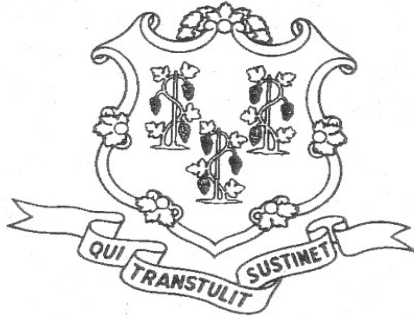


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

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 <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 966 - C	(Specify)	(Specify)	Medicare Provider 07 - 5306
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Medicaid Provider Numbers:	CCNH / RHNS 000007260	(Specify)	(Specify)
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### General Information

Name of Facility (as licensed) Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	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, 2022 and ending September 30, 2023, 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) Casey Rebimbas			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 10/1/2022	To 9/30/2023	
Address of Facility 52 Missionary Road Cromwell, CT 06416 - 2143				
Report Prepared By Jeremy Brune & Associates, LLC	Phone Number (779) 875 - 3979	Date 2/14/2024		
Item	Total	CCNH / RHNS	(Specify)	(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 9/30/2023	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 / RHNS 966 - C	(Specify)	(Specify)	Medicare Provider No. 07 - 5306
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <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 Casey Rebimbas		Nursing Home Administrator's License No.:	2132	
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 9/30/2023	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, Inc.	5700 Old Orchard Road Skokie, IL 60077	Wholly Owned Par		





**General Information and Questionnaire  
Related Parties\***

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	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 Services	Pg 16 / Ln M12	649,457	547,577
		<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 9/30/2023	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 09/30/23. 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.

Covenant Living - Cromwell, the campus, offers a full continuum of care to its occupants and residents. These services include residential living, assisted living, and skilled nursing care services. Separate financial data is maintained for each service level within the community. The financial data contained within this report relates to revenues and expenses associated with the skilled nursing facility (Pilgrim Manor).

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		Yes		
<i>If yes, please complete the following:</i>				
0	Square footage of apartments			
0	Square footage of independent living			
0	Square footage of assisted living			
Please identify the services provided:				
IL / AL - Separate FS				

**General Information and Questionnaire  
 Other Lines of Business (Continued)**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

### Schedule of Resident Statistics

Name of Facility Pilgrim Manor			License No. 966 - C		Report for Year Ended 9/30/2023				Page 8	of 37			
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(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	55	55			55	55							
B. As of midnight of THIS report period	56	56							56	56			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,736	1,736			1,433	1,433			303	303			
B. Medicaid (Conn.)	9,795	9,795			7,303	7,303			2,492	2,492			
C. Medicaid (other states)													
D. Private Pay	6,728	6,728			5,005	5,005			1,723	1,723			
E. State SSI for RCH													
F. Other (Specify) Insurance	1,192	1,192			870	870			322	322			
G. Total Care Days During Period (3A thru F)	19,451	19,451			14,611	14,611			4,840	4,840			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	12	12			9	9			3	3			
B. Other Bed Reserve Days	121	121			96	96			25	25			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	19,584	19,584			14,716	14,716			4,868	4,868			

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

Name of Facility Pilgrim Manor				License No. 966 - C			Report for Year Ended 9/30/2023			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>										If "YES", provide the following information:				
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(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)	(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 / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR						
No. of Residents	5	28		23										
Per Diem Rate														
a. One bed rm.	656.32	251.91		545.00										
b. Two bed rms.														
c. Three or more bed rms.														
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B					4,646	4,646								
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other					5,030	5,030								
<b>D. Total Physical Therapy Treatments</b>					9,676	9,676								
8. Total Number of Speech Therapy Treatments														
A. Medicare - Part B					633	633								
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other					604	604								
<b>D. Total Speech Therapy Treatments</b>					1,237	1,237								
9. Total Number of Occupational Therapy Treatments														
A. Medicare - Part B					2,164	2,164								
B. Medicaid (Exclusive of Part B)														
1. Maintenance Treatments														
2. Restorative Treatments														
C. Other					5,508	5,508								
<b>D. Total Occupational Therapy Treatments</b>					7,672	7,672								

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

CSP-10 Rev. 3/2023

**Report of Expenditures - Salaries & Wages**

Name of Facility		License No.		Report for Year Ended			Page		of	
Pilgrim Manor		966 - C		9/30/2023			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 / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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)										
	46,630		669							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
	114,906		1,338							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)										
	357,692		13,450							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
	75,463		2,981							
c. Dietary Workers										
	353,688		19,026							
6. Housekeeping Service										
a. Head Housekeeper										
	13,438		525							
b. Other Housekeeping Workers										
	114,412		7,197							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
	73,750		1,997							
b. Other Maintenance Workers										
	51,704		1,712							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers										
	31,282		2,064							
9. Barber and Beautician Services										
10. Protective Services										
	41,582		1,771							
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses										
	135,121		2,085							
b. RN										
1. Direct Care										
	561,578		11,719							
2. Administrative**										
	210,475		4,177							
c. LPN										
1. Direct Care										
	575,540		15,735							
2. Administrative**										
d. Aides and Attendants										
	1,134,922		48,686							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers										
	126,871		5,162							
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										
	161,811		4,037							
n. Marketing										
	120,133	(120,133)	2,891							
o. Other (Specify)										
See Attached Schedule										
	95,639		3,830							
<i>A-13. Total Salary Expenditures</i>										
	4,396,637	(120,133)	151,052							

\* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Nursing - Health Information Coordinator	\$ 53,041		2,043						
Nursing - Scheduling Coordinator	\$ 33,329		1,281						
Driver	\$ 9,221		506						
Admissions Coordinator	\$ 48		-						
<b>Total</b>	\$ 95,639	\$ -	3,830	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Nurse Consulting / Mock Survey	\$ 9,692								
<b>Total</b>	\$ 9,692	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-



**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	9/30/2023				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)	(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	9/30/2023			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)	(Specify)							
<b>Section III - Administrators***</b>										
Casey Rebimbas	46,630				HC Administrator	669	A2	CLC 52 Missionary Road Cromwell, CN 06416	1,411	98,356
<b>Section IV - Assistant Administrators</b>										
Daniel Stegbauer	67,609				Exec. Director	669	A3	CLC 52 Missionary Road Cromwell, CN 06416	1,411	144,104
Maria Christoforo	47,297				Assoc. Exec. Director	669	A3	CLC 52 Missionary Road Cromwell, CN 06416	1,411	99,763

\*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	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	8,552								
3. Pharmacist	10,855		103						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	209,543		3,186						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	42,350		144						
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	61,915		779						
b. Other									
10. Occupational Therapist									
a. Resident Care	153,763	(153,763)	2,058						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule	9,692								
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	496,670	(153,763)	6,270						

\* 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 in the Adjustment column.

\*\*\* 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 9/30/2023	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"/>	Unrelated		
Pharmacy Corporation of America P.O. Box 409251 Atlanta, GA 30384	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
Starling Physicians 1260 Silas Deane HWY Wethersfield, CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
Polaris Group 3030 N Rocky Point Dr. Tampa, FL 33607	Nurse Consulting / Mock Survey	<input type="radio"/>	<input checked="" type="radio"/>	Unrelated		
		<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"/>			
		<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	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 49,773	50,953	(1,180)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 34,599	34,599						
4. Social Security (F.I.C.A.)	\$ 306,386	313,240	(6,854)					
5. Health Insurance	\$ 414,645	427,165	(12,520)					
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,931	5,074	(143)					
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 87,810	91,003	(3,193)					
8. Uniform Allowance	\$							
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,873	16,561	(14,688)					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	93,456	(93,456)					
d. Accounting and Auditing	\$ 3,593	3,593						
e. Legal ( <i>Services should be fully described on Page 15b</i> )	\$							
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$							
g. Office Supplies	\$ 11,970	11,970						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 7,323	7,337	(14)					
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>	\$ 922,903	1,054,951	(132,048)					

\* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH / RHNS</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>
Employee Benefits - Other	\$ 16,561	\$ (14,688)				
<b>Total</b>	\$ 16,561	\$ (14,688)	\$ -	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 15b	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period?				
		<input checked="" type="radio"/> Yes                      If "No," explain. <input type="radio"/> No		
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Plante & Moran, PLLC		200 N. Martingale 9th Floor Schaumburg, IL 60173		
2				
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Financial Statement Audit				\$ 3,593
2				\$
3				\$
4				\$
				Charge for Services Provided
				\$ 3,593
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No                      Pg. 15 Ln. 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 N/A				
2				
3				
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1				
2				
3				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 N/A				\$
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.				
<input type="radio"/> Yes <input checked="" type="radio"/> No                      N/A				

**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	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Subtotals Brought Forward:</b>	922,903	1,054,951	(132,048)				
<b>l. Travel and Entertainment</b>							
1. Resident Travel and Entertainment	\$ 9,716	16,418	(6,702)				
2. Holiday Parties for Staff	\$						
3. Gifts to Staff and Residents	\$						
4. Employee Travel	\$ 2,808	2,808					
5. Education Expenses Related to Seminars and Conventions	\$ 3,617	3,652	(35)				
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$						
7. Other ( <i>Specify</i> ) See Attached Schedule	\$						
<b>m. Other Administrative and General Expenses</b>							
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	\$	10,071	(10,071)				
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	\$ 309	309					
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 7,143	7,143					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 1,817	5,634	(3,817)				
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> )	\$ 6,031	26,027	(19,996)				
12. Administrative Management Services**	\$ 547,577	649,457	(101,880)				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 15,117	56,014	(40,897)				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,517,038	1,832,484	(315,446)				

\* 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 in the Adjustment column.



Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Marketing - Website	\$ 4,500	\$ (4,500)				
Marketing - Supplies	\$ 578	\$ (578)				
Marketing - Promotios	\$ 3,543	\$ (3,543)				
Marketing - Other	\$ 1,450	\$ (1,450)				
<b>Total Other Advertising</b>	\$ 10,071	\$ (10,071)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Dues - CT Association of Health Care	\$ 3,080					
Dues - Leading Age	\$ 4,063					
<b>Total Dues</b>	\$ 7,143	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Financing Assessment	\$ 17,500	\$ (17,500)				
Licenses and Permits	\$ 3,622					
Media Access (Cable)	\$ 22,847	\$ (22,847)				
Small Equipment Purchase	\$ 3,909	\$ (490)				
Employee Recognition	\$ 4,863	\$ (60)				
Other	\$ 3,273					
<b>Total Other Administrative and General</b>	\$ 56,014	\$ (40,897)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	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, Inc. 5700 Old Orchard Road Skokie, IL 60077	649,457	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		License No.	Report for Year Ended				Page	of
Pilgrim Manor		966 - C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 177,381	201,539	(24,158)					
2. Non-Food Supplies	\$ 26,410	26,410						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 116,624	116,624						
c. Other (Specify) _____ Equipment Rental & Repairs Small Equipment Purchases & Other	\$ 10,053	10,053						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 330,468</b>	<b>354,626</b>	<b>(24,158)</b>					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*							
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.	24158		
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	24158		
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 Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$	10,493	10,493				
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. \$	2,323	2,323				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Other Laundry Supplies		\$	14,039	14,039				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	26,855	26,855				
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	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	40,194	40,194				
	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> )	\$	1,891	1,891				
	Equipment Rental, Repairs, and Small Purchases							
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	42,085	42,085				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Pharmacy Company	\$		91,437	(91,437)			
	b. Medicine Cabinet Drugs	\$						
	c. Medical and Therapeutic Supplies	\$	74,487	183,010	(108,523)			
	d. Ambulance/Limousine***	\$		1,626	(1,626)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		747	(747)			
	f. X-rays and Related Radiological Procedures***	\$						
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$						
	h. Laboratory***	\$		43,878	(43,878)			
	i. Recreation	\$	14,942	14,942				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$						
	m. Other (Specify)**** See Attached Schedule	\$	211	211				
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	<b>Total Resident Care Expenditures (5a - 5o)</b>	\$	89,640	335,851	(246,211)			

\* 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 in the Adjustment column.  
 \*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Chaplain - Other Department Expenses	\$ 211					
<b>Total Other Resident Care</b>	\$ 211	\$ -	\$ -	\$ -	\$ -	\$ -

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**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 9/30/2023	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)	(Specify)	Pg	Line
Linda Cavallo	892 Randolph Rd. Apt. 1 Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Beautician Services	19,996			16	m11
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Management Services	116,624			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"/>							

\* 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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023		Page 22	of 37		
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$ 102,098	102,308	(210)				
b. Heat	\$ 10,885	10,885					
c. Light & Power	\$ 181,236	181,236					
d. Water	\$ 14,100	14,100					
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$						
f. Other ( <i>itemize</i> )	\$ 33,899	33,899					
See Attached Schedule							
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 342,218	342,428	(210)				
7. Depreciation ( <i>complete schedule page 23*</i> )							
a. Land Improvements	\$ 12,398	12,398					
b. Building & Building Improvements	\$ 261,321	261,321					
c. Non-Movable Equipment	\$ 11,566	11,566					
d. Movable Equipment	\$ 45,673	45,673					
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 330,958	330,958					
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$						
d. Other ( <i>Specify</i> )	\$						
*8e. <b>Total Amortization Costs</b> (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	\$ 190,108	201,820	(11,712)				
b. Real estate taxes paid by lessor	\$						
c. Personal property taxes	\$						
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 521,066	532,778	(11,712)				

\* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Maintenance - Disposal Services	\$ 16,679					
Maintenance - Fuel	\$ 2,446					
Maintenance - Medical Waste Disposal	\$ 5,480					
Maintenance - Snow Removal	\$ 9,294					
<b>Total Other Repairs and Maintenance</b>	<b>\$ 33,899</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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### 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 9/30/2023		Page 22b	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"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* 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.

### Depreciation Schedule

Name of Facility Pilgrim Manor		License No. 966 - C			Report for Year Ended 9/30/2023			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	58,433	SL	10	12,398					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									12,398				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		4,746,800		4,746,800	2,216,006	SL	10 - 40	248,037					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		531,372				SL	20	13,284					
B-4. Subtotal									261,321				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		208,763		208,763	146,898	SL	8 - 10	9,377					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		43,777						2,189					
C-4. Subtotal									11,566				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost							
		Yes	No	Month	Year	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>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						336,756		336,756	216,403	SL	3 - 10	23,133	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						29,370				SL	8 - 10	1,792	
d. Standard Resident						331,982				SL	8	20,748	
e. Specialized Resident													
Total Acquired during this report period						361,352						22,540	
D-3. Subtotal													45,673
<b>E. Total Depreciation</b>													330,958

## 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>				
11/30/22	Flooring (Ambulance Entry)	\$ 7,350	20	\$ 184
01/31/23	Flooring	\$ 2,700	20	\$ 68
04/30/23	Renovations (Beauty Salon)	\$ 25,000	20	\$ 625
05/31/23	Exterior Doors	\$ 17,605	20	\$ 440
06/30/23	Windows Replacement	\$ 7,660	20	\$ 192
07/31/23	Flooring (Laundry)	\$ 3,350	20	\$ 84
09/30/23	SNF Remodel	\$ 467,707	20	\$ 11,691
<b>Total additions for Building Improvements</b>		\$ 531,372		\$ 13,284 *
<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>				
11/30/22	Generator Voltage Regulator	\$ 10,739	10	\$ 537
11/30/22	Generator Repair	\$ 6,224	10	\$ 311
11/30/22	RTU Blower Motor	\$ 3,804	10	\$ 190
12/31/22	Generator Muffler & Exhaust	\$ 4,836	10	\$ 242
08/31/23	Mixing Valve Replacement	\$ 13,995	10	\$ 700
09/30/23	Hot Water Heater	\$ 4,179	10	\$ 209
<b>Total additions for Non-Movable Equipment</b>		\$ 43,777		\$ 2,189 *
<b>Deletions:</b>				

**Total deletions for Non-Movable Equipment**

\$ -

\$ -

23 24

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
01/31/23	Cart Heaters	Administrative	\$ 3,520	10	\$ 176
08/31/23	Chairs (Dr Office)	Administrative	\$ 25,850	10	\$ 1,616
09/30/23	SNF Remodel Furnishings	Standard Resident	\$ 331,982	8	\$ 20,748
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 361,352		\$ 22,540 *
<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 9/30/2023			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							
<b>A. Organization Expense</b>									
1. N/A									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. N/A									
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) - Property Questionnaire**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
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 <b>NOT</b> 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		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		N/A		
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				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)		N/A		
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
N/A				

**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 9/30/2023				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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 9/30/2023				Page 27	of 37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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 (12B7 + 12C3 + 12D)</b>				\$						
14. Insurance										
a. Insurance on Property (buildings only)				\$ 21,469	21,469					
b. Insurance on Automobiles				\$ 4,386	4,386					
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify) Crime, Director & Officer, and Liability Insurance				\$ 25,231	25,231					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 51,086	51,086					
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 7,539,867	8,411,500	(871,633)				

**F. Statement of Revenue**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023		Page 30	of 37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,334,164	7,334,164			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,542,074)	(4,542,074)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,504,929	1,504,929			
b. Medicare Room and Board Contractual Allowance **	\$ (365,554)	(365,554)			
4. a. Private-Pay Residents and Other	\$ 4,531,990	4,531,990			
b. Private-Pay Room and Board Contractual Allowance **	\$ (53,093)	(53,093)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 66,170	66,170			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (66,170)	(66,170)			
c. Prescription Drugs - Non-Medicare	\$ 29,463	29,463			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (29,629)	(29,629)			
2. a. Medical Supplies - Medicare	\$ 15,041	15,041			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (15,041)	(15,041)			
c. Medical Supplies - Non-Medicare	\$ 150,831	150,831			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (94,303)	(94,303)			
3. a. Physical Therapy - Medicare	\$ 284,416	284,416			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (142,870)	(142,870)			
c. Physical Therapy - Non-Medicare	\$ 80,392	80,392			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (80,392)	(80,392)			
4. a. Speech Therapy - Medicare	\$ 92,167	92,167			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (44,948)	(44,948)			
c. Speech Therapy - Non-Medicare	\$ 22,828	22,828			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (22,642)	(22,642)			
5. a. Occupational Therapy - Medicare	\$ 215,573	215,573			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (145,263)	(145,263)			
c. Occupational Therapy - Non-Medicare	\$ 90,301	90,301			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (90,301)	(90,301)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 83	83			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,726,068	8,726,068			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 24,158	24,158			
2. Rental of rooms to non-residents	\$ 210	210			
3. Telephone	\$ 14	14			
4. Rental of Television and Cable Services	\$ 4,822	4,822			
5. Interest Income ( <i>Specify</i> )	\$ 522,292	522,292			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 19,848	19,848			
8. Other ( <i>Specify</i> )	\$ 23,698	23,698			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 595,042	595,042			
<b>VI. Total All Revenue</b> (III +V)	\$ 9,321,110	9,321,110			

\* 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)	(Specify)
II 6a	Laboratory and Radiology - Medicare A	\$ 3,090		
II 6a	Laboratory and Radiology - Medicare A - Contractual Allowance	\$ (3,090)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II 6b	Laboratory and Radiology - Insurance	\$ 11,216		
II 6b	Laboratory and Radiology - Insurance - Contractual Allowance	\$ (11,216)		
II 6b	Laboratory and Radiology - Private Pay	\$ 83		
<b>Total Other Resident Revenue</b>		\$ 83	\$ -	\$ -

**Interest Income****Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
IV 5	Interest Income - Advances		488,722		
IV 5	Interest Income - Restricted Assets		17,066		
IV 5	Investments - Realized Gains		3,165		
IV 5	Investments - Unrealized Gains		13,339		
<b>Total Interest Income</b>			\$ 522,292	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV 7	Other Operating Revenue	\$ 5,284		
IV 7	Property Tax Revenue	\$ 11,712		
IV 7	Transportation Revenue	\$ 6,702		
<b>Total Other Revenue</b>		\$ 23,698	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	35,430
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	664,679
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	12,070
a. Prepaid Expenses	12,070			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	4,959
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)			\$	717,138
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	125,941	\$	55,110
	Accum. Depreciation	70,831		Net
3. Buildings	*Historical Cost	5,278,172	\$	2,800,845
	Accum. Depreciation	2,477,327		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	252,540	\$	94,076
	Accum. Depreciation	158,464		Net
6. Movable Equipment	*Historical Cost	698,108	\$	436,032
	Accum. Depreciation	262,076		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	46,008
Construction in Progress	46,008			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	3,464,071

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	4,181,209
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> )			\$	13,515,627
Name and Address		Amount	Loan Date	
Cov. Living		13,515,627	Various	
7. Other Assets ( <i>itemize</i> )			\$	1,156,758
Restricted Assets - Benevolent Care		145,504		
Restricted Assets - Debt Reserves		1,011,254		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	14,672,385
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	18,853,594

\* 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	9/30/2023	33	37	
Account			Amount		
<b>Liabilities</b>					
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> )			\$	380,633	
Resident Trust Fund			35,383		
Other Current Liabilities			345,250		
_____					
See Schedule					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			\$	<b>380,633</b>	

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



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

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				380,633	
<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)					\$ 380,633

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2023	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			\$	17,563,351
6. Gain or Loss for Period			\$	909,610
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	18,472,961
<b>C. Total Reserves and Net Worth</b>			\$	18,472,961
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	18,853,594

### H. Changes in Total Net Worth

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	17,563,351	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	9,321,110	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	8,411,500	
D. Net Income or Deficit			\$	909,610	
E. Balance			\$	18,472,961	
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><i>Balance at End of Period</i></b>			\$	18,472,961	
				09/30/23	

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<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 M. Brune, CPA				
Address Address		Phone Number		
2508 Riverwalk Drive Plainfield, Illinois 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				