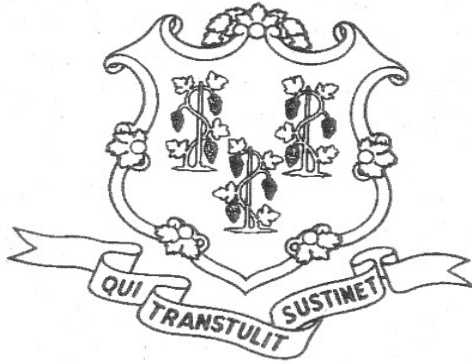


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Pilgrim Manor	
Address (No. & Street, City, State, Zip Code) 52 Missionary Road Cromwell, CT 06416 - 2143	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

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 9/30/2020	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, 2019 and ending September 30, 2020, 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) Barry O'Doherty			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Pilgrim Manor	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 52 Missionary Road Cromwell, CT 06416 - 2143				
Report Prepared By Jeremy Brune & Associates, LLC	Phone Number (779) 875 - 3979	Date 2/3/2021		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 9/30/2020	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.				
<b>Administrator</b>				
Name of Administrator Barry O'Doherty		Nursing Home Administrator's License No.:	1344	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		



## General Information and Questionnaire Corporate Owners

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	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				
Covenant Living Communities & Services (No Individual Owners)	5700 Old Orchard Road Skokie, IL 60077	Wholly Owned Parent Corporation	100%	

### General Information and Questionnaire Individual Proprietorship

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	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

### Basis for Allocation of Costs

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	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 Medicare Home Office Cost Report. The reporting period for the Covenant Living Communities Medicare Home Office Cost Report has a FYE of 09/30/20. A copy of the Covenant Living 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 9/30/2020		Page of 6   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
								<b>Total ***</b>	

\* 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 9/30/2020	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 3 4	Address (No. & Street, City, State, Zip Code) 200 N. Martingale 9th Floor Schaumburg, IL 60173
--	---

Services Provided by This Firm (*describe fully*)

1 Financial Statement Audit	\$ 464
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 464	

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
---	------------------

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 9/30/2020				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							
B. On last day of THIS report period	60	60							60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	51	51			51	51							
B. As of midnight of THIS report period	53	53							53	53			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,095	1,095			911	911			184	184			
B. Medicaid (Conn.)	8,398	8,398			6,396	6,396			2,002	2,002			
C. Medicaid (other states)													
D. Private Pay	9,217	9,217			6,664	6,664			2,553	2,553			
E. State SSI for RCH													
F. Other (Specify)	816	816			721	721			95	95			
G. Total Care Days During Period (3A thru F)	19,526	19,526			14,692	14,692			4,834	4,834			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	70	70			61	61			9	9			
B. Other Bed Reserve Days	81	81			50	50			31	31			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	19,677	19,677			14,803	14,803			4,874	4,874			

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(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	2	29		20				
Per Diem Rate								
a. One bed rm.	575.07	230.78		650.22				
b. Two bed rms.	575.07	230.78		555.80				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	733	733		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,482	1,482		
D. <b>Total Physical Therapy Treatments</b>	2,215	2,215		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	82	82		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	176	176		
D. <b>Total Speech Therapy Treatments</b>	258	258		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	403	403		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,331	1,331		
D. <b>Total Occupational Therapy Treatments</b>	1,734	1,734		

### Report of Expenditures - Salaries & Wages

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 10	of 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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,554	1,678				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	101,467	1,448				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	216,714	7,554				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	53,141	2,420				
c. Dietary Workers	420,916	26,609				
6. Housekeeping Service						
a. Head Housekeeper	14,210	507				
b. Other Housekeeping Workers	93,313	6,293				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	83,983	2,471				
b. Other Maintenance Workers	120,223	4,581				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	19,005	1,540				
9. Barber and Beautician Services						
10. Protective Services	28,829	1,792				
11. Accounting Services						
a. Head Accountant	14,494	647				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	123,208	2,090				
b. RN						
1. Direct Care	520,290	11,692				
2. Administrative**	193,989	4,181				
c. LPN						
1. Direct Care	496,886	14,853				
2. Administrative**						
d. Aides and Attendants	920,964	44,327				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	144,136	5,791				
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	90,467	2,479				
n. Marketing	122,493	3,669				
o. Other (Specify) See Attached Schedule	120,659	5,655				
<i>A-13. Total Salary Expenditures</i>	3,999,941	152,277				

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

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

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





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

Name of Facility				License No.	Report for Year Ended				Page	of
Pilgrim Manor				966 - C	9/30/2020				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)							
<b>Section I - Operators/Owners</b>										
N/A										
<b>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).</b>										
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	9/30/2020			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)							
<b>Section III - Administrators***</b>										
Maria Christoforo (10/01/19 - 12/31/19)	12,529				HC Administrator	195	A2	CLOC 52 Missionary Road Cromwell, CN 06416	2,080	131,085
Gregory Hamley (10/01/19 - 02/10/20)	6,530				HC Administrator	127	A2	CLOC 52 Missionary Road Cromwell, CN 06416	365	18,808
Barry O'Doherty (02/26/20 - 09/30/20)	81,495				HC Administrator	1,356	A2			
<b>Section IV - Assistant Administrators</b>										
Daniel Stegbauer	59,333				Executive Director	767	A3	CLOC 52 Missionary Road Cromwell, CN 06416	2,080	160,972
Maria Christoforo (01/01/20 - 09/30/20)	35,016				Assoc. Exec. Director	560	A3	CLOC 52 Missionary Road Cromwell, CN 06416	2,080	131,085
Gail Fancher (10/01/19 - 11/15/20)	7,118				Assoc. Exec. Director	121	A3	CLOC 52 Missionary Road Cromwell, CN 06416	328	19,313

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966 - C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	5,973	176				
3. Pharmacist	10,548	100				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	173,818	1,129				
b. Other						
6. Social Worker						
7. Recreation Worker	285	4				
8. Physicians						
a. Medical Director (entire facility)	38,098	196				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	62,489	671				
b. Other						
10. Occupational Therapist						
a. Resident Care	163,485	1,325				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	17,409	195				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	38,797	1,144				
d. Other						
12. Other (Specify)						
See Attached Schedule	8,351					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>519,253</b>	<b>4,940</b>				

\* 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 9/30/2020	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"/>		
Pharmacy Corporation of America P.O. Box 409251 Atlanta, GA 30384	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"/>		
Jacqueline F Peterson 806 Millbrook Road Middletown, CT 06457	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 Dr Chicago, IL 60693	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC 653 Main Street Plantsville, CT 06479	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health, LLC 152 Simsbury Road Building 9 Avon, CT 06001	Psychiatric Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Clifford Wood 72 Strand Circle Cromwell, CT 06416	Chaplain	<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"/>		
Polaris Group 3030 N Rocky Point Dr. Tampa, FL 33607	Nurse Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Home Instead Senior Care 975 Middle St. Suite D Middletown, CT 06457	Agency Nursing	<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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 109,331	109,331		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 287,638	287,638		
5. Health Insurance	\$ 310,131	310,131		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,971	5,971		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 112,528	112,528		
8. Uniform Allowance	\$ 4,285	4,285		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 732	732		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Discriminatory Benefits	\$ 11,208	11,208		
c. Bad Debts*	\$ 107,167	107,167		
d. Accounting and Auditing	\$ 464	464		
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	\$ 7,904	7,904		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,431	13,431		
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	\$			
<b>Subtotal</b>	\$ 970,790	970,790		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Pilgrim Manor	966 - C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	970,790	970,790			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 5,987	5,987			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 751	751			
5. Education Expenses Related to Seminars and Conventions	\$ 2,345	2,345			
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	\$ 12,309	12,309			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,213	3,213			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,341	11,341			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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**	\$ 454,161	454,161			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 68,284	68,284			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,529,181	1,529,181			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Marketing - Supplies	\$ 1,105		
Marketing - Advertising	\$ 6,743		
Marketing - Other	\$ 4,461		
<b>Total Other Advertising</b>	\$ 12,309	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues and Subscriptions - Nursing			
CT Association of	\$ 3,251		
Dues and Subscriptions - Administrative & General			
Leading Age	\$ 2,659		
CT Association of	\$ 341		
ALTCFM	\$ 42		
Dues and Subscriptions - Marketing			
Allscripts	\$ 2,625		
Avalea Healthcare	\$ 2,423		
<b>Total Dues</b>	\$ 11,341	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses and Permits	\$ 677		
Consultant Services - Administrative & General	\$ 7,225		
Consultant Services - Marketing	\$ 2,977		
Financing Assessment	\$ 12,500		
Media Access (Cable)	\$ 21,694		
Purchased Services - Beauty Shop	\$ 17,594		
Purchased Services - Administrative & General	\$ 1,570		
Small Equipment Purchases	\$ 168		
Equipment Rental / Repairs	\$ 749		
Other	\$ 3,130		
<b>Total Other Administrative and General</b>	\$ 68,284	\$ -	\$ -



### Schedule C-1 - Management Services\*

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 17	of 	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	454,161	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 9/30/2020	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 166,073	166,073		
2. Non-Food Supplies	\$ 21,627	21,627		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 96,103	96,103		
c. Other (Specify) _____ See coded trial balance for detail by account type.	\$ 8,384	8,384		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	\$ 292,187	292,187		
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.				\$10,554
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.				\$10,554
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	9/30/2020	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. \$	23,875	23,875	
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. \$	5,091	5,091	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$	-2,107	-2,107	
c. Other ( <i>Specify</i> )	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	26,859	26,859	
<b>3E. Laundry Questionnaire</b>				
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	9/30/2020		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. \$	49,138	49,138		
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> ) See coded trial balance for detail by account type.		\$ 1,681	1,681		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 50,819	50,819		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Pharmacy Corporation of America	\$	69,067	69,067		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	144,669	144,669		
d.	Ambulance/Limousine***	\$	2,731	2,731		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	8,873	8,873		
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	30,651	30,651		
i.	Recreation	\$	6,970	6,970		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	290	290		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 263,251	263,251		

\* 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.



**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 9/30/2020				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"/>		Contracted Beautician Charges	17,594			16	1m11
Comcast	P.O. Box 6505 Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Cable Television	21,694			16	1m11
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Management	96,103			18	2b
		<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"/>							
		<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	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 117,887	117,887				
b. Heat	\$ 9,711	9,711				
c. Light & Power	\$ 117,795	117,795				
d. Water	\$ 20,337	20,337				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 21,711	21,711				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 287,441</b>	<b>287,441</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 12,594	12,594				
b. Building & Building Improvements	\$ 240,663	240,663				
c. Non-Movable Equipment	\$ 19,304	19,304				
d. Movable Equipment	\$ 35,658	35,658				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 308,219</b>	<b>308,219</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
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	\$ 104,851	104,851				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 413,070</b>	<b>413,070</b>				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Fuel Oil	\$ 2,109		
Disposal Services	\$ 13,704		
Medical Waste Disposal	\$ 3,874		
Snow Removal	\$ 2,024		
<b>Total Other Repairs and Maintenance</b>	\$ 21,711	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Pilgrim Manor		License No. 966 - C			Report for Year Ended 9/30/2020			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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		125,941		125,941	20,650	SL	10	12,594					
2. Disposals (attach schedule)						SL	10						
3. Acquired during this report period (attach schedule)						SL	10						
A-4. Subtotal									12,594				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		4,531,540		4,531,540	1,485,921	SL	10 - 40	237,755					
2. Disposals (attach schedule)						SL	10 - 40						
3. Acquired during this report period (attach schedule)		93,945		93,945		SL	10 - 20	2,908					
B-4. Subtotal									240,663				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		178,897		178,897	111,201	SL	8 - 10	18,597					
2. Disposals (attach schedule)						SL							
3. Acquired during this report period (attach schedule)		14,116		14,116		SL	10	707					
C-4. Subtotal									19,304				
		Is a mileage logbook maintained?		Date of Acquisition		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
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
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						296,088		296,088	135,460	SL	3 - 10	35,258	
b. Disposals (attach schedule)										SL	3 - 10		
c. Acquired during this report period (attach schedule)						8,029		8,028		SL	10	400	
D-3. Subtotal													35,658
<b>E. Total Depreciation</b>													308,219

## Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
09/30/19	Roof Replacement - D Wing	\$ 57,686	20	\$ 1,442
12/31/19	Asbestos Abatement	\$ 7,214	20	\$ 362
03/31/20	Admissions Office - Wall Repair, Carpet, Lighting, Painting & Furniture	\$ 13,899	20	\$ 347
06/30/20	Computer Lab - Wall Repair, Carpet, Cabinets & Counters	\$ 15,146	10	\$ 757
<b>Total additions for Building Improvements</b>		\$ 93,945		\$ 2,908 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
02/29/20	Coolant Pump Replacement	\$ 2,802	10	\$ 140
06/30/20	Light Pole	\$ 7,119	10	\$ 356
08/31/20	Heat Exchanger	\$ 4,195	10	\$ 211
<b>Total additions for Non-Movable Equipment</b>		\$ 14,116		\$ 707 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
07/31/20	Hoyer Lift - 500lbs	\$ 4,563	10	\$ 228
08/31/20	Video Intercom System - Touchscreen & Monitor	\$ 3,466	10	\$ 172
<b>Total additions for Movable Equipment</b>		\$ 8,029		\$ 400 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*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 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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



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

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2020			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. <b>Total Building Interest Expense</b> (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 9/30/2020		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. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$					
14. Insurance									
a. Insurance on Property (buildings only)				\$ 9,755	9,755				
b. Insurance on Automobiles				\$ 6,667	6,667				
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)				\$ 19,179	19,179				
2. Fire and Extended Coverage				\$					
3. Other (Specify) See coded trial balance for detail by account type.				\$ 64,368	64,368				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 99,969	99,969				
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 7,481,971	7,481,971				

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pilgrim Manor			966 - C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 122,493	122,493		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1b	Discriminatory Benefits	\$ 11,208	11,208		
9.	15	1c	Bad Debts	\$ 107,167	107,167		
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 *	\$ 12,309	12,309		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ (14,105)	(14,105)		
22.	16	1m13	Barber and Beauty	\$ 17,594	17,594		
23.			Other - See attached Schedule	\$ 37,555	37,555		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 10,554	10,554		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 304,775	304,775		

\* 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	\$ 122,493		
<b>Total Other Salaries Adjustment</b>			\$ 122,493	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1g	Marketing Supplies	\$ 211		
16	114	Marketing Travel	\$ 173		
16	1m13	Financing Fees	\$ 12,500		
16	1m13	Cable	\$ 21,694		
16	1m13	Marketing Consultant	\$ 2,977		
<b>Total Other A&amp;G Adjustments</b>			\$ 37,555	\$ -	\$ -

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

Name of Facility Pilgrim Manor				License No. 966 - C	Report for Year Ended 9/30/2020	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 304,775	304,775		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 69,067	69,067		
28.	20	5d	Ambulance/Limousine	\$ 2,731	2,731		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 30,651	30,651		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 8,873	8,873		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
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	\$ 176	176		
39.			Other - See Attached Schedule	\$ 16,095	16,095		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 432,368	432,368		

\*\*\* 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**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6a	Transportation Revenue	\$ 2,039		
22	6a	Maintenance Revenue	\$ 360		
22	10	Property Tax Revenue	\$ 13,696		
<b>Total Other Property Adjustments</b>			\$ 16,095	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Pilgrim Manor	966 - C	9/30/2020		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,668,577	4,668,577			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,715,129)	(2,715,129)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 704,402	704,402			
b. Medicare Room and Board Contractual Allowance **	\$ (74,705)	(74,705)			
4. a. Private-Pay Residents and Other	\$ 5,844,379	5,844,379			
b. Private-Pay Room and Board Contractual Allowance **	\$ (600,318)	(600,318)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 30,083	30,083			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (30,083)	(30,083)			
c. Prescription Drugs - Non-Medicare	\$ 26,521	26,521			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (26,182)	(26,182)			
2. a. Medical Supplies - Medicare	\$ 6,969	6,969			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,969)	(6,969)			
c. Medical Supplies - Non-Medicare	\$ 138,346	138,346			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (87,789)	(87,789)			
3. a. Physical Therapy - Medicare	\$ 206,836	206,836			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (113,935)	(113,935)			
c. Physical Therapy - Non-Medicare	\$ 95,175	95,175			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (69,595)	(69,595)			
4. a. Speech Therapy - Medicare	\$ 55,358	55,358			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (32,556)	(32,556)			
c. Speech Therapy - Non-Medicare	\$ 37,048	37,048			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (22,631)	(22,631)			
5. a. Occupational Therapy - Medicare	\$ 188,152	188,152			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (112,921)	(112,921)			
c. Occupational Therapy - Non-Medicare	\$ 100,890	100,890			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (74,226)	(74,226)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 6,315	6,315			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,142,012	8,142,012			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 10,554	10,554			
2. Rental of rooms to non-residents	\$ 176	176			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ 12,541	12,541			
5. Interest Income ( <i>Specify</i> )	\$ 335,531	335,531			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 11,165	11,165			
8. Other ( <i>Specify</i> )	\$ 133,188	133,188			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 503,155	503,155			
<b>VI. Total All Revenue</b> (III +V)	\$ 8,645,167	8,645,167			

\* 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)
	Laboratory & Radiology - Medicare Part A	\$ 11,705		
	Laboratory & Radiology - Cont. Allow. - Medicare Part A	\$ (11,705)		
	<b>Total Other Resident Revenue - Medicare</b>	\$ -	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Laboratory & Radiology - Medicaid	\$ 1,271		
	Laboratory & Radiology - Cont. Allow. - Medicaid	\$ (1,271)		
	Laboratory & Radiology - Insurance	\$ 6,285		
	Laboratory & Radiology - Cont. Allow. - Insurance	\$ (6,285)		
	Laboratory & Radiology - Private Pay	\$ 625		
	Other Ancillary Services - Private Pay	\$ 5,690		
	<b>Total Other Resident Revenue</b>	\$ 6,315	\$ -	\$ -

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income - Restricted Assets		27,011		
	Interest Income - Unrestricted Assets		297,978		
	Unrealized Gains on Investments		7,017		
	Realized Gains on Investments		3,525		
	<b>Total Interest Income</b>		\$ 335,531	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Transportation Revenue	\$ 2,039		
	Maintenance Service Revenue	\$ 360		
	Property Tax Revenue	\$ 13,696		
	Loss on Sale of Fixed Assets	\$ (3,010)		
	HHS COVID19 Grant Funds	\$ 120,103		
	<b>Total Other Revenue</b>	\$ 133,188	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	51,133
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	885,985
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	12,288,588
a. Prepaid Expenses	14,470			
b. Prepaid Taxes	25,695			
c. _____				
d. See Schedule	12,248,423			
6. Interest Receivable			\$	3,043
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	13,228,749
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	125,941	\$	92,697
	Accum. Depreciation	33,244	Net	
3. Buildings	*Historical Cost	4,625,485	\$	2,898,901
	Accum. Depreciation	1,726,584	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	193,013	\$	62,508
	Accum. Depreciation	130,505	Net	
6. Movable Equipment	*Historical Cost	304,117	\$	132,999
	Accum. Depreciation	171,118	Net	
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	229,371
Construction in Progress	229,371			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,448,476

\* 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	
31	A5d	State Required Reserves	\$ 1,019,099
31	A5d	Intercompany Receivable	\$ 11,229,324
<b>Total Prepaid Expenses</b>			<b>\$ 12,248,423</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>



### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2020	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	16,677,225
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	130,462
Benevolent Care Fund		134,335		
Bond Project Fund		(3,873)		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	130,462
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	16,807,687

\* 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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,826,178	
<b>Liabilities (cont'd)</b>				
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. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,826,178

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,818,313
6. Gain or Loss for Period			\$	1,163,196
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	14,981,509
<b>C. Total Reserves and Net Worth</b>			\$	14,981,509
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	16,807,687

### H. Changes in Total Net Worth

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	13,818,313
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	8,645,167
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	(7,481,971)
D. Net Income or Deficit			\$	1,163,196
E. Balance			\$	14,981,509
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
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. <b>Balance at End of Period</b>		09/30/20	\$	14,981,509

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2020	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)		
<b>Preparer/Reviewer Certification</b>				
<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 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				