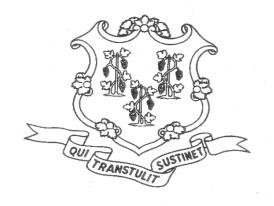
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as 1	licensed)							
GILMORE MANOR	,							
Address (No. & Stree		ip Code)						
1381 MAIN STREET		_)33					
Type of Facility								
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home wit Supervision on (RHNS)	_	V	Residential (Care Home	
Report for Year Begin 10/1/2018	nning		Report for Yea 9/30/2019	r Ending				
License Numbers: CCNH			RHNS Residential Care Home Medicare Providential Care Home					
	-		l			l		
Medicaid Provider No	umbers:	CC	CNH	RH	INS		ICF-IID	
For Department Use	e Only					l		
Sequence Number Assigned	Signed and Notarized	Date Received	2 ditt		Signed a	and Notarized	Date Received	

Table of Contents

General Information and Questionnaire - Type of Facility - Organization Structure 2	Gen	eral Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Partners/Members 3A General Information and Questionnaire - Corporate Owners 3A General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Interval 17 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures Other than Salaries (Cont'd) - Report of Firms Providing Services by Contract 21 C	Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Corporate Owners General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4General Information and Questionnaire - Related Parties 5General Information and Questionnaire - Basis for Allocation of Costs 5General Information and Questionnaire - Leases 6General Information and Questionnaire - Leases 6General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Bala	Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Individual Proprietorship 3B General Information and Questionnaire - Related Parties 4 General Information and Questionnaire - Basis for Allocation of Costs 5 General Information and Questionnaire - Leases 6 General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 20 C. Expenditures Other than Salar	Gen	eral Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Related Parties General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 22 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 G. Balance Sheet (Cont'd) 36 G. Balan	Gen	eral Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Basis for Allocation of Costs General Information and Questionnaire - Leases General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics 8 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 13 Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Leases General Information and Questionnaire - Accounting Basis 7 Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees for Service Basis Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 Depreciation Schedule 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Expenditures Other than Salaries (Cont'd) - Interest 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 D. Adjustments to Statement of Expenditures 27 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Accounting Basis Schedule of Resident Statistics Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fces Report of Expenditures - Professional Fces Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fce for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care Report of Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care Report of Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 24 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 25 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 26 Balance Sheet 30 Adjustments to Statement of Expenditures 31 G. Balance Sheet Cont'd) 32 Balance Sheet 33 G. Balance Sheet Cont'd) 34 G. Balance Sheet Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Schedule of Resident Statistics (Cont'd) 9 A. Report of Expenditures - Salaries & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives 11 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 63 G. Balance Sheet (Cont'd) 73 G. Balance Sheet (Cont'd) 74 G. Balance Sheet (Cont'd) 75 H. Changes in Total Net Worth 36 H. Changes in Total Net Worth 36	Gen	eral Information and Questionnaire - Leases	6
Schedule of Resident Statistics (Cont'd) A. Report of Expenditures - Salaries & Wages Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekceping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Interest 24 C. Expenditures Other than Salaries (Cont'd) - Interest 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Gen	eral Information and Questionnaire - Accounting Basis	7
A. Report of Expenditures - Salarics & Wages 10 Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant 11 Administrators and Other Relatives 12 B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Professional Fees 13 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnai	Sche	edule of Resident Statistics	8
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 23 Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth	Sche	edule of Resident Statistics (Cont'd)	9
Administrators and Other Relatives Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) - Reserves and Net Worth 36 H. Changes in Total Net Worth	A.	Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
Administrators and Other Relatives (Cont'd) B. Report of Expenditures - Professional Fees Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Dietary 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 19 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 20 Report of Expenditures Other than Salaries (Cont'd) - Maintenance and Property 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd) 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth		Administrators and Other Relatives	11
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
B. Report of Expenditures - Professional Fees 13 Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis 14 C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care 20 Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance 27 D. Adjustments to Statement of Expenditures 28 D.		Administrators and Other Relatives (Cont'd)	12
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis C. Expenditures Other than Salaries - Administrative and General 15 C. Expenditures Other than Salaries (Cont'd) - Administrative and General 16 Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet (Cont'd)	B.		13
for Service Basis C. Expenditures Other than Salaries - Administrative and General C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd)			
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 			14
 C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17 C. Expenditures Other than Salaries (Cont'd) - Dietary 18 C. Expenditures Other than Salaries (Cont'd) - Laundry 19 C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21 C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22 Depreciation Schedule 23 Amortization Schedule 24 C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25 C. Expenditures Other than Salaries (Cont'd) - Interest 26 C. Expenditures Other than Salaries (Cont'd) - Interest 27 D. Adjustments to Statement of Expenditures 28 D. Adjustments to Statement of Expenditures 29 F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) 35 H. Changes in Total Net Worth 36 	C.	Expenditures Other than Salaries - Administrative and General	15
Schedule C-1 - Management Services C. Expenditures Other than Salaries (Cont'd) - Dietary C. Expenditures Other than Salaries (Cont'd) - Laundry C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) Agenatic Sheet (Cont'd) 35 H. Changes in Total Net Worth	C.		16
C.Expenditures Other than Salaries (Cont'd) - Dietary18C.Expenditures Other than Salaries (Cont'd) - Laundry19C.Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care20Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract21C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36			17
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth	C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Depreciation Schedule	23
C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Amortization Schedule	24
C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest	26
D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures	28
G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures (Cont'd)	29
G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	F.	Statement of Revenue	30
G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet	31
G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	32
G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	33
H. Changes in Total Net Worth 36	G.	Balance Sheet (Cont'd)	34
<u> </u>	G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
I. Preparer's/Reviewer's Certification 37	H.	Changes in Total Net Worth	36
	I.	Preparer's/Reviewer's Certification	37

CSP-1 Rev.9/2002

Annual Report of Long-Term Care Facility

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
GILMORE MANOR, INC.	1777	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for GILMORE MANOR, INC. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
8			1-8 ()	
Printed Name (Administrator)			Printed Name (Owner)	
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			` ,	
THEODORE L. FARACI			THEODORE L. FARACI	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:				•
to before me.				!
				/ /
Address of Notary Public		<u>-</u>	•	

(Notary Seal)

State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Data Required for Real Wage Adjustment					
Name of Facility		Period Cov	ered:	From	То	
GILMORE MANOR, INC.				10/1/2018	9/30/2019	
Address of Facility 1381 MAIN STREET, GLASTONBURY, CT 06033						
Report Prepared By		Phone Nun	nber	Date		
CJLC LLC		860-610-90	009	2/13/2020		
					Residentia 1 Care	
Item		Total	CCNH	RHNS	Home	
1. Dietary wages paid	\$					
2. Laundry wages paid	\$					
3. Housekeeping wages paid	\$					
4. Nursing wages paid	\$					
5. All other wages paid	\$					
6. Total Wages Paid	\$					
7. Total salaries paid	\$					
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$					

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	cility	Report for Ye	ar Ended	Page		of
		860	-633-4411		9/30/2019		2		37
Name of Facility (as shown on license)			`		Street, City, Sto				
GILMORE MANOR, INC.					EET, GLAST				
x	CCNH		RHNS	Resi	dential Care H		Medicare F	Provid	er No.
License Numbers:					<u> </u>	777			
Type of Facility (Check appropriate box(es))		_							
Chronic and Convalescent Nursing Home only (CCNH)			t Home with ervision only		· v	Resident	ial Care Hor	ne	
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O P	artnership	•	Profit Corp.	0	Non-Profit Co	rp. O	Government	0	Trust
				Date	Opened	Date Clo	sed		
If this facility opened or closed during report	year provid	e:							
Has there been any change in ownership						•			
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	y.	
Administrator									
Name of Administrator THEODORE L. FARACI					Nursing Ho Administrat				
THEODORE L. FARACI					License 1				
Other Operators/Owners who are assistant ac	ministrators	(ful)	or part time	of th		.10			
Name		(,	License l	No.:			

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility GILMORE MANOR, INC.		License No. 1777	Report for Y 9/30/2019	ear Ended	Page 3	of 37
Legal Name of Parti	nership/LLC	Business A	Address	State(s) and/o Which R		
Name of Partners/Members	Business Ad	ddress		Γitle	% Ow	vned

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Fnded	Page of
GILMORE MANOR, INC.	1777	9/30/2019	Ended	3A 37
If this facility is owned or operated as a co	rporation, provide	the following infor	mation:	
Legal Name of Corporation		ness Address		ch Incorporated
GILMORE MANOR, INC.	1381 MAIN ST GLASTONBU		CT	-
	GLASTONBO	K1, C1 00033		
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each
THEODORE L. FARACI	1381 MAIN ST GLASTONBU		PRESIDENT	500
CATHERINE J. FOLEY	1381 MAIN ST GLASTONBU		TREASURER	500
Names of Stockholders Owning at Least 10% of Shares				
THEODORE L. FARACI	1381 MAIN ST GLASTONBU		PRESIDENT	500
CATHERINE J. FOLEY	1381 MAIN ST GLASTONBU		TREASURER	500

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
GILMORE MANOR, INC.	1777	9/30/2019	3B 37
If this facility is owned or operated as an individua	ıl proprietorship, p	provide the following informate	tion:
	ner(s) of Facility	-	
	•		
			_
			-
			_

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of		
GILMORE MANOR, IN	NC.		1777		9/30/2019		4	37		
Are any individuals rece	iving compensation from the fa	cility re	lated the	ough		If "Yes," provide th	e Name/Ado	dress and		
marriage, ability to contr	col, ownership, family or busine	ess assoc	ciation?	0	Yes • No	complete the inforn	implete the information on Page 11 of the report.			
Are any individuals or co	ompanies which provide goods	or servi	ces,							
	coperty or the loaning of funds t		•							
,	ssociation, common ownership,	,		ness	⊙ Yes ○ No					
association to any of the	owners, operators, or officials	of this fa	acility?			If "Yes," provide th	e following	information:		
			so Provi			Indicate Where				
			ds/Servi			Costs are Included	~			
Name of Related Individual or Company	Business Address		Related 1	Parties %**	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party		
individual of Company	1381 MAIN STREET,	Yes	No	⁹ 0**	Provided	Page # / Line #	Reported	Related Party		
THEODORE L. FARACI	GLASTONBURY, CT 06033	0	•		ADMINISTRATOR	PAGE 10, LINE A2	79,482	79,482		
CATHERINE J. FOLEY	1381 MAIN STREET, GLASTONBURY, CT 06033	0	•		CLERICAL	PAGE 10, LINE A4	65,299	65,299		
THEODORE L. FARACI	1381 MAIN STREET, GLASTONBURY, CT 06033	0	•		LOANING OF FUNDS	PAGE 33, LINE A12	(4,426)	(4,426)		
		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				OI			
GILMORE MANOR, INC.	MORE MANOR, INC. refacility is licensed as CDH and/or RCH or provides as be allocated to CCNH and RHNS as follows: Item ary adry sekeeping ret Resident Care Consultants Intenance and operation of plant retry costs (depreciation) loyee health and welfare agement services other General Administrative expenses preparer of this report must answer the following quest of the preparation of this Report, were all losts allocated as required? • Yes							
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medicai	d rates,	costs			
· · · · · · · · · · · · · · · · · · ·	_		•					
Item		Method of Allocation						
Dietary		Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping		Number of	square feet serviced					
• •		Number of	hours of routine care provided	by EA	СН			
Nursing		employee c	classification, i.e., Director (or	Charge	Nurse),			
		Registered	Nurses, Licensed Practical Nu	rses, Ai	des and			
		Attendants						
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: Item Method of Allocation Dietary Number of meals served to residents Laundry Number of pounds processed Housekeeping Number of square feet serviced Nursing employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants Direct Resident Care Consultants Number of hours of resident care provided by EACH specialist (See listing page 13) Maintenance and operation of plant Square feet Property costs (depreciation) Square feet Employee health and welfare Gross salaries Management services Appropriate cost center involved All other General Administrative expenses Total of Direct and Allocated Costs The preparet of this report must answer the following questions applicable to the cost information provided. Land the preparation of this Report were all to the cost information provided. In the preparation of this Report were all to the cost information provided. In the preparation of this Report were all to the cost information provided.								
		specialist ((See listing page 13)					
Item								
Item Method of Allocation ictary Number of meals served to residents Number of pounds processed ousekeeping Number of square feet serviced Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants irect Resident Care Consultants Number of hours of resident care provided by EACH specialist (See listing page 13) Idintenance and operation of plant Square feet reperty costs (depreciation) Square feet reperty costs (depreciation) Square feet Inagement services Appropriate cost center involved Il other General Administrative expenses Total of Direct and Allocated Costs he preparer of this report must answer the following questions applicable to the cost information provided. In the preparation of this Report, were all costs allocated as required? Yes O No If "No," explain fully why such allocation was not made.								
GILMORE MANOR, INC. If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: Item Item Method of Allocation Number of meals served to residents Laundry Number of pounds processed Number of square feet serviced Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants Direct Resident Care Consultants Number of hours of resident care provided by EACH specialist (See listing page 13) Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services Appropriate cost center involved All other General Administrative expenses Total of Direct and Allocated Costs The preparer of this report must answer the following questions applicable to the cost information provided. I. In the preparation of this Report, were all costs allocated as required? Yes O No If "No," explain fully why such allocation was not made. O Yes O No If "No," explain fully why such allocation was centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)								
Management services								
All other General Administrative expenses		Total of Direct and Allocated Costs						
The preparer of this report must answer the foll	owing ques	tions applica	able to the cost information pro	vided.				
1. In the preparation of this Report, were all	O 1/	0 N	If "No," explain fully why suc	h alloca	ation was			
costs allocated as required?	• Yes	O No	not made.					
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data					
	_							
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing ho	me cos	t centers?			
(e.g., Assisted Living, Home Health, Outpat:	ient Service	s, Adult Da	y Care Services, etc.)					
	_	_	If "No " evolain fully why suc	h allocs	ation was			
⊙ Ye		O No		ii aiioca	mon was			
			not muue.					

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
GILMORE MANOR, INC.			1777	9/30/2019			6	37
	Owi Oper	ed * to ners, ators, cers		Date of	Term of	Annual Amount	Δm	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease		med
N/A	0	•	•					
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for Al	l Leased Vo	ehicles	? O Ye	es ⊙	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
GILMORE MANOR, INC.	1777	9/30/2019		7 37
		were maintained on the following basis:		, , ,
•	•	5		
Accrual O Cash O	Modified Cash			
Is the accounting basis for this				
•	Yes	If "No," explain.		
previous period?	No			
Indonesia de la Accountina Firm				
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 CJLC LLC		225 PITKIN STREET, EAST HARTFOR		108
2		223 TTKIN STREET, EAST HARTFOR	(D, C1 00)	100
3				
4				
Services Provided by This Firm (de	scribe fully)			
	<i>yy</i>		•	2.020
Medicaid Cost Report preparation			\$ \$	2,830
2				
3			\$	
4			\$	
			Charge fo	r Services Provided
			\$	2,830
		Yes, Specify Expense Classification and Line No.		
	Pg 15/1d			
Legal Services Information			I	
Name of Legal Firm or Independen	t Attorney		Telephone	
1 ALTER & Pearson, LLC			860-652-4	1020
2				
3				
4				
5	71 (7.1.)			
Address (No. & Street, City, State, 2	=			
1 701 Hebron Ave, Glastonbury	CT 06033			
2				
3				
4				
5 Services Provided by This Firm (de.)	scribe fully)			
`				
Help with drainage problems caused l	by malfunctioning street drains		\$	600
-			\$	
3			\$	
4			\$	
5			\$	
			Charge fo	r Services Provided
			\$	600
	•	Yes, Specify Expense Classification and Line No.		
O Yes O No	Pg 15/1e			
2 1.0				

Schedule of Resident Statistics

Name of Facility			License 1				-	or Year Ende	ed		Page	of
GILMORE MANOR, INC.			1	.777		9/30/2019					8	37
						Period 10	/1 Thru 6/	hru 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
Certified Bed Capacity	Levels	Level	Level	Care nome	Total	CCNH	KIINS	Care nome	Total	CCNH	KIINS	Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	22			22	22			22	22			22
B. On last day of THIS report period	22			22	22			22	22			22
Number of Residents A. As of midnight of PREVIOUS report period	22			22	22			22	22			22
B. As of midnight of THIS report period	22			22	22			22	22			22
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	605			605	513			513	92			92
E. State SSI for RCH	7,400			7,400	5,468			5,468	1,932			1,932
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	8,005			8,005	5,981			5,981	2,024			2,024
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	8,005			8,005	5,981			5,981	2,024			2,024

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
GILMORE M	IANOR,	INC.		1	1777 9/30/2019						9	37		
	-	-	in the certified b	-	pacity du	ring tl	he repo	rt yeai	r?	0	Yes	•	No	
			f Change		C	hange	in Bed	s		Ca	pacity Afte	er Change		
			Residential			- 6								
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	d					
CI												Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason for	or Change
	•	_		-		the re	eport ye	ear (as	report	ed in item	4 above) j	provide the num	iber of	
			Change in Ro	esiden	nt Days					CC	ENH	RHNS	Residential	Care Home
1st chan	0													
2nd char														
3rd chan				dicare Medicaid Self-Pay Resider										
4th chan		14	1 D - 4 C 4 -	ates on September 30 of Cost Year Medicare Medicaid Self-Pay Residential CCNH CCNH RHNS CCNH RHNS Care Home 98.6 99.6 10 10 10 10 10 10 10 10 10 1										
6. Number	of Resid	ients and		mber			ar	I		Se	lf Dov		Other Sta	te Assisted
		ŀ	Wicarcarc		Wicui	Card				1	11-1 ay		Other Sta	ic Assisted
	Item		CCNH	C	CNH	RI	HNS	CC	CNH	RI	INS	Residential Care Home	R.C.H.	ICF-MR
No. of R												1	21	
Per Dier														
a. One b												98.63	77.03	
b. Two												91.73		
c. Three		2												
bed 1	ms.											86.45		
	ımber of Medica			ments	:					ТО	TAL	CCNH	RHNS	Residential Care Home
B.		-	usive of Part B)											
			e Treatments											
		torative	Treatments											
	Other		mi m											
			Therapy Treatm											
	Medica		Therapy Treatm	ients										
			usive of Part B)											
В.			e Treatments											
			Treatments											
C.	Other													
D.	Total S	peech T	herapy Treatme	nts										
9. Total Nu	ımber of	Occupa	tional Therapy	Γreatn	nents									
	Medica													
В.		-	usive of Part B)											
			Treatments											
		torative	Treatments							<u> </u>				
	Other)ccurati	onal Therapy T	roatm	onte					 				
D.	10mi C	ссирин	они тистиру Т	cuiiil	cnis					<u> </u>				

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	Ended	Page	of
GILMORE MANOR, INC.	1777		9/30/2019		10	37
Are time records maintained by all individuals receiving con	npensation?	•	Yes	0	No	
		ı	Total Cost a	nd Hours	1	
	COM	**	DIDIG	**	Residential	**
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
Salaries and Wages* Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					79,482	2,080
3. Assistant Administrator (Complete also Sec. IV					,	,
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)					72,136	2,502
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					28,175	1,739
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers					18,024	1,112
7. Repairs & Maintenance Services					18,024	1,112
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					18,024	1,112
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care 2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					136,111	8,399
e. Physical Therapists						,
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
i. Physicians						
1. Medical Director						
Utilization Review Resident Care***						
4. Other (Specify)						
4. Other (Speerry)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule	<u> </u>				4-1-0	
A-13. Total Salary Expenditures		1	1		351,952	16,944

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CCNH RHNS				Care Home	
Position	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CCNH RHNS		Residential	Care Home		
Service	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

CSP-11 Rev. 10/2005

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

Name of Facility				License No.		Report for	Year Ended		Page	of
GILMORE MANOR, INC.				1777		9/30/2019			11	37
		Salary Pai	Residential		Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
CATHERINE J. FOLEY				HEALTH INSURANCE, PENSION	OFFICE MANAGER	2,080	A4			
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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
GILMORE MANOR, INC.				1777		9/30/2019			12	37
		Salary Pai	d	F: D (%)						
			Residential	Fringe Benefits and/or Other Payments	Full Description of	Total Hours		Name and Address of All		Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
THEODORE L. FARACI				HEALTH INSURANCE, PENSION	ADMINISTRATOR	2,080	A 2			
THEODOKE L. PARACI			79,462	LINSION	ADMINISTRATOR	2,080	AΔ			
Section IV - Assistant Administrators										

^{*}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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		D	Name of Facility License No. Report for Year Ended Page Or								
CHERNEAU DE LA RACKE DE LINEAU		77	Page	of								
GILMORE MANOR, INC.	17	77	9/30/2019		13	37						
			Total Cost	and Hours								
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours						
*B. Direct care consultants paid on a fee												
for service basis in lieu of salary												
(For all such services complete Schedule B1)												
1. Dietitian												
2. Dentist												
3. Pharmacist												
4. Podiatrist												
5. Physical Therapy												
a. Resident Care												
b. Other												
6. Social Worker												
7. Recreation Worker												
8. Physicians												
a. Medical Director (entire facility)												
b. Utilization Review												
(Title 18 and 19 only) monthly meetin	g											
c. Resident Care**												
d. Administrative Services facility 1. Infection Control Committee												
(Quarterly meetings)												
2. Pharmaceutical Committee												
(Quarterly meetings)												
3. Staff Development Committee												
(Once annually)												
e. Other (Specify)												
9. Speech Therapist												
a. Resident Care												
b. Other												
10. Occupational Therapist												
a. Resident Care												
b. Other												
11. Nurses and aides and attendants												
a. RN												
1. Direct Care												
2. Administrative***												
b. LPN												
1. Direct Care												
2. Administrative***												
c. Aides												
d. Other												
12. Other (Specify) See Attached Schedule												
B-13 Total Fees Paid in Lieu of Salaries	İ											

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

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

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

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

Name of Facility GILMORE MANOR, INC.	License No.		Report for Ye 9/30/2019	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operator	* to Owners, rs, Officers	Expla	nation of Re	
N/A		Yes	No			
N/A		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License		Report for Yo	ear Ended	Page	of
GILMORE MANOR, INC.	1777	9/30/2019		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefi	ts				
1. Workmen's Compensation		\$ 6,705			6,705
2. Disability Insurance		\$			
3. Unemployment Insurance		\$ 4,022			4,022
4. Social Security (F.I.C.A.)		\$ 28,303			28,303
5. Health Insurance		\$ 22,398			22,398
6. Life Insurance (employees only))				
(not-owners and not-operators)		\$			
7. Pensions (Non-Discriminatory)		\$ 51,678			51,678
(not-owners and not-operators)					
8. Uniform Allowance		\$			
9. Other (<i>Specify</i>)		\$			
See Attached Schedule					
b. Personal Retirement Plans, Pensions	s, and	\$			
Profit Sharing Plans for Owners and	l				
Operators (Discriminatory)*					
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 2,830			2,830
e. Legal (Services should be fully desc	ribed on Page 7)	\$ 600			600
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies		\$ 1,937			1,937
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 5,334			5,334
2. Cellular Phones		\$			
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franch	ise tax)	\$ 1,355			1,355
k. Other Taxes (Not related to propert	y - See Page 22)				
1. Income*		\$			
2. Other (Specify)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$			
Subtotal		\$ 125,162			125,162

^{*} 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

GILMORE MANOR, INC. 9/30/2019

Attachment Page 15

Schedule of Other Employee Benefits

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

.....

Schedule of Other Taxes

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

CSP-16 Rev. 9/2002

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
GILMORE MANOR, INC.	1777		9/30/2019		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
	ls Brought Forwa	rd:	125,162			125,162
Travel and Entertainment						
1. Resident Travel and Entertainment		\$	2,088			2,088
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
5. Education Expenses Related to Seminars an	nd Conventions	\$	375			375
6. Automobile Expense (not purchase or depri	eciation)	\$	1,935			1,935
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense		\$	890			890
2. Advertising Telephone Directory (all such e	expenses)***	\$				
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$	595			595
* 8. Dues and Membership Fees to Professional		\$	550			550
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	39			39
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$				
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	1,739			1,739
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	133,372			133,372

^{*} Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -
Total Other Advertising	3 -	3 -	3 -

Schedule of Dues

			Resid	dential
Description	CCNH	RHNS	Care	Home
CARCH			\$	550
Total Dues	\$ -	\$ -	\$	550
	•	•	_	

Schedule of Contributions

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

Schedule of Other Administrative and General

			Reside	ential
Description	CCNH	RHNS	Care Home	
Licenses			\$	300
Payroll Processing			\$	1,052
Background Check			\$	213
BJ's and Costco			\$	175
Total Other Administrative and General	\$ -	\$ -	\$	1,739

Schedule C-1 - Management Services*

Name of Facility	License No. 1777	Report for Year Ended 9/30/2019	Page 17	of 37
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate W are Included	here Costs l in Annual
Company Supplying Service N/A	Service	Provided	Report Pag	ge #/Line #

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

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

	ne of Facility MORE MANOR, INC.	· ·			Page of 18 37		
	Item			Total	CCNH	RHNS	Residential Care Home
2.	Dietary a. In-House Preparation & Service 1. Raw Food		\$	42,850			42,850
	2. Non-Food Supplies		\$,			1,
	3. Other (Specify)		\$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
	c. Other (Specify)		\$				
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	42,850			42,850
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Residential Care Home
G.	Resident Meals: Total no. of meals served per	r day:	*				
Н.	Is cost of employee meals included in 2E?	0 1	Yes	•	No		
I.	Did you receive revenue from employees?	0 3	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cost	Report	P (Page/Line	Item)		
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0 1	Yes	•	No	If yes, specify cost.	
L.	Is any revenue collected from these people?	0 3	Yes	•	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Cost	Report	(Page/Line	Item)		
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0 1	Yes	•	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	0 1	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Cost	Report	(Page/Line	Item)		

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility GILMORE MANOR, INC.	License	No. 1777	Report for 39/30/2019	Year Ended	Page 19	of 37
					Reside	ential Care
Item		Total	CCNH	RHNS	ŀ	Home
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	556				556
washed, ironed, and/or processed.***						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$					
b. Purchased Services (by contract other than through Management Services)	\$					
(Complete Schedule C-2 att. Page 21) c. Other (Specify)	\$					
3D. Total Laundry Expenditures (3a + b + c)	\$	556				556
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cos	t Report?		(Page/Line	e Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cos	t Report?		(Page/Line	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.

^{***} 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)

			Repo	ort for Year E	nded	Page	of
GILMORE MANOR, INC. 17'		1777		9/30/2019		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	5,315			5,315
	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. Other (Specify)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	5,315			5,315
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***		- 1				
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$	211			211
	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		\$	1,200			1,200
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	3,973			3,973
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	5j)	\$	5,384			5,384

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home		
Mattresses			\$	3,973	
Total Other Resident Care	\$ -	\$ -	\$	3,973	
I otal Other Resident Care	Ψ -	Ψ -	Ψ	3,713	

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

Name of Facility GILMORE MANOR, INC.				License No. 1777	Report for Year Ended 9/30/2019				Page 21	of 37
		Related ** Operators				Total Cost/Page Ref.*		/Page Ref.**	***	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		Line
N/A		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

2	License No.	Report for Yo	ear Ended		Page of
GILMORE MANOR, INC.	1777	9/30/2019			22 37
					Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	27,317			27,317
b. Heat	\$	12,900			12,900
c. Light & Power	\$	12,130			12,130
d. Water	\$	4,749			4,749
e. Equipment Lease (Provide detail on po	age 6) \$				
f. Other (itemize)	\$	2,662			2,662
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	59,758			59,758
7. Depreciation (complete schedule page 23*	*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$				
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$				
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	5,015			5,015
d. Other (Specify)	\$				
*8e. Total Amortization Costs $(8a + b + c + d)$	\$	5,015			5,015
9. Rental payments on leased real property le	ess				
real estate taxes included in item 10b	\$	7,000			7,000
10. Property Taxes					
a. Real estate taxes paid by owner	\$	17,696			17,696
b. Real estate taxes paid by lessor	\$		_		
c. Personal property taxes	\$	269			269
11. Total Property Expenses $(7e + 8e + 9 + 1)$.0) \$	29,980	_		29,980

^{*} 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	Residential Care Home		
Small Furniture			\$	2,662	
Total Other Repairs and Maintenance	\$ -	\$ -	\$	2,662	

.....

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

Depreciation Schedule

Name of Facility GILMORE MANOR, INC.			License No.	7		Report for Year F	inded		Page 23	of 37		
				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements												
 Acquired prior to this report period 												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
 Acquired prior to this report period 												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
C-4. Subtotal												
	Is a mileage logbook Date of maintained? Acquisition		Historical Cost Exclusive of	Less	Cost to Be	Accumulated Depreciation to Beginning of	Method of	IIC-1	Demociation			
	Yes	No	Month	Year	Land	Salvage Value	Depreciated	Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. 2014 Dodge Caravan	X		3	2014	17,751		17,751	17,751	SL	4		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period VAR VAR		56,961		56,961	56,961							
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)												
D-3. Subtotal												
E. Total Depreciation												

Schedule of Land Improvements Acquired during this report period

•			Useful			
Acquisition Date	Description of Item	Cost	Life	Depreciation		
Additions:						
Fotal additions for Land Impro	vements	\$ -		\$ -		
Deletions:						
Total deletions for Land Improv	vements	\$ -		\$ -		

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Building In	nprovements	\$ -		\$ -
Deletions:				
Total deletions for Building In	provements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

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

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

		Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation				
Additions:	-							
Total additions for Movable Ed	juipment	\$ -		\$ -				
Deletions:								
Total deletions for Movable Eq	uipment	\$ -		\$ -				

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
77 . 1 111.1 4				Φ.
Total additions for	Leasehold Improvement	\$ -		\$ -
Deletions:				
Total deletions for I	Leasehold Improvement	\$ -		\$ -

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility				License No.		Report for Year Ended			Page	of
GILMORE MANOR, INC.				1777		9/30/2019			24	37
						Accumulated				
		Dat	e of			Amort. to				
		Acqui	isition			Beginning of	Basis for			
				1						
				Length of	Cost to Be	Year's	Computing	Rate	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	VAR	VAR	VAR	243,603	232,249	SL	VAR	5,015	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									5,015
D.	Total Amortization									5,015

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En	ided		Page of
GILMORE MANOR, INC.	1777	9/30/2019			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the or leased from a Related Party?*	ne Facility) Yes	0	INO.	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this far business association to any person of a related party transaction.					
Description		Total			
Date Land Purchased		09/15/83			
2. Date Structure Completed					
3. If NOT Original Owner, Date	e of Purchase	09/15/83			
4. Date of Initial Licensure		09/15/83			
5. Total Licensed Bed Capacity		22	-		
6. Square Footage					
7. Acquisition Cost		10.200			
a. Land b. Building		19,260 141,240	-		
Part B - Owner and Related Pa	rties	1st Mortgage		3rd Mortgage	4th Mortgage
1. Financing	rues	1st Mortgage	Ziid Mortgage	31d Mortgage	4tii Mortgage
a. Type of Financing (e.g., fi	ixed variable)				
b. Date Mortgage Obtained	ixed, variable)				
c. Interest Rate for the Cost	Year				
d. Term of Mortgage (number	er of years)				
e. Amount of Principal Borr					
f. Principal balance outstand	ling as of				
Complete if Mortgage was I	Refinanced				
During Current Cost Ye					
g. Type of Financing (e.g., f	ixed, variable)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number	<u> </u>				
k. Amount of Principal Born					
1. Principal Outstanding on I		T			
Part C - Arms-Length Lease				T CI	A 1 A CT
Name and Address of Lesso	r Pr	operty Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
GILMORE MANOR, INC.	1777		9/30/2019			26 37
						Residential Care
Iten	n		Total	CCNH	RHNS	Home
12. Interest	40.31.34	1.1				
A. Building, Land Improv Equipment	ement & Non-Mova	ble				
1. First Mortgage		\$	 -	l		
Name of Lender		Rate				
2		1				
Address of Lender		•				
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
radiess of Bender						
3. Third Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
Address of Lender						
D. CHEFA I. I. C.	·•					
B. CHEFA Loan Informa						
1. Original Loan Amo		\$		-		
2. Loan Origination D	ate					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Ex	pense					
12 B7. Total Building Interest Ex	•	5) \$				
	- `	, ,		ry Subtotals f	forward to n	next nage)

(Carry Subtotals forward to next page)

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

Name of Facility	License No.			Report for Y	ear Ended		Page of		
GILMORE MANOR, INC.	1777			9/30/2019			27 37		
							Residential		
Ite	em			Total	CCNH	RHNS	Care Home		
	Subtotals	Brought Forwa	rd:						
12. C. Movable Equipment									
1. Automotive Equipme	ent		\$						
A. Item	Ra	te Amoun	t						
Lender									
Address of Lender									
2. Other (<i>Specify</i>)	Ra		\$						
A. Item	t								
Lender									
Address of Lender									
Address of Leffeet									
B. Item	Ra	te Amoun	t						
Lender	I								
Address of Lender									
12 C 2 T-4-1 M									
12. C. 3. Total Movable Equip	ment mierest		\$						
Expense (C1 + 2) 12. D. Other Interest Expense ((Specify)		\$						
12. D. Other merest Expense (specify)		Ψ						
13. Total All Interest Expense (12R7 + 12C3 +	12D)	\$						
14. Insurance	1207 1203 1	120)	Ψ						
a. Insurance on Property (b	mildings only)		\$	10,718			10,718		
b. Insurance on Automobil			\$	3,054			3,054		
c. Insurance other than Pro		fied above)	Ψ	5,054			3,034		
1. Umbrella (<i>Blanket Co</i>									
2. Fire and Extended Co									
3. Other (Specify)			\$ \$						
14d. Total Insurance Expenditur)	\$	13,772			13,772		
15. Total All Expenditures (A-1	3 thru C-14)		\$	642,940			642,940		

D. Adjustments to Statement of Expenditures

Total Amount of Decrease CCNH RHNS Home Page 10 - Saturies and Wages 1. Outpatient Service Costs S 2. Salaries not related to Resident Care S 3. Occupational Therapy S Salaries not related to Resident Care S Salaries not related Schedule S Resident Care Physicians ** S S Salaries not related Schedule Salaries not residents Salaries no		e of Fa			Lic	ense No.	Report for Year Ended		Page of
Item Page Line No. N	GILN	MORE	MAN	IOR, INC.		1777	9/30/2019		28 37
No. No. No. Item Description Decrease CCNH RHNS Home						Total			
No. No. Item Description Decrease CCNH RHNS Home	Item	Page	Line			Amount of			Residential Care
Page 10 - Salaries and Wages		_					CCNH	RHNS	
1. Outpatient Service Costs S 2. Salaries not related to Resident Care S 3. Occupational Therapy S 4. Other - See attached Schedule S 1,824 1,8 Page 13 - Professional Fees S 5. Resident Care Physicians ** S 6. Occupational Therapy S 7. Other - See attached Schedule S Pages 15 & 16 - Administrative and General 8. Discriminatory Benefits S 9. Bad Debts S 10. Accounting S 10. Accounting S 11. Telephone S 12. Cellular Telephone S 13. Life insurance premiums on the life of Owners, Partners, Operators S 14. Gifts, flowers and coffee shops S 15. Education expenditures to coffees or universities for tuttion and related costs for owners and employees S 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative S 17. Automobile Expense (e.g. personal use) S 18. Unallowable Advertising * S 19. 15 in Income Tax / Corporate Business Tax S 20. Fund Raising / Contributions S 21. Unallowable Management Fees S 22. Barber and Beauty S 23. Other - See attached Schedule S 24. Meals to employees, guests and others who are not residents S 26. Housekeeping Expenditures S 27. Automobile Spense (e.g. Personal use) S 28. Page 19 - Laundry Expenditures S 29. Page 19 - Laundry Expenditures S 20. Housekeeping Expenditures S 21. Laundry Services to employees, guests and others who are not residents S 28. Page 20 - Housekeeping Expenditures S 29. Housekeeping Expenditures S 20. Housekeeping Expenditures S 20. Housekeeping Expenditures S 21. Housekeeping Expenditures S 22. Barber and Beauty S 23. Automobile Management Fees S 24. Meals to employees, guests and others who are not residents S	Page	10 - S	alarie	-					
2.	1.			•	\$				
3. Occupational Therapy \$ 1,824 1,82	2			_					
4. Other - See attached Schedule \$ 1,824 1,8 Page 13 - Professional Fees 5 S. Resident Care Physicians ** \$ 6. Occupational Therapy \$ 7. Other - See attached Schedule \$ Pages 15 & 16 - Administrative and General 8. Discriminatory Benefits \$ 9. Bad Debts \$ 10. Accounting \$ 10a. Legal \$ 11. Telephone \$ 12. Cellular Telephone \$ 13. Life insurance premiums on the life of Owners, Partners, Operators \$ 14. Gifts, flowers and coffee shops \$ 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 24. Meals to employees, guests and others who are not residents \$ 24. Meals to employees, guests and others who are not residents \$ 25. Mage 20 - Housekeeping Expenditures									
Page 13 - Professional Fees						1 824			1,824
5. Resident Care Physicians ** S 6. Occupational Therapy S 7. Other - See attached Schedule S Pages 15 & 16 - Administrative and General 8. Discriminatory Benefits S 9. Bad Debts S 10. Accounting S 11. Telephone S 11. Telephone S 12. Cellular Telephone S 13. Life insurance premiums on the life of Owners, Partners, Operators S 14. Gifts, flowers and coffee shops S 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees S 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative S 17. Automobile Expense (e.g. personal use) S 18. Unallowable Advertising * S 19. 15 lj Income Tax / Corporate Business Tax S 1,105 1,1 20. Fund Raising / Contributions S 21. Unallowable Management Fees S 22. Barber and Beauty S 23. Other - See attached Schedule S 24. Meals to employees, guests and others who are not residents S 26. Housekeeping Expenditures 27. Laundry Expenditures 28. Housekeeping Expenditures S 29. Housekeeping Expenditures 29. Housekeeping Expenditures 20. Housekeeping Expenditures 20. Laundry expression of the second of the		13 - F	Profesi		Ψ	1,021			1,021
6. Occupational Therapy S 7. Other - See attached Schedule S Pages 15 & 16 - Administrative and General S Discriminatory Benefits S Discriminatory Ben			l ojes.		\$				
Other - See attached Schedule S									
Pages 15 & 16 - Administrative and General									
8. Discriminatory Benefits \$ 9. Bad Debts \$ 5.		c 15 &	16 -		Ψ				
9.		3 13 W	10 -		•				
10a				,					
10a.									
11. Telephone \$ 12. Cellular Telephone \$ 13. Life insurance premiums on the life of Owners, Partners, Operators \$ 14. Gifts, flowers and coffee shops \$ 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105				~					
12. Cellular Telephone \$ 13. Life insurance premiums on the life of Owners, Partners, Operators \$ 14. Gifts, flowers and coffee shops \$ 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105									
13. Life insurance premiums on the life of Owners, Partners, Operators \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$									
of Owners, Partners, Operators \$ 14. Gifts, flowers and coffee shops \$ 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 11. Unallowable Management Fees \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 24. Meals to employees, guests and others who are not residents \$ 25. Laundry Expenditures 26. Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ 26. Housekeeping services to employees, guests and others who are not residents \$ 27. Housekeeping services to employees, guests and others who are not residents \$ 28. Housekeeping services to employees, guests and others who are not residents \$ 29. Housekeeping services to employees, guests and others who are not residents \$ 29. Housekeeping services to employees, guests and others who are not residents \$ 29. Housekeeping services to employees, guests and others who are not residents \$ 20. Housekeeping services to employees, guests and others who are not residents \$ 20. Housekeeping services to employees, guests and others who are not residents \$					2				
14. Gifts, flowers and coffee shops 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative 17. Automobile Expense (e.g. personal use) 18. Unallowable Advertising * 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$	13.				¢.				
Education expenditures to colleges or universities for tuition and related costs for owners and employees \$	1.4								
universities for tuition and related costs for owners and employees 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative 17. Automobile Expense (e.g. personal use) 18. Unallowable Advertising * 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 1,1 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ \$ \$ 10.00					\$				
for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	15.								
16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 1,105 1,100 1									
conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$				* *	\$				
continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ \$	16.								
travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 \$ 20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ \$									
17.									
18. Unallowable Advertising * \$ 19. 15 1j Income Tax / Corporate Business Tax \$ 1,105 1,10									
19. 15 lj Income Tax / Corporate Business Tax \$ 1,105									
20. Fund Raising / Contributions \$ 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 24. Meals to employees, guests and others who are not residents \$ 25. Laundry Expenditures \$ 25. Laundry services to employees, guests and others who are not residents \$ 26. Housekeeping Expenditures \$ 26. Housekeeping services to employees, guests and others who are not residents \$ 3. And others who are not residents \$				·					
21. Unallowable Management Fees \$ 22. Barber and Beauty \$ \$ 23. Other - See attached Schedule \$ \$ Page 18 - Dietary Expenditures \$ 24. Meals to employees, guests and others who are not residents \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		15	1j			1,105			1,105
22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ and others who are not residents \$									
23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures				Unallowable Management Fees					
Page 18 - Dietary Expenditures 24.									
24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$ and others who are not residents \$					\$				
who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	Page	18 - I	Dietary	-					
Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	24.			Meals to employees, guests and others					
25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$				who are not residents	\$				
and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	Page	19 - I	aund	ry Expenditures					
and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$	25.			Laundry services to employees, guests					
Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents \$					\$				
26. Housekeeping services to employees, guests and others who are not residents \$	Page	20 - I	Iouse						
and others who are not residents \$									
					\$				
Subtotal (Items 1 - 26) 3d 2929 l l 2929 l		1		Subtotal (Items 1 - 26)		2,929			2,929

^{*} All except "Help Wanted".

(Carry Subtotal forward to next page)

^{**} Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	dential Home
30	IV8	Med certification reimbursement by state			\$ 1,824
Total Othe	er Salaries	Adjustment	\$ -	\$ -	\$ 1,824

.....

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	1	RHNS	Reside Care I	
Total Othe	Total Other Fees Adjustments		\$ -	\$	-	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r A&G Ad	ustments	\$ -	\$ -	\$ -

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

N.T.	Iame of Facility License No. Report for Year Ended Page Of									
		•		Lic			ear Ended	Page	of	
GILN	10RE	MAN	IOR, INC.		1777	9/30/2019		29	37	
					Total					
	Page				Amount of				tial Care	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Но	me	
			Subtotals Brought Forward	\$	2,929				2,929	
Page	20 - K	eside	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	<i>Iainte</i>	enance and Property							
<i>35</i> .			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						
37.			Unallowable Property and Real							
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - I	nsura	nce							
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Other	r - Mis		1 7							
42.			Other - Indirect	\$						
43.			Interest Income on Account Rec.	\$						
44.			Other - Miscellaneous Administrative	\$						
45.			Management Fees Direct	\$						
46.			Management Fees Indirect	\$						
47.			Other - Direct	\$				1		
	or Pr		roviders Only							
48.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
49.	Total		unt of Decrease (Items 1 - 48)	\$	2,929				2,929	

^{***} 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.

Schedule of Other Ancillary Costs

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
Total Othe	Total Other Ancillary Costs		\$ -	\$ -	\$ -

.....

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
Total Exces	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unal	lowable Bui	llding Interest	\$ -	\$ -	\$ -

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility GILMORE MANOR, INC.	License No.		Report for Ye 9/30/2019	ear Ended		Page of 30 37
SIEMORE MILITOR, INC.	1777		7/30/2019			Residential Care
	Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine						
1. a. Medicaid Residents (CT only	2)	\$	587,481			587,481
b. Medicaid Room and Board C		\$				Í
2. a. Medicaid (All other states)		\$				
b. Other States Room and Board	d Contractual Allowance **	\$				
3. a. Medicare Residents (all incli		\$				
b. Medicare Room and Board C	,	\$				
4. a. Private-Pay Residents and Ot		\$	49,307			49,307
b. Private-Pay Room and Board		\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,,,,,
II. Other Resident Revenue	Contractant Time wante	Ψ				
a. Prescription Drugs - Medicar		\$				
b. Prescription Drugs - Medicar		\$				
c. Prescription Drugs - Non-Me		\$				
		\$				
	edicare Contractual Allowance **					
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare		\$				
c. Medical Supplies - Non-Med		\$				
d. Medical Supplies - Non-Med		\$				
3. a. Physical Therapy - Medicare		\$				
b. Physical Therapy - Medicare		\$				
c. Physical Therapy - Non-Med		\$				
d. Physical Therapy - Non-Med	licare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare		\$				
b. Speech Therapy - Medicare (\$				
c. Speech Therapy - Non-Medic		\$				
d. Speech Therapy - Non-Medic		\$				
5. <u>a. Occupational Therapy - Med</u>		\$				
b. Occupational Therapy - Med		\$				
c. Occupational Therapy - Non		\$				
	-Medicare Contractual Allowance **	\$				
6. <u>a. Other (Specify)</u> - Medicare		\$				
b. Other (Specify) - Non-Medic	are	\$				
III. Total Resident Revenue (Section	I. thru Section II.)	\$	636,788			636,788
IV. Other Revenue*						
Meals sold to guests, employees	& others	\$				
2. Rental of rooms to non-residents	S	\$				
3. Telephone		\$				
4. Rental of Television and Cable S	Services	\$				
5. Interest Income (Specify)		\$				
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift	shops	\$				
8. Other (Specify)		\$	1,824			1,824
V. Total Other Revenue (1 thru 8)		\$	1,824			1,824
VI. Total All Revenue (III+V)		\$	638,611			638,611

 $^{* \ \}textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Othe	r Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	MAT Reimbursement			\$ 1,824
Total Othe	er Revenue	\$ -	\$ -	\$ 1,824

G. Balance Sheet

Name of Facility GILMORE MANOR, INC.	License No. 1777	Report for Year Ended 9/30/2019	Page 31	e of 37
GILMORE MANOR, INC.		9/30/2019	31	l l
Assets	Account			Amount
A. Current Assets				
1. Cash (on hand and in b	oanks)		\$	181,369
2. Resident Accounts Rec		for Rad Debts)	\$	32,073
3. Other Accounts Receiv			\$	32,073
4 Inventories	dole (Excluding Owners	or related ratties)	\$	
5. Prepaid Expenses			\$	19,714
			Ψ	12,711
1				
c.				
d. See Schedule		19,714		
6. Interest Receivable			\$	
7. Medicare Final Settlem			\$	
8. Other Current Assets (a	itemize)		\$	
			_	
See Schedule	A 1 (1 O)		Φ.	222.176
A-9. Total Current Assets (Lin	es A1 thru 8)		\$	233,156
B. Fixed Assets			Φ.	
1. Land	*IT' 1 C		\$	
2. Land Improvements	*Historical Cost		\$	
2 D '11'	Accum. Deprecia	ntion Net	Φ.	
3. Buildings	*Historical Cost	NI-4	\$	
4 Laggabald Immersion of	Accum. Depreciants *Historical Cost	243,602 Net	\$	6,338
4. Leasehold Improvement	Accum. Deprecia		Ф	0,338
5. Non-Movable Equipme		237,204 Net	\$	
3. Non-Movable Equipme	Accum. Deprecia	ntion Net	Ψ	
6. Movable Equipment	*Historical Cost	56,961	\$	(0)
o. Wovable Equipment	Accum. Deprecia		Ψ	(0)
7. Motor Vehicles	*Historical Cost	17,751	\$	(0)
, i made v emeres	Accum. Deprecia		Ψ	(0)
8. Minor Equipment-Not		2,,,,,,	\$	
9. Other Fixed Assets (<i>ite</i>	mize)		\$	
	· ,			
See Schedule	D1 41 ()		Φ.	
B-10. Total Fixed Assets (Li	nes B1 thru 9)		\$	6,338

^{*} Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

	e of Facility	License No.	Report for Year Ended	F	Page		of
GILN	MORE MANOR, INC.	1777	9/30/2019		32	3	37
		Account			Amou	ınt	
			Total Brought Forward:	\$		239,4	194
C.	Leasehold or like property recorde	ed for Equity Purposes	S.				
	1. Land			\$			
	2. Land Improvements	*Historical Cost					
		Accum. Depreciation	Net	\$			
	3. Buildings	*Historical Cost					
		Accum. Depreciation	Net	\$			
	4. Non-Movable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
	5. Movable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
	6. Motor Vehicles	*Historical Cost					
		Accum. Depreciation	Net	\$			
	7. Minor Equipment-Not Deprec	iable		\$			
C-8	Total Leasehold or Like Propertion	es (C1 thru 7)		\$			
D.	Investment and Other Assets						
	1. Deferred Deposits			\$			
	2. Escrow Deposits			\$			
	3. Organization Expense	*Historical Cost					
		Accum. Depreciation	Net	\$			
	4. Goodwill (Purchased Only)			\$			
	5. Investments Related to Reside	nt Care (itemize)		\$			
	6. Loans to Owners or Related Pa	arties (itemize)		\$			
	Name and Address	Amount	Loan Date				
	7. Other Assets (<i>itemize</i>)			\$			
	See Schedule	(T) = 1 1 = 1					
	Total Investments and Other Assa			\$			
D-9.	Total All Assets (Lines A9 + B10	+ C8 + D8)		\$		239,4	194

^{*} 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 Fac			Page	of			
GILMORE I	MAN	OR, INC.	1777	9/30/2019		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			1	\$	59,263
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipm	ent (Current nortio	n) (itamiza)		\$	
		Name of Lender	Purpose	Amount	Date Due	Ψ	
		Name of Lender	1 urpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	•			\$	60,153
	5.	Accrued Payroll (Owners of		s only)		\$	
	6.	Accrued Payroll Taxes Pay				\$	4,938
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financia	-			\$	
	9.	Mortgage Payable (Curren				\$	
		. Interest Payable (Exclusive	e of Owner and/or R	Related Parties)		\$	
		. Accrued Income Taxes*	•, •			\$	(4.007)
	12.	Other Current Liabilities (itemize)			\$	(4,907)
				See Schedule	(4,907)		
A-13	To	tal Current Liabilities (Lin	es A1 thru 12)	see schedule	` ' '	\$	119,447
11 13	. = 5		·,			Ψ	117,117

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

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	10
GILMORE MANOR, INC.	1777	9/30/2019		34	37
	Account			Amount	
		Total Broug	ht Forward:		119,447
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
2. Mortgages Payable			\$		
3. Loans from Owners or Rel	`		\$		
Name and Address of Lender	Amount	Loan D	ate		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabilitie	es (itemize)	ı	\$		
2018 1 0111 214011141	()		4		
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-			\$		119,447

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

	ne of Facility	License No.	l *		ear Ended	Page		of
GIL	MORE MANOR, INC.	1777	9/:	30/2019		35		37
		Account				Aı	mount	
A.	Reserves							
	1. Reserve for value of leased l	and				\$		
	2. Reserve for depreciation val	ue of leased build	lings a	nd appurte	nances			
	to be amortized					\$		
	3. Reserve for depreciation val	ue of leased perso	onal pr	operty (Eq	uity)	\$		
	4. Reserve for leasehold real pr	roperties on which	n fair r	ental value	is based	\$		
	5. Reserve for funds set aside a	s donor restricted	1			\$		
	6. Total Reserves					\$		
B.	Net Worth							
	1. Owner's Capital					\$		
	2. Capital Stock					\$		
	3. Paid-in Surplus					\$		
	4. Treasury Stock					\$		1,000
	5. Cumulated Earnings					\$	12	23,374
	6. Gain or Loss for Period	10/1/20	018	thru	9/30/2019	\$	((4,328)
	7. Total Net Worth					\$	12	20,046
C.	Total Reserves and Net Worth					\$	12	20,046
D.	Total Liabilities, Reserves, and	Net Worth				\$	23	9,494

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	r Ended	Page	of
GILMORE MANOR,	INC.	1777	9/30/2019		36	37
		Account			Ar	nount
	of Prior Period as sho				\$	124,448
_	es (From Statement	t of Expenditures	Page 27)		\$	642,940
					\$	(4,328)
E. Balance					\$	120,120
F. Additions						
1. Additional C	apital Contributed (itemize)				
2. Other (itemiz	\overline{e})					
	,					
F-3. Total Additions					\$	
G. Deductions					Ψ	
	Owners/Operators/I	Partners (Specify)		\$	
	Address (No., City, S		Title	Amount	Ψ	
		, 1)			-	
2 Oth on With de	envings (Specify)				¢	
2. Other Withda	rawings (Specify)		<u> </u>		\$	
	Purpose		Amo	ount		
3. Total Deduct					\$	
H. Balance at End	of Pe riod	09/30	/19		\$	120,120

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of
GILMORE MANOR, INC.	1777	9/30/2019 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		
CJLC LLC		
Addres Address		Phone Number
225 Pitkin Street, East Hartford, CT 06108		860-610-9009
Annual Report Contact		Phone Number
CJLC		860-610-9009
Annual Report Contact Email Address		
annualreports@cjlc.com		