

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Pilgrim Manor	
Address (No. & Street, City, State, Zip Code) 52 Missionary Road Cromwell, CT 06416 - 2143	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 966 - C	RHNS	(Specify)	Medicare Provider 07 - 5306
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Medicaid Provider Numbers:	CCNH 000007260	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Pilgrim Manor [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
Printed Name (Administrator) Maria Christoforo			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pilgrim Manor	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 52 Missionary Road Cromwell, CT 06416 - 2143				
Report Prepared By Jeremy Brune & Associates, LLC	Phone Number (779) 875 - 3979	Date 2/6/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility (860) 635 - 5511	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Pilgrim Manor		Address (No. & Street, City, State, Zip) 52 Missionary Road Cromwell, CT 06416 - 2143			
License Numbers:	CCNH 966 - C	RHNS	(Specify)	Medicare Provider No. 07 - 5306	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
If "Yes," explain fully.					
Administrator					
Name of Administrator Maria Christoforo			Nursing Home Administrator's License No.:	1953	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

General Information and Questionnaire Corporate Owners

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Covenant Home, Inc.	52 Missionary Road Cromwell, CT 06416 - 2143		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Separate Schedule Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Covenant Living Communities & Services	5700 Old Orchard Road Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Pg 16 / Ln M12	516,623	518,485
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

The related party expenses are allocated to Pilgrim Manor utilizing the Covenant Living Communities & Services HO Cost Report. The reporting period for the Covenant Living Communities HO Cost Report has a FYE of 09/30/19. A copy of the Covenant Retirement Communities Home Office Cost Report allocation schedule is included as supporting documentation to substantiate the allowable balances reported.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Pilgrim Manor		License No. 966 - C		Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> 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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Plante & Moran, PLLC 2 FGMK, LLC 3 Jeremy Brune & Associates, LLC 4	Address (No. & Street, City, State, Zip Code) 200 N. Martingale 9th Floor Schaumburg, IL 60173 2801 Lakeside Dr. 3rd Flr Bannockburn, IL 60015 2508 Riverwalk Dr. Plainfield, IL 60586
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Services Provided by This Firm (*describe fully*)

1 Financial Statement Audit	\$ 5,213
2 Medicaid Cost Report Audit	\$ 10,910
3 Medicare and Medicaid Cost Report	\$ 5,350
4	\$
	Charge for Services Provided
	\$ 21,473

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 Ln. 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 N/A 2 3 4 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility Pilgrim Manor			License No. 966 - C		Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	45	45			45	45			53	53		
B. As of midnight of THIS report period	51	51			53	53			51	51		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,918	1,918			1,439	1,439			479	479		
B. Medicaid (Conn.)	7,933	7,933			6,078	6,078			1,855	1,855		
C. Medicaid (other states)												
D. Private Pay	7,171	7,171			5,131	5,131			2,040	2,040		
E. State SSI for RCH												
F. Other (Specify) Medicare Advantage / Insurance	1,066	1,066			770	770			296	296		
G. Total Care Days During Period (3A thru F)	18,088	18,088			13,418	13,418			4,670	4,670		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	63	63			40	40			23	23		
B. Other Bed Reserve Days	80	80			52	52			28	28		
5. Total Resident Days (3G + 4A + 4B)	18,231	18,231			13,510	13,510			4,721	4,721		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor			License No. 966 - C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	4		23			24							
Per Diem Rate													
a. One bed rm.			229.60			637.22							
b. Two bed rms.			229.60			544.80							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,778	2,778			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,081	7,081			
D. Total Physical Therapy Treatments									9,859	9,859			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									269	269			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									674	674			
D. Total Speech Therapy Treatments									943	943			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,304	2,304			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									6,886	6,886			
D. Total Occupational Therapy Treatments									9,190	9,190			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966 - C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	51,994	857				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	291,416	8,439				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	35,007	1,551				
c. Dietary Workers	375,954	25,475				
6. Housekeeping Service						
a. Head Housekeeper	13,003	492				
b. Other Housekeeping Workers	88,905	6,420				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	50,681	1,396				
b. Other Maintenance Workers	65,151	2,813				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	21,688	1,894				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	12,985	617				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	122,964	2,042				
b. RN						
1. Direct Care	484,799	10,858				
2. Administrative**	179,452	4,181				
c. LPN						
1. Direct Care	495,956	15,604				
2. Administrative**						
d. Aides and Attendants	796,572	40,983				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	115,327	4,993				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	117,324	3,278				
n. Marketing	62,804	1,545				
o. Other (Specify) See Attached Schedule	117,452	5,682				
<i>A-13. Total Salary Expenditures</i>	3,499,434	139,120				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nursing Administrative Assistant	\$ 71,867	3,586				
Nursing Scheduling Coordinator	\$ 40,791	1,787				
Transportation Driver	\$ 4,794	309				
Total	\$ 117,452	5,682	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nurse Consulting / Mock Survey	\$ 20,792	208				
SAIDO	\$ 4,685					
Chaplain	\$ 1,328					
Total	\$ 26,805	208	\$ -	-	\$ -	-

**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
Pilgrim Manor				966 - C	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
N/A										
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).										
N/A										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Pilgrim Manor				966 - C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Maria Christoforo	42,528				HC Administrator	676	A2	CLOC 52 Missionary Road Cromwell, CN 06416	1,464	95,097
Greg Hamley	9,466				HC Administrator	181	A2	CLOC 52 Missionary Road Cromwell, CN 06416	581	30,402
Section IV - Assistant Administrators										

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

** Include **all** other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966 - C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	6,549	192				
3. Pharmacist	7,668	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	212,394	2,608				
b. Other						
6. Social Worker						
7. Recreation Worker	2,200	27				
8. Physicians						
a. Medical Director (entire facility)	43,309	144				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	2,145					
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	44,135	525				
b. Other						
10. Occupational Therapist						
a. Resident Care	222,066	2,488				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	26,273	404				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	26,805	208				
B-13 Total Fees Paid in Lieu of Salaries	593,544	6,740				

* 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 Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental NE Prestige Drive Meriden, CT 06450	Dentals Services	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare of Connecticut 525 Knotter Drive Cheshire, CT 06410	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Colbath Colors 42 Fenbrook Road West Hartford, CT 06119	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Jacqueline F Peterson 806 Millbrook Road Middletown, CT 06457	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Maggie Carchrie 53 Loon Place South Windsor, CT 06074	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians 1260 Silas Deane HWY Wethersfield, CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions 12558 Collections Center Drive Chicago, IL	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Senior Care Solutions PO Box 2283 Stillwater, MN 55082	Nurse Consulting / Mock Survey	<input type="radio"/>	<input checked="" type="radio"/>		
Eliza Jennings Services, Inc. 10603 Detroit Avenue Cleveland, OH 44102	SAIDO Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 115,503	115,503		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 257,421	257,421		
5. Health Insurance	\$ 342,388	342,388		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,880	5,880		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 110,496	110,496		
8. Uniform Allowance	\$ 360	360		
9. Other (<i>Specify</i>) See Attached Schedule	\$ (19,407)	(19,407)		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (27,765)	(27,765)		
d. Accounting and Auditing	\$ 21,473	21,473		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 10,491	10,491		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,724	11,724		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 828,564	828,564		

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Benefits - Other	\$ (20,283)		
Employee Recognition	\$ 876		
Total	\$ (19,407)	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pilgrim Manor	966 - C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		828,564	828,564		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 11,806	11,806			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 6,008	6,008			
5. Education Expenses Related to Seminars and Conventions	\$ 5,870	5,870			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,920	3,920			
4. Fund-Raising***	\$ 500	500			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,554	2,554			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 9,825	9,825			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 516,623	516,623			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 95,062	95,062			
C-14 Total Administrative & General Expenditures	\$ 1,480,732	1,480,732			

* 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	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotions and Public Relations	\$ 3,920		
Total Other Advertising	\$ 3,920	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing	\$ 3,419		
Contract Consulting	\$ 2,750		
Licenses and Permits	\$ 1,016		
Beautician Services	\$ 39,537		
Shredding Services	\$ 2,055		
Cable	\$ 19,139		
Other	\$ 561		
Non-Allowable	\$ 26,585		
Total Other Administrative and General	\$ 95,062	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Covenant Living Communities & Services 5700 Old Orchard Road Skokie, IL 60077	516,623	Home Office Allocations	Pg 16 Ln M12

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

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

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 142,151	142,151		
2.	Non-Food Supplies	\$ 11,108	11,108		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 84,367	84,367		
c. Other (Specify) _____ See coded trial balance for detail by account type.		\$ 3,363	3,363		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 240,989	240,989		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	3	3		
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$991
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$991
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg. 30 Ln. 41				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
O.	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	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	18,505	18,505	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	7,656	7,656	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	527	527	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	26,688	26,688	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Pilgrim Manor	966 - C	9/30/2019	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	30,710	30,710		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Other (<i>Specify</i>)	\$	2,409	2,409		
See coded trial balance for detail by account type.					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	33,119	33,119		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare, Inc.	\$	130,168	130,168		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	103,899	103,899		
d. Ambulance/Limousine***	\$	2,304	2,304		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	12,695	12,695		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	35,408	35,408		
i. Recreation	\$	1,432	1,432		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	324	324		
5M. Total Resident Care Expenditures (5a - 5j)	\$	286,230	286,230		

* 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	(Specify)
Chaplain Supplies	\$ 324		
Total Other Resident Care	\$ 324	\$ -	\$ -

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

Name of Facility Pilgrim Manor			License No. 966 - C		Report for Year Ended 9/30/2019				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Linda Cavallo	892 Randolph Road Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Barber and Beauty Shop Services	39,537			16	m13
Comcast	P.O. Box 6505 Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Cable Services	19,139			16	m13
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Supervisory Services	84,367			18	2b
Securitas Security Services USA, Inc.	255 Pitkin Street East Hartford, CT 06108	<input type="radio"/>	<input checked="" type="radio"/>		Security Guard Services	24,214			22	6a
Link Mechanical Services, Inc.	P.O. Box 364 New Britain, CT 06050	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	20,219			22	6a
Quest Diagnostics	P.O. Box 844217 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Ancillary Services	13,527			20	5h
MobileXUSA	P.O. Box 62510 Baltimore, MD 21264	<input type="radio"/>	<input checked="" type="radio"/>		Ancillary Services	21,560			20	5h
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966 - C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 133,061	133,061				
b. Heat	\$ 4,905	4,905				
c. Light & Power	\$ 141,191	141,191				
d. Water	\$ 25,114	25,114				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 20,271	20,271				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 324,542	324,542				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 14,447	14,447				
b. Building & Building Improvements	\$ 237,147	237,147				
c. Non-Movable Equipment	\$ 18,634	18,634				
d. Movable Equipment	\$ 34,508	34,508				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 304,736	304,736				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 122,995	122,995				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 427,731	427,731				

* 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	(Specify)
Garbage & Waste Disposal	\$ 17,366		
Snow Removal	\$ 2,905		
Total Other Repairs and Maintenance	\$ 20,271	\$ -	\$ -

Depreciation Schedule

Name of Facility Pilgrim Manor		License No. 966 - C			Report for Year Ended 9/30/2019			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		15,236		15,236	9,433	SL	10	6,851					
2. Disposals (attach schedule)		(3,230)		(3,230)	(3,230)	SL	10						
3. Acquired during this report period (attach schedule)		113,935		113,935		SL	10	7,596					
A-4. Subtotal									14,447				
B. Building and Building Improvements													
1. Acquired prior to this report period		6,883,031		6,883,031	3,727,104	SL	10 - 40	235,902					
2. Disposals (attach schedule)		(2,478,330)		(2,478,330)	(2,478,330)	SL	10 - 40						
3. Acquired during this report period (attach schedule)		126,839		126,839		SL	10 - 20	1,245					
B-4. Subtotal									237,147				
C. Non-Movable Equipment													
1. Acquired prior to this report period		116,671		116,671	89,933	SL	8	14,531					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		62,226		62,226		SL	8 - 10	4,103					
C-4. Subtotal									18,634				
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						301,744		301,744	230,043	SL	3 - 10	31,612	
b. Disposals (attach schedule)						(126,455)		(126,455)	(126,456)	SL	3 - 10		
c. Acquired during this report period (attach schedule)						120,799		120,799		SL	10	2,896	
D-3. Subtotal													34,508
E. Total Depreciation													304,736

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2019	PMCC Parking Lot Repavement	\$ 113,935	10	\$ 7,596
Total additions for Land Improvement		\$ 113,935		\$ 7,596 *
Deletions:				
10/31/2008	PMCC Retaining Wall Project	\$ (3,230)	10	\$ -
Total deletions for Land Improvement		\$ (3,230)		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/19/2018	PMCC Windows	\$ 5,409	20	\$ 270
10/19/2018	PMCC Unisex Restroom	\$ 10,505	20	\$ 525
8/31/2019	PMCC PH Asbestos Removal	\$ 30,215	20	\$ 126
8/31/2019	PMCC PH Asbestos Removal	\$ 38,322	20	\$ 160
8/31/2019	PMCC PH Asbestos Removal	\$ 39,250	20	\$ 164
9/30/2019	PMCC Conference Room	\$ 3,138	10	\$ -
Total additions for Building Improvement		\$ 126,839		\$ 1,245 *
Deletions:				
1/31/1985	Phase III Construction	\$ (2,328,837)	20	
1/31/1986	FY 1986 Additions	\$ (149,493)	20	
Total deletions for Building Improvement		\$ (2,478,330)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/29/2019	PMCC ISO Room Flooring Replacement	\$ 6,700	8	\$ 280
10/19/2018	OS&Y Valve Replacement	\$ 3,625	10	\$ 363
1/31/2019	Compressor Replacement	\$ 2,997	10	\$ 200
1/31/2019	PMCC HVAC Replacement	\$ 34,086	10	\$ 2,272
1/31/2019	PMCC Roof Top AC Unit	\$ 14,818	10	\$ 988
Total additions for Non-Movable Equipment		\$ 62,226		\$ 4,103 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/19/2018	CCTV Camera Repurpose	\$ 2,685	10	\$ 269
10/19/2018	PMCC Commerical Washer	\$ 14,835	10	\$ 1,484
1/31/2019	PMCC Ice Machine	\$ 4,835	10	\$ 322
8/31/2019	PMCC Freezer	\$ 3,905	10	\$ 33
8/31/2019	PMCC Steam Tables	\$ 77,245	10	\$ 644
8/31/2019	PMCC Starter and Motor	\$ 17,294	10	\$ 144
Total additions for Movable Equipmen		\$ 120,799		\$ 2,896 *
Deletions:				
1/29/2010	SNF Wireless Equipment & Installation	\$ (72,764)	10	
7/28/2008	Install elevator Trip Breakers	\$ (12,801)	10	
10/27/2008	Conrell Nurse Call System	\$ (7,508)	10	
1/19/2009	Lint Filtration System for Dryers	\$ (20,704)	10	
1/28/2009	Meal Tracker Operating System	\$ (7,836)	10	
1/29/2009	Frozen Sprinkler Pipe Replacement	\$ (3,002)	10	
1/29/2010	Wheel Chair Scale	\$ (1,840)	10	
Total deletions for Movable Equipmen		\$ (126,455)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Pilgrim Manor			License No. 966 - C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		04/01/65		
2. Date Structure Completed		11/19/84		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		60		
6. Square Footage		21,240		
7. Acquisition Cost				
a. Land		32,000		
b. Building		2,906,978		
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Pilgrim Manor		License No. 966 - C		Report for Year Ended 9/30/2019		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 9,152	9,152		
b. Insurance on Automobiles				\$ 3,909	3,909		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 18,439	18,439		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 59,298	59,298		
See coded trial balance for detail by account type.							
14d. Total Insurance Expenditures (14a + b + c)				\$ 90,798	90,798		
15. Total All Expenditures (A-13 thru C-14)				\$ 7,003,807	7,003,807		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pilgrim Manor			966 - C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 62,804	62,804		
Page 13 - Professional Fees							
5.	13	b8c	Resident Care Physicians **	\$ 2,145	2,145		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (27,765)	(27,765)		
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.	16	1m3	Unallowable Advertising *	\$ 3,920	3,920		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4	Fund Raising / Contributions	\$ 500	500		
21.	16	1m12	Unallowable Management Fees	\$ (1,862)	(1,862)		
22.	16	1m13	Barber and Beauty	\$ 39,537	39,537		
23.			Other - See attached Schedule	\$ 46,476	46,476		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 991	991		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 126,746	126,746		

* 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	(Specify)
13	a12n	Marketing	\$ 62,804		
Total Other Salaries Adjustment			\$ 62,804	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1g	Marketing Supplies	\$ 165		
16	114	Marketing Travel	\$ 587		
16	1m13	Financing Fees	\$ 12,501		
16	1m13	Cable	\$ 19,139		
16	1m13	Other	\$ 14,084		
Total Other A&G Adjustments			\$ 46,476	\$ -	\$ -

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

Name of Facility Pilgrim Manor				License No. 966 - C	Report for Year Ended 9/30/2019	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 126,746	126,746		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 130,168	130,168		
28.	20	5d	Ambulance/Limousine	\$ 2,304	2,304		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 35,408	35,408		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,695	12,695		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.	22	6a	Rental of Building Space or Rooms	\$ 440	440		
39.			Other - See Attached Schedule	\$ 20,466	20,466		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 328,227	328,227		

*** 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.

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966 - C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,254,121	4,254,121				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,193,255)	(2,193,255)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,023,001	1,023,001				
b. Medicare Room and Board Contractual Allowance **	\$ 78,239	78,239				
4. a. Private-Pay Residents and Other	\$ 4,166,798	4,166,798				
b. Private-Pay Room and Board Contractual Allowance **	\$ (178,948)	(178,948)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 76,220	76,220				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (76,220)	(76,220)				
c. Prescription Drugs - Non-Medicare	\$ 42,185	42,185				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (41,032)	(41,032)				
2. a. Medical Supplies - Medicare	\$ 16,793	16,793				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (16,793)	(16,793)				
c. Medical Supplies - Non-Medicare	\$ 110,267	110,267				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (65,848)	(65,848)				
3. a. Physical Therapy - Medicare	\$ 278,747	278,747				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (195,784)	(195,784)				
c. Physical Therapy - Non-Medicare	\$ 103,270	103,270				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (83,168)	(83,168)				
4. a. Speech Therapy - Medicare	\$ 63,649	63,649				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (41,664)	(41,664)				
c. Speech Therapy - Non-Medicare	\$ 25,743	25,743				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (18,388)	(18,388)				
5. a. Occupational Therapy - Medicare	\$ 281,917	281,917				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (196,807)	(196,807)				
c. Occupational Therapy - Non-Medicare	\$ 103,726	103,726				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (80,456)	(80,456)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 9,803	9,803				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,446,116	7,446,116				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 991	991				
2. Rental of rooms to non-residents	\$ 440	440				
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 10,499	10,499				
5. Interest Income (<i>Specify</i>)	\$ 312,189	312,189				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 23,943	23,943				
8. Other (<i>Specify</i>)	\$ 18,176	18,176				
V. Total Other Revenue (1 thru 8)	\$ 366,238	366,238				
VI. Total All Revenue (III +V)	\$ 7,812,354	7,812,354				

* 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	(Specify)
Pg 30 II6a	Laboratory / Radiology	\$ 16,914		
Pg 30 II6a	Contractual Allowance - Laboratory / Radiology	\$ (16,914)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 II6c	Laboratory / Radiology	\$ 6,196		
Pg 30 II6c	Other Ancillary	\$ 144,342		
Pg 30 II6d	Contractual Allowance	\$ (140,735)		
Total Other Resident Revenue		\$ 9,803	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 IV5	Interest Income - Benevolent Fund		\$ 2,219		
Pg 30 IV5	Interest Income - State Required Reserve Fund		\$ 19,166		
Pg 30 IV5	Interest Income - CRC Intercompany Advances		\$ 267,088		
Pg 30 IV5	Interest Income - Other		\$ 1,587		
Pg 30 IV5	Unrealized Gains / (Losses) on Investments		\$ 19,884		
Pg 30 IV5	Realized Gains / (Losses) on Investments		\$ 2,245		
Total Interest Income			\$ 312,189	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 IV8	Transportation Revenue	\$ 6,304		
Pg 30 IV8	Property Tax Revenue	\$ 14,162		
Pg 30 IV8	Loss on Disposal of Fixed Assets	\$ (2,290)		
Total Other Revenue		\$ 18,176	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	10,128
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	820,345
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	42,653
a. _____	26,385			
b. _____	16,268			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	4,294
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	877,420
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	125,941	\$	105,291
	Accum. Depreciation	20,650		Net
3. Buildings	*Historical Cost	4,531,540	\$	3,045,619
	Accum. Depreciation	1,485,921		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	178,897	\$	70,330
	Accum. Depreciation	108,567		Net
6. Movable Equipment	*Historical Cost	296,088	\$	157,993
	Accum. Depreciation	138,095		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	24,723
Construction in Progress		24,723		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,435,956

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	4,313,376
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			Accum. Depreciation	\$
3. Buildings			*Historical Cost _____ Net	
			Accum. Depreciation	\$
4. Non-Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation	\$
5. Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation	\$
6. Motor Vehicles			*Historical Cost _____ Net	
			Accum. Depreciation	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			Accum. Depreciation	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	8,454,539
Name and Address		Amount	Loan Date	
Intercompany		8,454,539	Variable	
7. Other Assets (<i>itemize</i>)			\$	1,122,202
Funds - Benevolent Care		129,076		
Escrow - State Required Reserves		993,126		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 9,576,741	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 13,890,117	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Pilgrim Manor	966 - C	9/30/2019	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$		
2. Notes Payable (<i>itemize</i>)			\$		

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$		
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$		
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	71,806	
Resident Trust Fund Liability			10,128		
Other Current Liabilities			61,678		

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	71,806	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				71,806
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 71,806

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,009,764
6. Gain or Loss for Period			\$	808,547
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	13,818,311
C. Total Reserves and Net Worth			\$	13,818,311
D. Total Liabilities, Reserves, and Net Worth			\$	13,890,117

H. Changes in Total Net Worth

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	13,312,955
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,812,354
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,003,807
D. Net Income or Deficit			\$	808,547
E. Balance			\$	14,121,502
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Intercompany Equity Offset	(303,190)			
Rounding	(1)			
F-3. Total Additions			\$	(303,191)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	13,818,311
09/30/19				

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Jeremy Brune & Associates, LLC				
Address		Phone Number		
2508 Riverwalk Drive Plainfield, IL 60586		(779) 875 - 3979		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Jeremy M. Brune, CPA		(779) 875 - 3979		
Contact Email Address				
jeremybrune@comcast.net				