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,669         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       33         180       1       1,699       1,699         181       1       1,699       1,699         181       E       Balance       1,699         183       F2       Other (itemize)       1,699         184       F2       Other (itemize)       1,699         185       F3       Total Additions       1,699         190       F3       Total Additions       1,169         191       Name and Address			-	1,665,927
171       C       Total Reserves and Net Worth       1,699         172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       F1       Additional Capital Contributed (itemize)       1,699         181       F2       Other (itemize)       1,699         183       F2       Other (itemize)       1,699         184       F2       Other (itemize)       1,699         185       F3       Total Additions       1,699         190       F3       Total Additions       1,699         191       F3       Total Additions       1,699         193       F3       Total Additions       1,699         191       F3       Total Additions       1,699         192       F3       Total Additions       1,619				33,783
172       D       Total Liabilities, Reserves, and Net Worth       1,725         173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       F2       Other (itemize)       1,699         181       F2       Other (itemize)       1,699         183       F3       Total Additions       1,699         190       F3       Total Additions       1,699         191       F3       Total Additions       1,699         191       F3       Total Additions       1,699         191       F3       Total Additions       1,699         193       F3       Total Additions       1,699         191       Name and Address       1,699       1,699         193       F3       Total Additions       1,699         193       F3       Total Additions       1,699         193				1,699,710
173       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       333         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       Image: State				1,699,710
174       A       Balance at End of Prior Period       1,665         175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       Image: State		D	Total Liabilities, Reserves, and Net Worth	1,725,136
175       B       Total Revenue       517         176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       F1       Additional Capital Contributed (itemize)       1,699         181       F2       Other (itemize)       1         183       F2       Other (itemize)       1         184       F2       Other (itemize)       1         185       F3       Total Additions       1         190       F3       Total Additions       1         191       F3       Total Additions       1         192       F3       Total Additions       1         191       Name and Address       1       1         192       Title       1       1       1         193       Name and Address       1       1       1         194       195       Name and Address       1       1         195       Title       1       1       1         196       Title				
176       C       Total Expenditures       483         177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1,699         180       F1       Additional Capital Contributed (itemize)       1,699         180       F1       Additional Capital Contributed (itemize)       1,699         181       F2       Other (itemize)       1,699         183       F2       Other (itemize)       1,699         184       F2       Other (itemize)       1,699         185       F3       Total Additions       1,699         186       F3       Total Additions       1,699         190       F3       Total Additions       1,699         191       F3       Total Additions       1,699         192       F3       Total Additions       1,699         191       Name and Address       1,699       1,699         193       Amount       1,699       1,699         194       1,699       1,699       1,699         195       Name and Address       1,699       1,699         194	4	А	Balance at End of Prior Period	1,665,927
177       D       Net Income or Deficit       33         178       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1         180       Image: Section of the s	5	В	Total Revenue	517,051
I78       E       Balance       1,699         179       F1       Additional Capital Contributed (itemize)       1         180       F1       Additional Capital Contributed (itemize)       1         181       F1       Additional Capital Contributed (itemize)       1         182       F1       Additional Capital Contributed (itemize)       1         183       F2       Other (itemize)       1         184       F2       Other (itemize)       1         185       F3       Total Additions       1         188       F3       Total Additions       1         190       F3       Total Additions       1         191       Name and Address       1       1         193       Name and Address       1       1         194       Title       1       1         195       Name and Address       1       1         194       Title       1       1         195       Name and Address       1       1         196       Title       1       1       1	6	С	Total Expenditures	483,268
179       F1       Additional Capital Contributed (itemize)         180       181         181       182         182       183         183       F2         184       F2         185       61         188       61         190       61         191       7000         192       Title         193       Amount         194       105         195       Name and Address         196       Title	7	D	Net Income or Deficit	33,783
I79       F1       Additional Capital Contributed (itemize)         180       181         181       182         182       183         183       F2         184       F2         185       F3         188       F3         190       F3         191       F3         192       F3         193       Amount         194       Itel         195       Name and Address         196       Title	8	Е	Balance	1,699,710
180       181         181       182         182       183         183       F2         184       F2         185       186         186       187         188       F3         189       F3         190       F3         191       192         192       F3         193       Amount         194       195         196       Name and Address         196       Title	9	F1	Additional Capital Contributed (itemize)	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $				1
182       F2       Other (itemize)         184       F2       Other (itemize)         185       186       Image: Second state s				1
183       F2       Other (itemize)         184       F2       Other (itemize)         185       186       Image: Construction of the construction of				
184       F2       Other (itemize)         185       186         186       187         188       189         189       F3         190       G1         191       Drawings of Owners/Operators/Partners         192       Title         193       Amount         194       Name and Address         195       Name and Address         196       Title				1
185       185         186       187         187       188         188       F3         189       F3         190       G1         191       Drawings of Owners/Operators/Partners         192       Name and Address         193       Amount         194       Image: Construction of the second se		БJ	Other (itemize)	J
186         187         188         189         189         189         190         191         191         192         193         194         195         196         197         Name and Address         193         194         195         196		гZ		1
187         188         189         190         190         191         191         192         193         194         195         196         197         Name and Address         193         194         195         196			<u> </u>	4
188       F3       Total Additions         189       F3       Total Additions         190       G1       Drawings of Owners/Operators/Partners         191       Name and Address         192       Title         193       Amount         194       Image: Second Secon			<u> </u>	4
189       F3       Total Additions         190       G1       Drawings of Owners/Operators/Partners         191       Name and Address         192       Title         193       Amount         194       Image: Second S			ļ ļ	4
191   Name and Address     192   Title     193   Amount     194     195   Name and Address     196   Title	8 9			J
191   Name and Address     192   Title     193   Amount     194     195   Name and Address     196   Title	<u>9 8</u>			0
191   Name and Address     192   Title     193   Amount     194     195   Name and Address     196   Title	<b>Bag</b>	G1		-
193   Amount     194	1		Name and Address	l
194       195       196       Title	2		Title	
195     Name and Address       196     Title	3		Amount	]
195     Name and Address       196     Title	4			-
196 Title			Name and Address	1
				1
			Amount	1
198 G2 Other Withdrawings		G2		4
199 Purpose				1
200 Amount			•	1
200 Amount			/ hitowit	1
			Durnose	1
202 Purpose				4
203 Amount		~~~		
204 G3 Total Deductions	4	G3	I otal Deductions	

	Α	В	С	D	Е
205		Η	Balance at End of Period		1,699,710

# **State of Connecticut**



# **Annual Report of Long-Term Care Facility**

Cost Year 2016

Name of Facility (as licensed)		
The Card Home for the Aged, Inc.		
Address (No. & Street, City, State, Zip Code)		
154 Pleasant Street, Willimantic, CT, 06226		
Type of Facility		
Chronic and Convalescent	Rest Home with Nursing	
□ Nursing Home only □	Supervision only	Residential Care Home
(CCNH)	(RHNS)	
Report for Year Beginning	Report for Year Ending	
10/1/2015	9/30/2016	

License Numbers:	CCNH	RHNS	Residential Care Home 1267RCH		Medicare Provider
Medicaid Provider Numbers:	CCNH		RHNS		ICF-IID

### For Department Use Only

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

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Name of Facility (as licensed)		T · N		
The Card Home for the Aged	Ina	License N 1267RCH	1	ar Ended Page of 1 37
The Card Home for the Aged,	Inc.	120/RCH	9/30/2010	1 37
COST REPORT M. FEDERAL LAW. I HEREBY CERTIN Cost Report and sup the cost report period	ATION OR FALSII AY BE PUNISHA FY that I have read oporting schedules od beginning Octob belief, it is a true, o	FICATION OF BLE BY FINE the above state prepared for Th er 1, 2015 and correct, and con	ANY INFORMATION CONTA AND/OR IMPRISIONMENT U ment and that I have examined the card Home for the Aged, Inc. ending September 30, 2016, and uplete statement prepared from the le instructions	NDER STATE OR he accompanying [facility name], for that to the best of
Schedule of Resident Balance Sheet of this year ended as specifie I have read this Rep my knowledge unde presented in this Re residents were incur	Statistics, Statement Facility in accordance above. Foort and hereby cert for the penalty of pe port as a basis for st rred to provide resi	ify that the info rjury. I also ce securing reimbu dent care in this	attached General Information and Q spenditures, Statements of Revenue rting Requirements of the State of C prmation provided is true and cor- rtify that all salary and non-salary arsement for Title XIX and/or oth a Facility. All supporting records ut law and will be made available	s and the related Connecticut for the rect to the best of y expenses her State assisted s for the expenses
Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner)	
Susan Humes				
Susan Humes Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

# **General Information**

(Notary Seal)

# State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
The Card Home for the Aged, Inc.			10/1/2015	9/30/2016
Address of Facility 154 Pleasant Street, Willimantic, CT, 06226				
Report Prepared By	Phone Num		Date	
Shane, Navratil and Company	860-456-22	97	1/31/2016	
				Residentia 1 Care
Item	Total	CCNH	RHNS	Home
1. Dietary wages paid	\$ 78,648			78,648
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 34,915			34,915
4. Nursing wages paid	\$			
5. All other wages paid	\$ 87,937			87,937
6. Total Wages Paid	\$ 201,500			201,500
7. Total salaries paid	\$ 51,239			51,239
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 252,739			252,739

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.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

# **General Information and Questionnaire** Type of Facility - Organization Structure

			ne No. of Fa -423-9123	cility	Report for Ye 9/30/2016	ar Ended	Page 2	of 37
Nome of Facility (as shown on license)		800-			Street, City, Sta	rta <b>Zin</b> )	Z	37
Name of Facility (as shown on license) The Card Home for the Aged, Inc.					et, Willimanti	· ·	226	
The Card Home for the Aged, me.	CCNH	I	RHNS		dential Care H			Provider No.
License Numbers:	certii		iun (b		7RCH	onne	Wiedleure I	1001001100.
Type of Facility (Check appropriate box(es))	)							
□ Chronic and Convalescent Nursing Home only (CCNH)			Home with ervision only			Resident	ial Care Hor	ne
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O F	Partnership	0	Profit Corp.	۲	Non-Profit Con	rp. O	Government	O Trust
If this facility opened or closed during report	t year provid	e:		Date	e Opened	Date Clo	sed	
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If "Ves "	explain full	V
Administrator Name of Administrator					Nursing Ho	ma		
Susan Humes					Administrat	or's		
Other Operators/Owners who are assistant ad	dministrators	(full	or part time	) of tl				
Name Johanne Philbrick					License I	No.:		

# General Information and Questionnaire Partners/Members

Name of Facility The Card Home for the Aged, Inc.		License No. 1267RCH	Report for Y 9/30/2016	ear Ended	Page 3	of 37
Legal Name of Partnership/LLC		Business		State(s) and/o		(s) in
Name of Partners/Members Business A		ldress	,	 Fitle	% Ov	vned

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page	of
The Card Home for the Aged, Inc.	1267RCH	9/30/2016		3Å	37
If this facility is owned or operated as a cor	poration, provide t	he following informa	tion:		
Legal Name of Corporation	State(s) in Whi	ch Incorpo	rated		
The Card Home for the Aged	154 Pleasant Str 06226	eet, Willimantic, CT		X	
Name of Directors, Officers	Busine	ess Address	Title	No. Sha Held by F	
Johanne Philbrick	154 Pleasant Str 06226	eet, Willimantic, CT	President		
David Fowler	154 Pleasant Str 06226	eet, Willimantic, CT	Vice President		
Marjorie Petro	154 Pleasant Str 06226	eet, Willimantic, CT	Vice President		
Patricia Dubos	154 Pleasant Str 06226	eet, Willimantic, CT	Secretary		
Barbara Garceau	154 Pleasant Str 06226	eet, Willimantic, CT	Treasurer		
Names of Stockholders Owning at Least 10% of Shares					

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of				
The Card Home for the Aged, Inc.	1267RCH	9/30/2016	3B 37				
If this facility is owned or operated as an individua	l proprietorship, p	provide the following informat	tion:				
Owner(s) of Facility							
	•						

## General Information and Questionnaire Related Parties\*

Name of Facility		License	e No.		Report for Year Ended		Page	of	
The Card Home for the	Aged, Inc.	1	267RC	H	9/30/2016		4	37	
~	eiving compensation from the fa	•		U		•	ne Name/Address and		
marriage, ability to cont	rol, ownership, family or busine	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.	
-	ompanies which provide goods								
	roperty or the loaning of funds t		-						
÷ .	ssociation, common ownership,			iness	O Yes O No				
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:	
		. 1				T 1' / XX71		1	
			so Provi			Indicate Where Costs are Included			
Name of Related	Business		ls/Servi Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the	
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party	
		0	۲						
Johanne Philbrick	107 Chaplin St. Chaplin, CT 06235	0	0		Salary for President	Page 10/Line A3	5,566		
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						

\* 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	License No		Report for Year Ended	Page	of				
The Card Home for the Aged, Inc.	1267RCI	H	9/30/2016	5	37				
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TH	BI services with special Medicai	d rates, c	osts				
must be allocated to CCNH and RHNS as follo	ws:								
Item			Method of Allocation						
Dietary		Number o	f meals served to residents						
Laundry		Number o	f pounds processed						
Housekeeping		Number o	f square feet serviced						
			f hours of routine care provided	•					
Nursing		<b>•</b>	classification, i.e., Director (or	•	-				
		-	d Nurses, Licensed Practical Nu	rses, Aid	es and				
		Attendant							
Direct Resident Care Consultants			f hours of resident care provided	d by EAC	CH				
		A	(See listing page 13)						
Maintenance and operation of plant		Square fee							
Property costs (depreciation)		Square fee							
Employee health and welfare		Gross sala							
Management services			ate cost center involved						
All other General Administrative expenses		Total of Direct and Allocated Costs							
The preparer of this report must answer the foll	owing quest	ions appli							
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocati	ion was				
costs allocated as required?	0 105	0 110	not made.						
		_							
2. Explain the allocation of related company ex	penses and	attach cop	y of appropriate supporting data	ι.					
-									
3. Did the Facility appropriately allocate and se (e.g., Assisted Living, Home Health, Outpati			0	ome cost o	centers'				
	• Yes	O No	If "No," explain fully why suc not made.	h allocati	ion was				

### State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

# 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 Y	ear Ended		Page of
The Card Home for the Aged, Inc.			1267RCH	9/30/2016			6 37
	Relate	ed * to					
	Owr	ners,					
	Oper					Annual	
	Offi			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	0	No	Total ***	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page of
The Card Home for the Aged, Inc.	1267RCH	9/30/2016		7 37
The records of this facility for the p	period covered by this report	were maintained on the following basis:		
• Accrual • Cash •	Modified Cash			
Is the accounting basis for this				
<b>•</b>		If "No," explain.		
previous period? O	No			
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Shane, Navratil & Company		20 Walnut Street, Willimantic 06226		
2		20 Wallat Street, Willinantie 00220		
3				
4				
Services Provided by This Firm (de	escribe fully)	1		
1 Audit of Financial Statements and Pr	reparation of Annual Report of Lon	ø-Term Care Facility	\$	3,500
2 Prepare Federal and CT 1041 for Tru		5 Term Cure Fuency	\$	300
3	131		\$	500
4			\$	
			Charge for S	Services Provided
			\$	3,800
		Yes, Specify Expense Classification and Line No.		
O Yes O No	Page 15 D Accounting and	Audit		
Legal Services Information			T. 1	T
Name of Legal Firm or Independen 1 Mary C. Healy, Attorney at La			Telephone N 860-450-18	
1 Mary C. Healy, Attorney at La 2	w, LLC		800-430-18	10
3				
4				
5				
Address (No. & Street, City, State, .	Zip Code)			
1 PO Box 703, Mansfield Center				
2	,			
3				
4				
5				
Services Provided by This Firm (de	escribe fully)			
1 Office Conference			\$	98
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for S	Services Provided
			\$	98
Are These Charges Reflected in the Expen			+	
<b>U</b>	diture Portion of This Report? If	Yes, Specify Expense Classification and Line No.		
• Yes O No	diture Portion of This Report? If Y Page 15 E Legal	Yes, Specify Expense Classification and Line No.		

### State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

## **Schedule of Resident Statistics**

Name of Facility The Card Home for the Aged, Inc.				No. 7RCH			Report for Year Ended 9/30/2016				Page 8	of 37
			120		Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
<ol> <li>Certified Bed Capacity         <ul> <li>A. On last day of PREVIOUS report period</li> </ul> </li> </ol>	20			20	20			20	20			20
<ul> <li>B. On last day of THIS report period</li> <li>2. Number of Residents</li> <li>A. As of midnight of PREVIOUS report period</li> </ul>	20			20	20			20	20			20
<ul> <li>B. As of midnight of THIS report period</li> <li>B. As of midnight of THIS report period</li> <li>3. Total Number of Days Care Provided During Period</li> <li>A. Medicare</li> </ul>	17			17	15			15	17			17
A. Medicaie         B. Medicaid (Conn.)         C. Medicaid (other states)												
D. Private Pay E. State SSI for RCH	3,589			3,589	2,669			2,669	920			920
F.     Other (Specify) Respite	1,641 9			1,641 9	1,188			1,188	453 9			453 9
<ul> <li>G. Total Care Days During Period (3A thru F)</li> <li>Total Number of Days Not Included in Figures in 3G</li> <li>4. for Which Revenue Was Received for Reserved Beds</li> <li>A. Medicaid Bed Reserve Days</li> </ul>	5,239			5,239	3,857			3,857	1,382			1,382
<ul> <li>B. Other Bed Reserve Days</li> <li>5. Total Resident Days (3G + 4A + 4B)</li> </ul>	5,239			5,239	3,857			3,857	1,382			1,382

### State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Name of Faci	1		Den		nse No.	ILC	Juci			t for Year	Ended	)	Daga	of
	•		Inc						Repor				Page	1
The Card Hor	ne for ti	ne Aged	, Inc.	120	57RCH					9/30/201	6		9	37
	•	-	in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	0	No	
If "YES'	<u> </u>		llowing informa	tion:						1			1	
		Place of	f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	Residential Care Home		Lost Gained									
Change												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
	-	-	in certified bed o 90 days followir	-		the ro	eport ye	ear (as	s repor	ted in iten	n 4 above)	provide the nu	mber of	
			Change in Re	esider	t Days					СС	CNH	RHNS	Residential	Care Home
1st chan														
2nd char	-													
3rd chan														
4th chan														
6. Number	of Resid	esidents and Rates on September 30 of Cost Year								16 D		0.1 0.		
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH	С	CNH	RI	HNS	СС	CNH	Rŀ	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R	esidents	3												
Per Dien	n Rate													
a. One b	ed rm.													
b. Two	bed rms													
c. Three	or mor	e												
bed r	ms.													
			al Therapy Treat	ments						ТО	TAL	CCNH	RHNS	Residential Care Home
		ure - Part												
B.			lusive of Part B)											
			e Treatments											
C		torative	Treatments							-				
	Other Total I	Dhugiaal	Therapy Treatm	nonta										
			Therapy Treatn											
A.	Medica	are - Part	t B											
B.	B. Medicaid (Exclusive of Part B)													
	1. Maintenance Treatments													
~	2. Restorative Treatments													
	C. Other													
	D. Total Speech Therapy Treatments									_				
<ol> <li>Total Number of Occupational Therapy Treatments</li> <li>A. Medicare - Part B</li> </ol>														
B. Medicaid (Exclusive of Part B)														
D.			e Treatments											
			Treatments							1			1	
C.	Other									1				
		Dccupati	ional Therapy T	reatm	ents					1			1	1

# Schedule of Resident Statistics (Cont'd)

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
The Card Home for the Aged, Inc.	1267RCH		9/30/2016		10	37
Are time records maintained by all individuals receiving co	mpensation?	O	Yes	0	No	
			Total Cost a			
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	001111	riouro	Tunits	Tiouro		mours
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					45,673	2,34
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)					5,566	36
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)						
5. Dietary Service						
a. Head Dietitian	_					
b. Food Service Supervisor					<b>7</b> 0 540	
c. Dietary Workers	_				78,648	6,50
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers					34,915	2,56
7. Repairs & Maintenance Services					54,715	2,50
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					1,665	15
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	_					
10. Protective Services						
11. Accounting Services						
a. Head Accountant					4.096	24
b. Other Accountants 12. Professional Care of Residents					4,986	26
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists	_					
f. Speech Therapists						
g. Occupational Therapists		-				
h. Recreation Workers i. Physicians						
1. Physicians 1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists					<u>_</u>	
m. Social Workers/Case Management		ļ	ļ		<u>                                     </u>	
n. Marketing						
o. Other (Specify)					01.001	
See Attached Schedule	+				81,286	7,49
A-13. Total Salary Expenditures		I			252,739	19,6

 \* 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.

The Card Home for the Aged, Inc. 9/30/2016

### Schedule of Other Salaries and Wages (Page 10)

	С	CNH	RH	INS	<b>Residential Care Home</b>			
Position	\$	Hours	\$	Hours	\$	Hours		
Night Manager Salaries					\$ 81,286	7,493		
		_						
		-						
		_						
		_						
Total	\$ -	-	\$ -	-	\$ 81,286	7,493		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	Hebiaennai Gare Home		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

Attachment Page 10/13

\_\_\_\_\_

### State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and	Other Related Parties*
------------------------------	------------------------

Name of Facility	Facility			License No.		1	Year Ended		Page	of
The Card Home for the Aged, Inc				1267RCH		9/30/2016			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	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
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.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

# Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Re	elated Parties*
---------------------------------------	-----------------

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of				
The Card Home for the Aged, Inc.				1267RCH		9/30/2016			-			12	37
		Salary Pai	d	Fringe Benefits									
Name	CCNH	RHNS	Residential Care Home	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			
Section III - Administrators***													
Susan Humes			45,673		House Administrator and Overall Management	2,340	A2	None					
Section IV - Assistant Administrators													
Johanne Philbrick			5,566		Management of Home	360	A3	None					

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include <u>all</u> other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

### State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

## **B. Report of Expenditures - Professional Fees**

Name of Facility The Card Home for the Aged, Inc.	License No. 1267	RCH	Report for Y 9/30/2016	ear Ended	Page 13	of 37	
	Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours	
B. Direct care consultants paid on a fee							
for service basis in lieu of salary							
(For all such services complete Schedule B1)							
1. Dietitian							
2. Dentist							
3. Pharmacist							
4. Podiatrist							
5. Physical Therapy							
a. Resident Care							
b. Other							
6. Social Worker							
7. Recreation Worker							
8. Physicians							
a. Medical Director (entire facility)							
b. Utilization Review							
(Title 18 and 19 only) monthly meeting							
c. Resident Care**							
d. Administrative Services facility							
1. Infection Control Committee							
(Quarterly meetings)							
2. Pharmaceutical Committee (Quarterly meetings)							
3. Staff Development Committee							
(Once annually)							
e. Other (Specify)							
9. Speech Therapist							
a. Resident Care							
b. Other					1		
10. Occupational Therapist							
a. Resident Care							
b. Other							
11. Nurses and aides and attendants							
a. RN							
1. Direct Care							
2. Administrative***							
b. LPN							
1. Direct Care							
2. Administrative***					1 1		
c. Aides					1 1		
d. Other					1 1		
12. Other (Specify)							
See Attached Schedule							
B-13 Total Fees Paid in Lieu of Salaries			+		+		

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

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

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

#### Name of Facility License No. Report for Year Ended Page of The Card Home for the Aged, Inc. 1267RCH 9/30/2016 14 37 Related\*\* to Owners, Operators, Officers Name & Address of Individual Full Explanation of Service Explanation of Relationship Yes No Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο 0 Ο

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

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Li	acility License No. Report for Year Ended		ear Ended	Page	of	
The Card Home for the Aged, Inc.	1267RCH		9/30/2016		15	37
Item			Total	CCNH	RHNS	Residential Care Home
1. Administrative and General						
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	18,286			18,286
2. Disability Insurance		\$				
3. Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	18,909			18,909
5. Health Insurance		\$				
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$				
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$				
d. Accounting and Auditing		\$	3,800			3,800
e. Legal (Services should be fully described on	Page 7)	\$	98			98
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	4,320			4,320
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	1,801			1,801
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$				
attach copy )*						
j. Corporation Business Taxes (franchise tax)		\$				
k. Other Taxes (Not related to property - See H	Page 22)					
1. Income*		\$	148			148
2. Other ( <i>Specify</i> )		\$	1,467			1,467
See Attached Schedule						
3. Resident Day User Fee		\$				
Subtotal		\$	48,829			48,829

\* 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

The Card Home for the Aged, Inc. 9/30/2016

Attachment Page 15

### Schedule of Other Employee Benefits

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

### Schedule of Other Taxes

			Resi	dential
Description	CCNH	RHNS	Care	e Home
Federal Excise Tax			\$	1,467
Total	\$-	\$-	\$	1,467

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
The Card Home for the Aged, Inc.	1267RCH		9/30/2016		16	37
Item			Total	CCNH	RHNS	Residential Care Home
Subtota	ls Brought Forwar	d:	48,829			48,829
1. Travel and Entertainment	0		,			,
1. Resident Travel and Entertainment		\$	978			978
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	517			517
4. Employee Travel		\$				
5. Education Expenses Related to Seminars and	nd Conventions	\$				
6. Automobile Expense (not purchase or deput	reciation)	\$				
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$				
2. Advertising Telephone Directory (all such	expenses )***	\$				
3. Advertising Other ( <i>Specify</i> )***		\$	10,161			10,161
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servi	ce)***					
7. Postage		\$				
* 8. Dues and Membership Fees to Professional	1	\$	185			185
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	1,378			1,378
10. Contributions***		\$	175			175
See Attached Schedule						
11. Services Provided by Contract (Specify and	•	\$				
Schedule C-2, Page 21 for each firm or ind	lividual)					
12. Administrative Management Services**		\$				
13. Other ( <i>Specify</i> )		\$	15,890			15,890
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	78,113			78,113

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

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

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

#### Schedule of Other Travel and Entertainment

Description	CCNH		RHNS	Residential Care Home	
		_			
		_			_
					_
Total Other Travel and Entertainment	\$-	\$	- 5	\$-	

#### Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Facility Advertising and Promotion			\$ 10,161
Total Other Advertising	\$ -	\$ -	\$ 10,161

#### Schedule of Dues

CCNH	R	HNS	dential Home
			\$ 55
			\$ 50
			\$ 80
\$ -	\$	-	\$ 185
	CCNH		CCNH         RHNS         Care            \$         \$             \$             \$             \$             \$             \$              \$              \$              \$              \$              \$              \$

#### Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Donations			\$ 17
Total Contributions	\$ -	\$ -	\$ 17

\_\_\_\_\_

Schedule of Other Administrative and General

Description	CCNH	RHNS	 idential e Home
Payroll Service			\$ 4,884
Investment Fees			\$ 9,958
Town of Windham Safety Code Inspection			\$ 125
Elevator License Renewal			\$ 240
Bank Charges			\$ 10
Prior Year Useful Life Depreciation Adjustment			\$ 553
Staff Training			\$ 120
Total Other Administrative and General	\$ -	\$ -	\$ 15,890

\_\_\_\_\_

Name of Facility	License No.	Report for Year Ended	Page of
The Card Home for the Aged, Inc.	1267RCH	9/30/2016	17   37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #

# Schedule C-1 - Management Services\*

\* 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)

			ote o	n P	Page 5)			
Nan	ne of Facility		Licens	se No	0.	Report for `	Year Ended	Page of
The	Card Home for the Aged, Inc.		1	1267	'RCH	9/30/201	6	18   37
								Residential Care
	Item				Total	CCNH	RHNS	Home
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		5	\$	52,280			52,280
	2. Non-Food Supplies		•	\$	153			153
	3. Other ( <i>Specify</i> )		_	\$				
	b. Purchased Services (by contract other		9	\$				
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**			\$				
	d. Other ( <i>Specify</i> )			\$				
2E.	<b>Total Dietary Expenditures</b> (2a + b + c + d)		9	\$	52,433			52,433
								Residential Care
2F.	Dietary Questionnaire				Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	r da	v:*					
H.	Is cost of employee meals included in 2E?		Yes		0	No		
I.	Did you receive revenue from employees?	0	Yes		۲	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Co	st Repo	rt?	(Page/Line	Item)		
	Is cost of meals provided to persons other					,		
K.	than employees or residents (i.e., Board	0	Yes		$\odot$	No	If yes, specify	
	Members, Guests) included in 2E?						cost.	
		-					If yes, specify	
L.	Is any revenue collected from these people?	0	Yes		$\odot$	No	amt.	
M.	Where is the revenue received reported in the	Co	st Repo	rt?	(Page/Line	Item)		
	Is cost of food (other than meals, e.g.,	0	or repo					
	snacks at monthly staff meetings, board						If yes, specify	
N.	meetings) provided to employees included	0	Yes		$\odot$	No	cost.	
	in 2E?						0051.	
							If yes, specify	
О.	Is any revenue collected from employees?	0	Yes		$\odot$	No		
	XXXI 1.1 1.1	~			(D 7)	<b>T</b> . \	amt.	
P.	Where is the revenue received reported in the	Co	st Repo	rt?	(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)

	e of Facility	License			Year Ended	Page of
The C	Card Home for the Aged, Inc.	12	67RCH	9/30/2016	5	19   37
						Residential Care
	Item		Total	CCNH	RHNS	Home
	Laundry					
6	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies,	<b>.</b>				
	gowns and other resident care items	Amt. \$				
	washed, ironed, and/or processed.***	Lbs.				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	LDS.				
	processed.***					
	processed.	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
		Lbs.				
	4. Repair and/or purchase of linens.***	LDS.				
		Amt. \$				
ł	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Management Services**	\$				
(	d. Other ( <i>Specify</i> )	\$				
3E. 2	<b>Total Laundry Expenditures</b> (3a + b + c + d)	\$				
	Laundry Questionnaire	Ψ				
					If yes,	
G. 1	Is cost of employee laundry included in 3E? O	Yes	$\odot$	No	specify cost.	
H. I	Did you receive revenue from employees? O	Yes		No	If yes,	
	y 1 y				specify amt.	
	Where is the revenue received reported in the Cost	t Report?		(Page/Line	e Item)	
	Is Cost of laundry provided to persons other	Yes	$oldsymbol{eta}$	No	If yes,	
j. t	than employees or residents included in 3E?	103		110	specify cost.	
K. 1	Did you receive revenue from these people? O	Yes		No	If yes,	
					specify amt.	
L. '	Where is the revenue received reported in the Cost	t Report?		(Page/Lin	e 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
The	Card Home for the Aged, Inc.	1267RCH		9/30/2016		20	37
							Residential
	Item			Total	CCNH	RHNS	Care Home
4.	Housekeeping	Sq. Ft. Serviced		8,959			8,959
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	2,691			2,691
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	c. Management Services*	-	\$				
	d. Other ( <i>Specify</i> )		\$				
4E.	Total Housekeeping Expenditures (4a +	\$	2,691			2,691	
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***	\$					
	i. Recreation	\$					
	j. Other (Specify)****		\$				
L	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$				

\* 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.

The Card Home for the Aged, Inc. 9/30/2016

### Schedule of Other Resident Care

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

Attachment Page 20

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

Name of Facility The Card Home for the Aged,	Inc.			License No. 1267RCH	Report for Year Ende 9/30/2016	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

\* 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 Ye	ear Ended		Page of
The Card Home for the Aged, Inc.	1267RCH	9/30/2016			22   37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	12,445			12,445
b. Heat	\$	7,186			7,186
c. Light & Power	\$	19,334			19,334
d. Water	\$	4,090			4,090
e. Equipment Lease (Provide detail on page 1997)	age 6) \$				
f. Other ( <i>itemize</i> )	\$	22,225			22,225
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	65,280			65,280
7. Depreciation (complete schedule page 23	*)				
a. Land Improvements	\$	550			550
b. Building & Building Improvements	\$	10,873			10,873
c. Non-Movable Equipment	\$	4,265			4,265
d. Movable Equipment	\$	2,149			2,149
*7e. Total Depreciation Costs $(7a + b + c + d)$	) \$	17,837			17,837
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other ( <i>Specify</i> )	\$				
*8e. Total Amortization Costs (8a + b + c + d	) \$				
9. Rental payments on leased real property le	ess				
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	17,837			17,837

\* 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	sidential re Home
Heating Service			\$ 730
Property Survey			\$ 300
Fire Alarm			\$ 1,126
Landscaping/Snow Removal			\$ 3,540
Waste Removal			\$ 2,097
Exterminating			\$ 468
Cable			\$ 5,379
Sprinkler Service			\$ 2,963
Elevator Maintenance			\$ 4,279
Replacement Small Furniture/Equipment			\$ 1,343
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 22,225

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

## **Depreciation Schedule**

No						iation Sc	neuure	Demand from V			Deres	- 6
Name of Facility					License No. 1267R	CU		Report for Year E 9/30/2016	naed		Page 23	of 37
The Card Home for the Aged, Inc.						СП					23	5/
					Historical	Ţ		Accumulated				
					Cost	Less		Depreciation to	Method of		D i i	
Decementer Item					Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Property Item	<u> </u>			Laliu	value	Depreciated	Teal's Operations	Depreciation	Life	IOI THIS TEAL	Totals	
					8,250		8,250	2 704	straight line	15	550	
<ol> <li>Acquired prior to this report period</li> <li>Disposals (attach schedule)</li> </ol>					8,230		8,230	2,704	straight line	15	550	
<ol> <li>Disposais (attach schedule)</li> <li>Acquired during this report period (atta</li> </ol>	ala aala	a dula)										
3. Acquired during this report period (atta A-4. Subtotal	ch sch	edule)										550
												550
					252.016		252.016	224 221			0.077	
1. Acquired prior to this report period					353,916		353,916	224,221	varies	varies	8,877	
2. Disposals (attach schedule)	1 1	1 1 \			20,000						1.000	
3. Acquired during this report period (atta	ch sch	edule)			38,680						1,996	10.072
B-4. Subtotal												10,873
C. Non-Movable Equipment					64.005		64.005	25.550			1005	
1. Acquired prior to this report period			64,305		64,305	25,558	varies	varies	4,265			
2. Disposals (attach schedule)	1 1	1 1 \										
3. Acquired during this report period (atta	ch sch	edule)										1.0.55
C-4. Subtotal	1									T		4,265
		nileage										
		book	Dat	e of	Historical			Accumulated				
	maint	ained?	Acqu	isition	Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.												
b.												
с.												
d.												
2. Movable Equipment					40.207		40.207	20,292	waniaa		2 1 40	
a. Acquired prior to this report period					40,297		40,297	29,382	varies	varies	2,149	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)												0.140
D-3. Subtotal												2,149
E. Total Depreciation												17,837

The Card Home for the Aged, Inc. 9/30/2016

#### Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for Land Imp	rovements	\$ -		\$ -
Deletions:				
				<i>•</i>
Fotal deletions for Land Imp	rovements	\$ -		\$ -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Ties to Page 23, Line A2

#### Schedule of Building Improvements Acquired during this report period

g improvements Acquired during this report period		T		
Description of Item	Cost	Life	Dep	reciation
•				
Reflash Exhaust Vent/Pipe	\$ 3,033	5	\$	404
Vinyl/Carpet Flooring	\$ 20,175	15	\$	785
Sewer and Drain Replacement	\$ 8,250	5	\$	687
Fire Sprinklers	\$ 2,725	5	\$	45
Fire Sprinklers	\$ 4,497	5	\$	75
Building Improvements	\$ 38,680		\$	1,996
Building Improvements	\$ -		\$	-
	Description of Item         Description of Item         Reflash Exhaust Vent/Pipe       \$         Vinyl/Carpet Flooring       \$         Sewer and Drain Replacement       \$         Fire Sprinklers       \$         Fire Sprinklers       \$         Building Improvements       \$         Image: Sever and Drain Replacement       \$         Fire Sprinklers       \$         Image: Sever and Drain Replacement       \$         Image: Sever and Drain Repla	Description of Item       Cost         Reflash Exhaust Vent/Pipe       \$ 3,033         Vinyl/Carpet Flooring       \$ 20,175         Sewer and Drain Replacement       \$ 8,250         Fire Sprinklers       \$ 2,725         Fire Sprinklers       \$ 4,497         Building Improvements       \$ 38,680         Image: Control of the system       Image: Control of the system         Image: Control of the system       \$ 38,680         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system         Image: Control of the system       Image: Control of the system	Description of Item         Useful           Description of Item         Cost         Life           Reflash Exhaust Vent/Pipe         \$ 3,033         5           Vinyl/Carpet Flooring         \$ 20,175         15           Sewer and Drain Replacement         \$ 8,250         5           Fire Sprinklers         \$ 2,725         5           Fire Sprinklers         \$ 4,497         5           Building Improvements         \$ 38,680	Description of Item         Useful           Description of Item         Cost         Life         Dep           Reflash Exhaust Vent/Pipe         \$ 3,033         5         \$           Vinyl/Carpet Flooring         \$ 20,175         115         \$           Sewer and Drain Replacement         \$ 8,250         5         \$           Fire Sprinklers         \$ 2,725         5         \$           Fire Sprinklers         \$ 2,725         5         \$           Building Improvements         \$ 38,680         \$         \$           Image: Sevent and Drain Replacement         \$ 38,680         \$         \$           Fire Sprinklers         \$ 38,680         \$         \$           Image: Sevent and Drain Replacements         \$ 38,680         \$         \$           Image: Sevent and Drain Replacement         \$ 38,680         \$         \$           Image: Sevent and Drain Replacement         \$ 38,680         \$         \$           Image: Sevent and Drain Replacement         \$ 10000         \$         \$           Image: Sevent and Drain Replacement         \$ 10000         \$         \$           Image: Sevent and Drain Replacement         \$ 10000         \$         \$           Image: Sevent and Drain Repl

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

#### Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
T-4-1-114"		¢		¢
Total additions for Non-Movab	le Equipment	\$ -		\$ -
Deletions:				
Total deletions for Non-Movabl	e Equipment	\$ -		\$ -
*Ties to Page 23, Line C3	• •			

\*\*Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Movable E	quipment	\$ -		\$ -
Deletions:				
Total deletions for Movable Ed	nuipment	\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b \_\_\_\_\_

#### Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		¢	-	¢
Fotal additions for Leasehold In	nprovement	\$ -	-	\$ -
Deletions:				
			1	
Fotal deletions for Leasehold In	nnrovomont	\$ -		\$ -
Total deletions for Leasenoid II	uprovement	\$ -		φ -

\*\*Ties to Page 24, Line C5

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

## **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
The <b>(</b>	Card Home for the Aged, Inc.			1267RCH		9/30/2016			24	37
			e of sition			Accumulated Amort. to Beginning of	Basis for			
	_			-	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									

\* 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

5	License No.	Report for Year En	ded		U	of 27
The Card Home for the Aged, Inc.	1267RCH	9/30/2016			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	e Facility O	Yes	$\odot$	No	If "Yes," complete I	
or leased from a Related Party?*				110	If "No," complete Pa	art C.
*If any owner or operator of this fac						
business association to any person of a related party transaction.	r organization from whom	i buildings are leased, th	en it is considered			
Description		Total				
1. Date Land Purchased		01/01/65				
2. Date Structure Completed		03/31/65				
3. If <b>NOT</b> Original Owner, Date	of Purchase					
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		20				
6. Square Footage		8,959				
7. Acquisition Cost						
a. Land		1,100				
b. Building		117,856		L	I	
Part B - Owner and Related Par	ties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	;
1. Financing						
a. Type of Financing (e.g., fi	xed, variable)					
b. Date Mortgage Obtained	7					
c. Interest Rate for the Cost Y						
d. Term of Mortgage (numbe						
e. Amount of Principal Borro f. Principal balance outstand						
Complete if Mortgage was R						
During Current Cost Yes						
g. Type of Financing (e.g., fi						
h. Date of Refinancing	ked, variable)					
i. New Interest Rate						
j. Term of Mortgage (numbe	r of years)					
k. Amount of Principal Borro						
l. Principal Outstanding on N						
Part C - Arms-Length Lease	s for Real Property	Improvements Only	y	•		
Name and Address of Lesson		perty Leased		Term of Lease	Annual Amount of	Lease
				1		

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**

ddress of Lender 2. Second Mortgage	\$ ate	Report for Ye 9/30/2016 Total	CCNH	RHNS	Pageof2637Residential CareHome
. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage ame of Lender 2. Second Mortgage ame of Lender Ra	ate	Total	CCNH	RHNS	
. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage ame of Lender 2. Second Mortgage ame of Lender Ra	ate	Total	CCNH	RHNS	Home
A. Building, Land Improvement & Non-Movable         Equipment         1. First Mortgage         ame of Lender         2. Second Mortgage         ame of Lender         Rame of Lender	ate				
Equipment         1. First Mortgage         ame of Lender         Idress of Lender         2. Second Mortgage         ame of Lender         Rame of Lender	ate				
1. First Mortgage       ame of Lender       Idress of Lender       2. Second Mortgage       ame of Lender       Rame of Lender	ate				1
ame of Lender     Ra       Idress of Lender     2. Second Mortgage       ame of Lender     Ra	ate				
2. Second Mortgage Rame of Lender Ra					
2. Second Mortgage ame of Lender Ra					
ame of Lender Ra					
	\$				
Idress of Lender	ate				
3. Third Mortgage	\$				
ame of Lender Ra	ate				
ddress of Lender					
4. Fourth Mortgage	\$				
ame of Lender Ra	ate				
ddress of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
B7. Total Building Interest Expense (A1 - A4 + B5)					1

(Carry Subtotals forward to next page)

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

Name of Facility Licens			Report for Y		Page of	
The Card Home for the Aged, Inc. 12	267RCH		9/30/2016			27   37
						Residential
Item			Total	CCNH	RHNS	Care Home
S	ubtotals Brou	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other ( <i>Specify</i> )		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender		•				
Address of Lender						
12. C. 3. Total Movable Equipment Ir	terest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify	)	\$				
	, 					
13. Total All Interest Expense (12B7 +	12C3 + 12D	) \$				
14. Insurance		, ,				
a. Insurance on Property (building	s only)	\$	11,221			11,221
b. Insurance on Automobiles	<b>,</b>	\$				,
c. Insurance other than Property (a	s specified a					
1. Umbrella (Blanket Coverage	-	1,254			1,254	
2. Fire and Extended Coverage					,	
3. Other ( <i>Specify</i> )		1,700			1,700	
Directors and Officer Liabili	ty Insurance					
	•					
14d. Total Insurance Expenditures (14a	+ b + c)	\$	14,175			14,175
15. Total All Expenditures (A-13 thru		\$				483,268

## **D.** Adjustments to Statement of Expenditures

	e of Fa			Lic	cense No.	Report for Ye	ar Ended	Page of
The (	Lard H	lome	for the Aged, Inc.		1267RCH	9/30/2016		28   37
	Page No.		Item Description		Total Amount of Decrease	CCNH	RHNS	Residential Care Home
-			es and Wages					
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$				
Page	13 - I	Profes	sional Fees					
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
	s 15 &	: 16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.			Bad Debts	\$				
10.	15	1d	Accounting & Legal	\$	300			300
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 *	\$	10,161			10,161
19.	15	k1/k2	Income Tax / Corporate Business Tax	\$	1,615			1,615
20.			Fund Raising / Contributions	\$				
21.			Unallowable Management Fees	\$				
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	10,133			10,133
Page	18 - I	Dietar	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
· ·	19 - I	aund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
_	20 - 1	Iouse	keeping Expenditures					
26.			Housekeeping services to employees, guests	_				
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	22,209			22,209

\* 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.

The Card Home for the Aged, Inc. 9/30/2016

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	er Salaries A	Adjustment	\$-	\$ -	\$ -

\_\_\_\_\_

### Schedule of Fees Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
<b>Total Othe</b>	r Fees Adj	istments	\$-	\$-	\$ -

### Schedule of Other A&G Adjustments

					Resi	dential	
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home		
16	m13	Investment Fees			\$	9,958	
16	m10	Donations			\$	175	
<b>Total Othe</b>	al Other A&G Adjustments			\$-	\$	10,133	

### State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

-	D. Adjustments to Statement of Expenditures (cont'd)									
	e of Fa	•		Lic	ense No.	Report for Y	ear Ended	Page	of	
The C	Card H	lome f	for the Aged, Inc.		1267RCH	9/30/2016		29	37	
					Total					
Item	Page	Line			Amount of			Resider	ntial Care	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	He	ome	
			Subtotals Brought Forward	\$	22,209				22,209	
Page	20 - K	Reside	nt Care Supplies***							
27.			Prescription Drugs	\$						
28.			Ambulance/Limousine	\$						
29.			X-rays, etc	\$						
30.			Laboratory	\$						
31.			Medical Supplies	\$						
32.			Oxygen (non emergency)	\$						
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$						
Page	22 - N	Iainte	enance 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	\$	553				553	
Page	27 - I	nsura	nce							
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Other	r - Mis	cella	neous							
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$						
44.			Vending Machine Revenue	\$						
45.			Purchase Discounts and Allowances	\$						
46.			Duplications of functions or services	\$						
47.			Expenditures made for the protection,							
			enhancement or promotion of the							
			providers interest	\$						
48.			Interest Income on Accounts Rec	\$						
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
			Attached Schedule	\$						
Not I	For Pr	ofit P	roviders Only							
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	22,762				22,762	

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

\*\*\* 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.

The Card Home for the Aged, Inc. 9/30/2016

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Othe</b>	r Ancillary	Costs	\$-	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Exce</b>	ss Movable	Equipment Depreciation	\$-	\$ -	\$ -

### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Reside Care H	
22	7c	Prior Year Useful Life Correction			\$	553
-						
Total Othe	r Property	Adjustments	\$-	\$-	\$	553

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unal</b>	lowable Bu	ilding Interest	\$ -	\$ -	\$ -
		·			

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

### F. Statement of Revenue

	F. Statement of Rev		-			1
5	nse No. 267RCH		Report for Ye	ear Ended		Page of
The Card Home for the Aged, Inc. 1	20/κርΠ		9/30/2016			30   37
Iter	n		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care	e Revenue					
1. a. Medicaid Residents (CT only)		\$	114,274			114,274
b. Medicaid Room and Board Contr	actual Allowance **	\$				
2. a. Medicaid (All other states)		\$				
b. Other States Room and Board Co.	ntractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	)	\$				
b. Medicare Room and Board Contra	actual Allowance **	\$				
4. a. Private-Pay Residents and Other		\$	233,306			233,306
b. Private-Pay Room and Board Cor	ntractual Allowance **	\$				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$				
b. Prescription Drugs - Medicare Co	ontractual Allowance **	\$				
c. Prescription Drugs - Non-Medica	re	\$				
d. Prescription Drugs - Non-Medica	re Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare Con		\$				
c. Medical Supplies - Non-Medicare		\$				
d. Medical Supplies - Non-Medicare	e Contractual Allowance **	\$				
3. <u>a. Physical Therapy - Medicare</u>		\$				
b. Physical Therapy - Medicare Con		\$				
c. Physical Therapy - Non-Medicare		\$				
d. Physical Therapy - Non-Medicare	e Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare		\$				
b. Speech Therapy - Medicare Contr	ractual Allowance **	\$				
c. Speech Therapy - Non-Medicare		\$				
d. Speech Therapy - Non-Medicare		\$				
5. <u>a. Occupational Therapy - Medicare</u>		\$				
b. Occupational Therapy - Medicard		\$				
c. Occupational Therapy - Non-Me		\$				
d. Occupational Therapy - Non-Med	dicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare		\$				
b. Other ( <i>Specify</i> ) - Non-Medicare <b>III.</b> <i>Total Resident Revenue</i> (Section I. the	m Section II)	\$ \$	245 500			245 500
III. <i>Total Resident Revenue</i> (Section I. un IV. Other Revenue*	Tu Section II.)	¢	347,580			347,580
		<b>.</b>				
1. Meals sold to guests, employees & o	thers	\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Servi	ices	\$	10			10
5. Interest Income (Specify)		\$ ¢	19			19
6. Private Duty Nurses' Fees		\$ \$			+	
<ol> <li>Barber, Coffee, Beauty and Gift shop</li> <li>Other (<i>Specify</i>)</li> </ol>	20	\$	160 450			160 452
<i>V. Total Other Revenue</i> (1 thru 8)		\$	169,452 169,471			169,452 169,471
			109,471			109,4/1
VI. Total All Revenue (III +V)		\$	517,051		<u> </u>	517,051

\* 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.

#### **Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Oth</b>	er Resident Revenue - Medicare	\$-	\$-	\$ -

#### Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Othe</b>	r Resident Revenue	\$-	\$-	\$ -

### **Interest Income**

Account

					Resider	ntial
Page Ref	Account	Balance	CCNH	RHNS	Care H	ome
30	Savings Account				\$	19
<b>Total Inter</b>	rest Income		\$-	\$ -	\$	19

------

#### Schedule of Other Revenue

				Re	sidential
Page Ref	Description	CCNH	RHNS	Ca	re Home
30	Income Charles A Capen Trust			\$	9,213
30	Donations			\$	8,460
30	Hotel Refund			\$	4
30	Dividends - Investments			\$	46,441
30	Realized Gains			\$	63,876
30	Unrealized Gain			\$	37,452
30	Split Interest Agreement			\$	4,006
<b>Total Othe</b>	r Revenue	\$ -	\$ -	\$	169,452

### State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

## **G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	
The Card Home for the Aged,	Inc. 1267RCH	9/30/2016	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in			\$	19,374
	eceivable (Less Allowance	,	\$	
	eivable (Excluding Owners	or Related Parties)	\$	1,429
4 Inventories			\$	
5. Prepaid Expenses			\$	5,480
a. Insurance		4,455	_	
b. Taxes		505	_	
c. Elevator Service		526		
d.				
6. Interest Receivable			\$	
7. Medicare Final Settle	ement Receivable		\$	
8. Other Current Assets	(itemize)		\$	
			_	
			-	
			-	
A-9. Total Current Assets (L	ines A1 thru 8)		\$	26,28
B. Fixed Assets				
1. Land			\$	1,100
2. Land Improvements	*Historical Cost	8,250	\$	4,990
	Accum. Deprecia	tion 3,254 Net		
3. Buildings	*Historical Cost	392,596	\$	157,502
-	Accum. Deprecia	tion 235,094 Net		
4. Leasehold Improvem	*		\$	
Ĩ	Accum. Deprecia	tion Net		
5. Non-Movable Equip		64,305	\$	34,482
1 1	Accum. Deprecia	· · · · · · · · · · · · · · · · · · ·		- , -
6. Movable Equipment	*Historical Cost	40,297	\$	8,76
	Accum. Deprecia		Ŧ	0,70
7. Motor Vehicles	*Historical Cost		\$	
7. Wotor venicles	Accum. Deprecia	tion Net	Ψ	
8. Minor Equipment-N	<b>L</b>		\$	
* *	L			
9. Other Fixed Assets (	itemize )		\$	
			_	
$T_{c4} = 1 F_{c4}^{c4} = 1 A_{c4}^{c4} + 1 A$	$L_{max}$ D1 (1 0)		<u>ф</u>	20101
B-10. Total Fixed Assets (	Lines D1 uiru 9)		\$	206,846

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

# G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page	of
The	Care	d Home for the Aged, Inc.	1267RCH	9/30/2016		32	37
			Account			Amour	nt
				Total Brought Forward:	\$		233,135
C.	Le	asehold or like property recor	ded for Equity Purpose	S.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Depr			\$		
C-8	То	tal Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	dent Care (itemize)		\$	1	,418,036
		IB Investments		1,418,036			
	6.	Loans to Owners or Related	Parties ( <i>itemize</i> )		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)			\$		73,965
		Beneficial Interest in Per	petual Trust	73,965			
					¢		400.001
		tal Investments and Other As	· · · · ·		\$		,492,001
D-9.	10	tal All Assets (Lines A9 + B)	$10 + C\delta + D\delta)$		\$	1	,725,136

\* 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 The Card Home for the Aged, Inc.		License No.	Report for Year H	Ended		Page	of	
The Card Hom	le fo	or the Aged, Inc.	1267RCH	9/30/2016			33	37
		1	Account				Amount	t
Liabilities								
		rrent Liabilities						
		Trade Accounts Payable				\$		5,745
	2.	Notes Payable (itemize)				\$		
	2	Loans Payable for Equipme	ont (Cumant portion	) (itamiza)		\$		
	5.	Name of Lender	Purpose	Amount	Date Due	φ		
		Name of Lender	1 urpose	Allount	Date Due			
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	tockholders only)		\$		7,706
	5.	Accrued Payroll (Owners a		only)		\$		
	6.	Accrued Payroll Taxes Pay	able			\$		829
	7.	Medicare Final Settlement	•			\$		
	8.	Medicare Current Financin				\$		
	9.	Mortgage Payable (Curren				\$		
		Interest Payable (Exclusive	of Owner and/or Re	lated Parties)		\$		
		Accrued Income Taxes*				\$		
	12.	Other Current Liabilities (i	temize)			\$		11,146
		Accrued Expenses	6,2	00				
		Deferred Revenue	4,1					
		Deferred Federal Excise Taxes	8	45				
. 12	T		A 1 (hms 10)			¢		25.426
A-13.	101	tal Current Liabilities (Line	es A1 thru 12)			\$		25,426

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

### State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended			Page	of
The Card Home for the Aged, Inc.	1267RCH	9/30/2016		34	37
	Account			Amo	
		Total Broug	ht Forward:		25,426
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rel	ated Parties (itemize		\$		
Name and Address of Lender	Amount	Loan D	Date		
4. Other Long-Term Liabilitie	es (itemize )		\$		
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-	13 + B-5)		\$		25,426

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
The	Card Home for the Aged, Inc.	1267RCH	9/30/2016		35	37
•	Decompos	Account			A	Amount
A.	Reserves					
	1. Reserve for value of leased l	land			\$	
	2. Reserve for depreciation val	ue of leased building	ngs and appurte	nances		
	to be amortized				\$	
	3. Reserve for depreciation val	ue of leased person	al property (Eq	uity)	\$	
	4. Reserve for leasehold real pr	roperties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	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				\$	1,665,927
	6. Gain or Loss for Period	10/1/201	5 thru	9/30/2016	\$	33,783
	7. Total Net Worth				\$	1,699,710
C.	Total Reserves and Net Worth				\$	1,699,710
D.	Total Liabilities, Reserves, and	Net Worth			\$	1,725,136

## State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

# H. Changes in Total Net Worth

Name	e of Facility	License No.	Report for Year	Ended	Page	of
	Card Home for the Aged, Inc.	1267RCH	9/30/2016	Lindea	36	37
	Account					mount
A.	Balance at End of Prior Period as s	hown on Report of 0	9/30/2015	1	\$	1,665,927
B.	Total Revenue (From Statement of				\$	517,051
C.	Total Expenditures (From Statement		age 27)		\$	483,268
D.	Net Income or Deficit				\$	33,783
E.	Balance				\$	1,699,710
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other ( <i>itemize</i> )					
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators	/Partners (Specify)			\$	
	Name and Address (No., City,		Title	Amount		
<b> </b>	2. Other Withdrawings ( <i>Specify</i> )					
Purpose Amount					¥	
<b> </b>	i uipose		Allio	um		
					*	
L	3. Total Deductions		-		\$	
H.	Balance at End of Period	09/30/1	.6		\$	1,699,710

Name of Facility	License No.	Report for Year Ended	Page	of		
The Card Home for the Aged, Inc.	1267RCH	9/30/2016	37	37		
	Check appropriate category					
□ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home				
Preparer/Reviewer Certification						
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.						
Signature of Preparer	Title	Date Signed				
Printed Name of Preparer		•				
Shane, Navratil & Company						
Addres Address		Phone Number				
20 Walnut Street, Willimantic, CT 06226		860-456-2297				

## I. Preparer's/Reviewer's Certification

Level	Item	Reported as		
CCH	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
RHNS	Page 8 - Total Care Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Care Days which are reported as	5,239	is inconsistent with balance of	5,239
CCH	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
RHNS	Page 8 - Total Days which are reported as	-	is inconsistent with balance of	-
Other	Page 8 - Total Days which are reported as	5,239	is inconsistent with balance of	5,239
Other	Page 8 - Medicaid Days are reported for RCH	-	Should be SSIPD Days	-
CCH	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
RHNS	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Physical Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
RHNS	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Speech Therapy Treatments	-	is inconsistent with balance of	-
CCH	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
RHNS	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
Other	Page 9 - Total Occupational Therapy Treatments	-	is inconsistent with balance of	-
CCH	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
RHNS	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
Other	Please complete page 9 for PT Treatments	-	As PT Expense is reported as	-
CCH	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
RHNS	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
Other	Please complete page 9 for ST Treatments	-	As ST Expense is reported as	-
CCH	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
RHNS	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
Other	Please complete page 9 for OT Treatments	-	As OT Expense is reported as	-
CCH	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
RHNS	Page 10 - Total Salary Expenditures reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Expenditures reported as	252,739	is inconsistent with balance of	252,739
CCH	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-

RHNS	Page 10 - Total Salary Hours reported as	-	is inconsistent with balance of	-
Other	Page 10 - Total Salary Hours reported as	19,673	is inconsistent with balance of	19,673
CCH	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
RHNS	Page 10 - Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Administrator Compensation	45,673	is inconsistent with page 12 of	45,673
CCH	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
RHNS	Page 10 - Assistant Administrator Compensation	-	is inconsistent with page 12 of	-
Other	Page 10 - Assistant Administrator Compensation	5,566	is inconsistent with page 12 of	5,566
	Page 10 - Administrator Hours	2,340	is inconsistent with page 12 of	2,340
	Page 10 - Assistant Administrator Hours	360	is inconsistent with page 12 of	360
CCH	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
RHNS	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fees Reported as	-	is inconsistent with balance of	-
CCH	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
RHNS	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
Other	Page 13 - Total Fee Hours Reported as	-	is inconsistent with balance of	-
CCH	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
RHNS	Page 15 & 16 Total A&G Reported as	-	is inconsistent with balance of	-
Other	Page 15 & 16 Total A&G Reported as	78,113	is inconsistent with balance of	78,113
CCH	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
RHNS	Page 18 - Total Dietary Expense Reported as	-	is inconsistent with balance of	-
Other	Page 18 - Total Dietary Expense Reported as	52,433	is inconsistent with balance of	52,433
CCH	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
RHNS	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
Other	Page 19 - Total Laundry Expense Reported as	-	is inconsistent with balance of	-
CCH	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
RHNS	Page 20 - Total Housekeeping Expense	-	is inconsistent with balance of	-
	Page 20 - Total Housekeeping Expense	2,691	is inconsistent with balance of	2,691
CCH	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-
RHNS	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of	-

\_

-65,280

-

-17,837

\_

-

17,837 550 10,873 4,265 2,149 --\_ 8,250 392,596 64,305 -40,297 3,254 235,094 29,823 -31,531

Other	Page 20 - Total Resident Care Expense	-	is inconsistent with balance of
CCH	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of
RHNS	Page 22 - Total Repairs and Maintenance Expense	-	is inconsistent with balance of
Other	Page 22 - Total Repairs and Maintenance Expense	65,280	is inconsistent with balance of
CCH	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of
RHNS	Page 22 - Total Depreciation Expense	-	is inconsistent with balance of
Other	Page 22 - Total Depreciation Expense	17,837	is inconsistent with balance of
CCH	Page 22 - Total Amortization Expense	-	is inconsistent with balance of
RHNS	Page 22 - Total Amortization Expense	-	is inconsistent with balance of
Other	Page 22 - Total Amortization Expense	-	is inconsistent with balance of
CCH	Page 22 - Total Property Expense	-	is inconsistent with balance of
RHNS	Page 22 - Total Property Expense	-	is inconsistent with balance of
Other	Page 22 - Total Property Expense	17,837	is inconsistent with balance of
	Page 22 - Land Improvement Depreciation	550	is inconsistent with Page 23
	Page 22 - Building Depreciation	10,873	is inconsistent with Page 23
	Page 22 - Non-Movable Depreciation	4,265	is inconsistent with Page 23
	Page 22 - Movable Depreciation	2,149	is inconsistent with Page 23
	Page 22 - Organization Amortization	-	is inconsistent with Page 24
	Page 22 - Mortgage Expense Amortization	-	is inconsistent with Page 24
	Page 22 - Leasehold and Other Amortization	-	is inconsistent with Page 24
	Page 23 - Historical Cost of Land Improvements	8,250	is inconsistent with Page 31
	Page 23 - Historical Cost of Building Improvement	392,596	is inconsistent with Page 31
	Page 23 - Historical Cost of Non-Movable Eq.	64,305	is inconsistent with Page 31
	Page 23 - Historical Cost of Motor Vehicles	-	is inconsistent with Page 31
	Page 23 - Historical Cost of Movable Eq.	40,297	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Land Imp.	3,254	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Building Improver	235,094	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Non-Movable Eq.	29,823	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Motor Vehicles	-	is inconsistent with Page 31
	Page 23 - Accumulated Dep. of Moyable Eq.	31,531	is inconsistent with Page 31

Page 23 - Accumulated Dep. of Movable Eq.31,531is inconsistent with Page 31

	Page 24 - Historical Cost of Organization Expense	-	is inconsistent with Page 32	-
	Page 24 - Accumulated Amort. of Org. Expense	-	is inconsistent with Page 32	-
	Page 24 - Historical Cost of Leasehold Imp.	-	is inconsistent with Page 31	-
	Page 24 - Accumulated Amort. of Leasehold Imp.	-	is inconsistent with Page 31	-
	Page 25 - Total Bed Capacity	20	is inconsistent with page 8	20
CCH	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
RHNS	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
Other	Page 26 - Total Building Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
Other	Page 27 - Total Movable Equipment Interest	-	is inconsistent with balance of	-
CCH	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Interest Expense	-	is inconsistent with balance of	-
CCH	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Insurance Expense	-	is inconsistent with balance of	-
Other	Page 27 - Total Insurance Expense	14,175	is inconsistent with balance of	14,175
CCH	Page 27 - Total Expenses	-	is inconsistent with balance of	-
RHNS	Page 27 - Total Expenses	-	is inconsistent with balance of	-
Other	Page 27 - Total Expenses	483,268	is inconsistent with balance of	483,268
CCH	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
RHNS	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
Other	Page 29 - Total Adjustments to Expense	#REF!	is inconsistent with balance of	#REF!
CCH	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
RHNS	Page 30 - Total Resident Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Resident Revenue	347,580	is inconsistent with balance of	347,580
CCH	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
RHNS	Page 30 - Total Other Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Other Revenue	169,471	is inconsistent with balance of	169,471
CCH	Page 30 - Total Revenue	-	is inconsistent with balance of	-

RHNS	Page 30 - Total Revenue	-	is inconsistent with balance of	-
Other	Page 30 - Total Revenue	517,051	is inconsistent with balance of	517,051
CCH	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
RHNS	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
Other	Page 30 - Out of State Medicaid Revenue	-	Page 8 Out of State Days of	-
-	Page 31 - Total Current Assets	26,289	is inconsistent with balance of	26,289
-	Page 31 - Total Fixed Assets	206,846	is inconsistent with balance of	206,846
-	Page 32 - Total Leasehold Assets	-	is inconsistent with balance of	-
-	Page 32 - Investments and Other Assets	1,492,001	is inconsistent with balance of	1,492,001
-	Page 32 - Total Assets	1,725,136	is inconsistent with balance of	1,725,136
-	Page 33 - Total Current Liabilities	25,426	is inconsistent with balance of	25,426
-	Page 34 - Total Long Term Liabilities	-	is inconsistent with balance of	-
-	Page 34 - Total Liabilities	25,426	is inconsistent with balance of	25,426
-	Page 35 - Total Reserves	-	is inconsistent with balance of	-
-	Page 35 - Total Net Worth	1,699,710	is inconsistent with balance of	1,699,710
-	Page 35 - Total Reserves and Net Worth	1,699,710	is inconsistent with balance of	1,699,710
-	Page 35 - Total Liabilities, Reserves and Net Wort	1,725,136	is inconsistent with balance of	1,725,136
-	Page 35 - Total Liabilities, Reserves and Net Wort	1,725,136	Total Assets	1,725,136
CCH	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
RHNS	Page 10 - Other Salaries	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salaries	81,286	is Inconsistent with schedule	81,286
CCH	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
RHNS	Page 10 - Other Salary Hours	-	is Inconsistent with schedule	-
Other	Page 10 - Other Salary Hours	7,493	is Inconsistent with schedule	7,493
CCH	Page 13 - Other Fees	-	is Inconsistent with schedule	-
RHNS	Page 13 - Other Fees	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fees	-	is Inconsistent with schedule	-
CCH	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
RHNS	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-
Other	Page 13 - Other Fee Hours	-	is Inconsistent with schedule	-

CCH	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
RHNS	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
Other	Page 15 - Other Employee Benefits	-	is Inconsistent with schedule	-
CCH	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
RHNS	Page 15 - Other Taxes	-	is Inconsistent with schedule	-
Other	Page 15 - Other Taxes	1,467	is Inconsistent with schedule	1,467
CCH	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
RHNS	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
Other	Page 16 - Other Travel and Ent.	-	is Inconsistent with schedule	-
CCH	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
RHNS	Page 16 - Other Advertising	-	is Inconsistent with schedule	-
Other	Page 16 - Other Advertising	10,161	is Inconsistent with schedule	10,161
CCH	Page 16 - Dues	-	is Inconsistent with schedule	-
RHNS	Page 16 - Dues	-	is Inconsistent with schedule	-
Other	Page 16 - Dues	185	is Inconsistent with schedule	185
CCH	Page 16 - Other A&G	-	is Inconsistent with schedule	-
RHNS	Page 16 - Other A&G	-	is Inconsistent with schedule	-
Other	Page 16 - Other A&G	15,890	is Inconsistent with schedule	15,890
CCH	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
RHNS	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 20 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 22 - Other R&M	-	is Inconsistent with schedule	-
RHNS	Page 22 - Other R&M	-	is Inconsistent with schedule	-
Other	Page 22 - Other R&M	22,225	is Inconsistent with schedule	22,225
	Page 23 - Land Improvement Additions	-	is Inconsistent with schedule	-
	Page 23 - Building Improvement Additions	38,680	is Inconsistent with schedule	38,680
	Page 23 - Non-Movable Equipment Additions	-	is Inconsistent with schedule	-
	Page 23 - Movable Additions	-	is Inconsistent with schedule	-
	Page 24 - Leasehold Improvements	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-

RHNS	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue Medicare	-	is Inconsistent with schedule	-
CCH	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
RHNS	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Resident Revenue	-	is Inconsistent with schedule	-
CCH	Page 30 - Interest Income	-	is Inconsistent with schedule	-
RHNS	Page 30 - Interest Income	-	is Inconsistent with schedule	-
Other	Page 30 - Interest Income	19	is Inconsistent with schedule	19
CCH	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
RHNS	Page 30 - Other Revenue	-	is Inconsistent with schedule	-
Other	Page 30 - Other Revenue	169,452	is Inconsistent with schedule	169,452