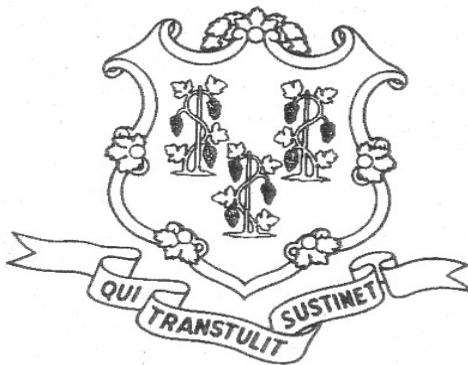


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

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 only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 966 - C	RHNS	(Specify)	Medicare Provider 07 - 5306
------------------	-----------------	------	-----------	--------------------------------

Medicaid Provider Numbers:	CCNH 000007260	RHNS	ICF-IID
----------------------------	-------------------	------	---------

### 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)	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2021	1	37

**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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, 2020 and ending September 30, 2021, 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) Casie M Rebimbas			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**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 10/1/2020	To 9/30/2021
Address of Facility 52 Missionary Road Cromwell, CT 06416 - 2143				
Report Prepared By Jeremy Brune & Associates, LLC	Phone Number (779) 875 - 3979	Date 2/11/2022		
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 9/30/2021	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: 966 - C	CCNH 966 - C	RHNS (Specify)	Medicare Provider No. 07 - 5306

Type of Facility (Check appropriate box(es))

Chronic and Convalescent  
 Nursing Home only (CCNH)       Rest Home with Nursing  
 Supervision only (RHNS)       (Specify)

Type of Ownership (Check appropriate box)

Proprietorship     LLC     Partnership     Profit Corp.     Non-Profit Corp.     Government     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?

Yes

No

If "Yes," explain fully.

**Administrator**

Name of Administrator Casie M 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

## Partners/Members

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page of 3A   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	Owned Parent Co	

**General Information and Questionnaire  
Individual Proprietorship**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page of 3B   37
-----------------------------------	------------------------	------------------------------------	--------------------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

## General Information and Questionnaire

### Related Parties\*

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No				If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**				
Covenant Living Communities & Services	5700 Old Orchard Road Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Pg 16 / Ln M12	600,461	491,568
		<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.

\*\* 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 9/30/2021	Page 5	of 37
-----------------------------------	------------------------	------------------------------------	-----------	----------

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 09/30/21. 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.

### Is a Mileage Log Book Maintained for All Leased Vehicles?

Yes

○ No

Total \*\*\*

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

\*\* Attach copies of newly acquired leases.

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

## General Information and Questionnaire

### Accounting Basis

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 7	of 37
-----------------------------------	------------------------	------------------------------------	-----------	----------

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     Yes    If "No," explain.  
previous period?     No

#### 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	\$ 3,981
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 3,981

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 9/30/2021				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					60	60						
A. On last day of PREVIOUS report period	60	60										
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents					53	53						
A. As of midnight of PREVIOUS report period	53	53										
B. As of midnight of THIS report period	46	46							46	46		
3. Total Number of Days Care Provided During Period					690	690						
A. Medicare	940	940							250	250		
B. Medicaid (Conn.)	9,378	9,378			7,130	7,130			2,248	2,248		
C. Medicaid (other states)												
D. Private Pay	6,648	6,648			5,038	5,038			1,610	1,610		
E. State SSI for RCH												
F. Other (Specify) Medicare Advantage / Hospice	1,172	1,172			997	997			175	175		
G. Total Care Days During Period (3A thru F)	18,138	18,138			13,855	13,855			4,283	4,283		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	22	22			21	21			1	1		
B. Other Bed Reserve Days	122	122			102	102			20	20		
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>18,282</b>	<b>18,282</b>			<b>13,978</b>	<b>13,978</b>			<b>4,304</b>	<b>4,304</b>		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 9	of 37
-----------------------------------	------------------------	------------------------------------	-----------	----------

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)					

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	3	25		15				
Per Diem Rate								
a. One bed rm.	605.40	235.42		583.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		740	740	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,038	1,038		
<b>D. Total Physical Therapy Treatments</b>	1,778	1,778		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	86	86		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	108	108		
<b>D. Total Speech Therapy Treatments</b>	194	194		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	438	438		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	989	989		
<b>D. Total Occupational Therapy Treatments</b>	1,427	1,427		

## Annual Report of Long-Term Care Facility

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		966 - C	9/30/2021		37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					Hours
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	48,192	724			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	51,182	740			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	217,636	7,636			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	57,633	2,679			
c. Dietary Workers	387,131	24,367			
6. Housekeeping Service					
a. Head Housekeeper	4,874	150			
b. Other Housekeeping Workers	127,537	8,720			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	53,711	1,565			
b. Other Maintenance Workers	98,740	3,694			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	11,761	903			
9. Barber and Beautician Services					
10. Protective Services	102,363	3,602			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants	6,893	311			
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	151,473	2,203			
b. RN					
1. Direct Care	526,053	11,440			
2. Administrative**	184,614	3,929			
c. LPN					
1. Direct Care	519,036	15,723			
2. Administrative**					
d. Aides and Attendants	913,793	44,224			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	96,327	4,461			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	149,766	3,948			
n. Marketing	112,614	2,812			
o. Other (Specify)					
See Attached Schedule	143,096	6,165			
<i>A-13. Total Salary Expenditures</i>	3,964,425	149,996			

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

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

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

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

**Schedule of Other Fees (Page 13)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility Pilgrim Manor				License No. 966 - C		Report for Year Ended 9/30/2021			Page 11	of 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 <span style="float: right;">of</span>	
Pilgrim Manor				966 - C		9/30/2021			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>										
Barry O'Doherty	48,192				HC Administrator	724	A2	CLOC 52 Missionary Road Cromwell, CN 06416	2,080	144,441
<b>Section IV - Assistant Administrators</b>										
Maria Christoforo	51,182				Assoc. Exec. Director	740	A3	CLOC 52 Missionary Road Cromwell, CN 06416	2,080	143,857

\*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
	966 - C	9/30/2021		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</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	8,614				
3. Pharmacist	5,565	70			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	136,981	1,810			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	38,700	160			
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	34,627	460			
b. Other					
10. Occupational Therapist					
a. Resident Care	127,360	1,810			
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	19,825	140			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>371,672</b>	<b>4,450</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\***

\* 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
		9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	133,544	133,544		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	33,461	33,461		
4. Social Security (F.I.C.A.)	\$	285,419	285,419		
5. Health Insurance	\$	420,380	420,380		
6. Life Insurance (employees only) (not-owners and not-operators)	\$	6,496	6,496		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	129,033	129,033		
8. Uniform Allowance	\$	1,693	1,693		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$	5,915	5,915		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Discriminatory Benefits	\$	15,530	15,530		
c. Bad Debts*	\$	205,151	205,151		
d. Accounting and Auditing	\$	3,981	3,981		
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	\$	11,186	11,186		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	6,166	6,166		
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><i>Subtotal</i></b>	\$	<b>1,257,955</b>	<b>1,257,955</b>		

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

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

## **Schedule of Other Employee Benefits**

### Schedule of Other Taxes

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

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>		1,257,955	1,257,955		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	5,654	5,654		
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,100	2,100		
4. Employee Travel	\$	982	982		
5. Education Expenses Related to Seminars and Conventions	\$	396	396		
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	\$	10,433	10,433		
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	\$	3,936	3,936		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	15,521	15,521		
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**	\$	600,461	600,461		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	67,439	67,439		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	1,964,877	1,964,877		

\* 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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Marketing - Supplies	\$ 831		
Marketing - Advertising & Promotion	\$ 2,402		
Marketing - Website	\$ 7,200		
<b>Total Other Advertising</b>	<b>\$ 10,433</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Leading Age	\$ 3,545		
CT Association of Health Care	\$ 4,094		
American Health Care	\$ 600		
Allscripts (Marketing)	\$ 2,851		
Avalea Healthcare (Marketing)	\$ 3,635		
Other	\$ 796		
<b>Total Dues</b>	<b>\$ 15,521</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Licenses and Permits	\$ 6,565		
Consultant Services - Administrative & General	\$ 4,210		
Consultant Services - Marketing	\$ -		
Financing Assessment	\$ 12,500		
Media Access (Cable)	\$ 24,113		
Purchased Services - Beauty Shop	\$ 5,421		
Purchased Services - Administrative & General	\$ 2,550		
Small Equipment Purchases	\$ 1,624		
Equipment Rental / Repairs	\$ 2,220		
Other	\$ 8,236		
<b>Total Other Administrative and General</b>	<b>\$ 67,439</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	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	600,461	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 9/30/2021	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 164,406	164,406		
2. Non-Food Supplies	\$ 24,600	24,600		
3. Other (Specify) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 94,514	94,514		
c. Other (Specify) _____ See coded trial balance for detail by account type.	\$ 10,836	10,836		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 294,356</b>	<b>294,356</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(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.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$14,825
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 9/30/2021		Page 19	of 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.***	Amnt. \$	23,675	23,675		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amnt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amnt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amnt. \$	2,613	2,613		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$	1,402	1,402		
See coded trial balance for detail by account type.					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	27,690	27,690		
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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 39,739	39,739		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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.	\$ 286	286		
C. Other ( <i>Specify</i> )	\$	3,919	3,919		
See coded trial balance for detail by account type.					
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	43,944	43,944		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Corporation of America	\$	72,651	72,651		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	156,834	156,834		
d. Ambulance/Limousine***	\$	2,082	2,082		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,769	9,769		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental ( <i>Not dentists who should be included under             salaries or fees</i> )	\$				
h. Laboratory***	\$	27,054	27,054		
i. Recreation	\$	1,525	1,525		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )****	\$	532	532		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	270,447	270,447		

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

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

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

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

## **Schedule of Other Resident Care**

## **Report of Expenditures**

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

\* 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 9/30/2021			Page 22 of 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 107,661	107,661			
b. Heat	\$ 10,550	10,550			
c. Light & Power	\$ 110,375	110,375			
d. Water	\$ 16,658	16,658			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$				
f. Other ( <i>itemize</i> )	\$ 21,864	21,864			
See Attached Schedule					
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 267,108	267,108			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$ 12,594	12,594			
b. Building & Building Improvements	\$ 243,484	243,484			
c. Non-Movable Equipment	\$ 7,804	7,804			
d. Movable Equipment	\$ 23,613	23,613			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 287,495	287,495			
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	\$ 100,707	100,707			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 388,202	388,202			

\* 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**

## Depreciation Schedule

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Schedule of Building Improvements Acquired during this Report period				
Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/20	Structural Failure	\$ 28,180	20	\$ 704
03/31/21	Replace Pipes	\$ 4,193	20	\$ 105
03/31/21	Corner Guards	\$ 4,937	20	\$ 123
<b>Total additions for Building Improvements</b>		\$ 37,310		\$ 932 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B3

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

**\*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>				
09/30/21	Medicaid Cart Devices	\$ 5,499	3	\$ 916
11/30/20	Shower Chairs	\$ 3,937	10	\$ 197
12/31/20	Infection Control	\$ 2,506	10	\$ 125
01/31/21	Upgrade and Parts	\$ 2,566	10	\$ 128
02/28/21	AltoShaam Oven	\$ 4,150	10	\$ 208
05/31/21	Ice Maker	\$ 4,712	10	\$ 236
07/31/21	KeyScan Screening	\$ 9,596	10	\$ 480
<b>Total additions for Movable Equipment</b>		<b>\$ 32,966</b>		<b>\$ 2,290</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</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>\$ -</b>		<b>\$ -</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</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 9/30/2021			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>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 9/30/2021	Page 25	of 37																																					
11. Property Questionnaire																																									
<b>Part A</b> <p>Is the property either owned by the Facility <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," complete Part B.  If "No," complete Part C.</p> <p>*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.</p>																																									
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td>04/01/65</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>11/19/84</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td></td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>60</td> </tr> <tr> <td>6. Square Footage</td> <td>21,240</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td>    a. Land</td> <td>32,000</td> </tr> <tr> <td>    b. Building</td> <td>2,906,978</td> </tr> </tbody> </table>		Description	Total	1. Date Land Purchased	04/01/65	2. Date Structure Completed	11/19/84	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure		5. Total Licensed Bed Capacity	60	6. Square Footage	21,240	7. Acquisition Cost		a. Land	32,000	b. Building	2,906,978																				
Description	Total																																								
1. Date Land Purchased	04/01/65																																								
2. Date Structure Completed	11/19/84																																								
3. If NOT Original Owner, Date of Purchase																																									
4. Date of Initial Licensure																																									
5. Total Licensed Bed Capacity	60																																								
6. Square Footage	21,240																																								
7. Acquisition Cost																																									
a. Land	32,000																																								
b. Building	2,906,978																																								
<b>Part B - Owner and Related Parties</b> <table border="1"> <thead> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    f. Principal balance outstanding as of</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed					f. Principal balance outstanding as of				
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																					
1. Financing																																									
a. Type of Financing (e.g., fixed, variable)																																									
b. Date Mortgage Obtained																																									
c. Interest Rate for the Cost Year																																									
d. Term of Mortgage (number of years)																																									
e. Amount of Principal Borrowed																																									
f. Principal balance outstanding as of																																									
<b>Complete if Mortgage was Refinanced During Current Cost Year</b> <table border="1"> <tbody> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		g. Type of Financing (e.g., fixed, variable)				h. Date of Refinancing				i. New Interest Rate				j. Term of Mortgage (number of years)				k. Amount of Principal Borrowed				l. Principal Outstanding on Note Paid-Off																			
g. Type of Financing (e.g., fixed, variable)																																									
h. Date of Refinancing																																									
i. New Interest Rate																																									
j. Term of Mortgage (number of years)																																									
k. Amount of Principal Borrowed																																									
l. Principal Outstanding on Note Paid-Off																																									
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b> <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																					

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

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021			Page 26   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 (A1 - A4 + B5)</b>	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2021			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)	\$	11,205	11,205			
b. Insurance on Automobiles	\$	8,200	8,200			
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> )	\$	7,991	7,991			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	89,588	89,588			
See coded trial balance for detail by account type.						
14d. <b>Total Insurance Expenditures</b> (14a + b + c)	\$	116,984	116,984			
15. <b>Total All Expenditures</b> (A-13 thru C-14)	\$	7,709,705	7,709,705			

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

Name of Facility Pilgrim Manor			License No. 966 - C	Report for Year Ended 9/30/2021		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b><i>Page 10 - Salaries and Wages</i></b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 112,614	112,614		
<b><i>Page 13 - Professional Fees</i></b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 127,360	127,360		
7.			Other - See attached Schedule	\$ 2,717	2,717		
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>							
8.	15	1b	Discriminatory Benefits	\$ 15,530	15,530		
9.	15	1c	Bad Debts	\$ 205,151	205,151		
10.			Accounting	\$			
10a.			Legal	\$			
11.	15	1h1	Telephone	\$ 6,166	6,166		
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 *	\$ 10,433	10,433		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	1m12	Unallowable Management Fees	\$ 108,893	108,893		
22.	16	1m13	Barber and Beauty	\$ 5,421	5,421		
23.			Other - See attached Schedule	\$ 73,104	73,104		
<b><i>Page 18 - Dietary Expenditures</i></b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 14,825	14,825		
<b><i>Page 19 - Laundry Expenditures</i></b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b><i>Page 20 - Housekeeping Expenditures</i></b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 682,214	682,214		

\* 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**

### **Schedule of Fees Adjustments**

### **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1g	Marketing - Supplies	\$ 49		
16	114	Markeing - Travel	\$ -		
16	1m9	Marketing - Dues & Subscriptions	\$ 6,486		
16	1m13	Financing Fees	\$ 12,500		
16	1m13	Cable	\$ 24,113		
15	1g	Copy Fee Income	\$ 15		
15	1a1	Marketing - Workers Comp Insurance	\$ 3,055		
15	1a4	Marketing - Payroll Taxes	\$ 8,014		
15	1a5	Marketing - Medical Insurance	\$ 15,504		
15	1a6	Marketing - Group Life Disability	\$ 165		
15	1a7	Marketing - Retirement	\$ 3,203		
16	1m13	Marketing - Consultant	\$ -		
<b>Total Other A&amp;G Adjustments</b>			\$ 73,104	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility Pilgrim Manor				License No. 966 - C	Report for Year Ended 9/30/2021		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 682,214	682,214			
<b>Page 20 - Resident Care Supplies***</b>								
27.	20	5a2	Prescription Drugs	\$ 72,651	72,651			
28.	20	5d	Ambulance/Limousine	\$ 2,082	2,082			
29.			X-rays, etc	\$				
30.	20	5h	Laboratory	\$ 27,054	27,054			
31.	20	5c	Medical Supplies	\$ 81,480	81,480			
32.	20	5e2	Oxygen (non emergency)	\$ 9,769	9,769			
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	\$				
39.			Other - See Attached Schedule	\$ 10,945	10,945			
<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	\$				
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ 886,195	886,195			

\*\*\* 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**

### Schedule of Excess Movable Equipment Depreciation

### **Schedule of Other Property Adjustments**

### **Schedule of Other - Indirect Adjustments**

Attachment Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

### **Schedule of Other - Direct Adjustments**

## **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021			Page 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> )	\$ 6,217,689	6,217,689			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,707,471)	(3,707,471)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 736,438	736,438			
b. Medicare Room and Board Contractual Allowance **	\$ (167,038)	(167,038)			
4. a. Private-Pay Residents and Other	\$ 4,085,722	4,085,722			
b. Private-Pay Room and Board Contractual Allowance **	\$ (29,921)	(29,921)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 21,496	21,496			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (21,496)	(21,496)			
c. Prescription Drugs - Non-Medicare	\$ 37,162	37,162			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (36,853)	(36,853)			
2. a. Medical Supplies - Medicare	\$ 4,418	4,418			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (4,418)	(4,418)			
c. Medical Supplies - Non-Medicare	\$ 112,996	112,996			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (78,676)	(78,676)			
3. a. Physical Therapy - Medicare	\$ 165,989	165,989			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (82,157)	(82,157)			
c. Physical Therapy - Non-Medicare	\$ 76,419	76,419			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (71,643)	(71,643)			
4. a. Speech Therapy - Medicare	\$ 49,696	49,696			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (24,119)	(24,119)			
c. Speech Therapy - Non-Medicare	\$ 19,810	19,810			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,688)	(19,688)			
5. a. Occupational Therapy - Medicare	\$ 148,644	148,644			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (88,001)	(88,001)			
c. Occupational Therapy - Non-Medicare	\$ 89,306	89,306			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (83,191)	(83,191)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 3,070	3,070			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,354,183	7,354,183			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 14,825	14,825			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$ 34	34			
4. Rental of Television and Cable Services	\$ 4,642	4,642			
5. Interest Income ( <i>Specify</i> )	\$ 348,188	348,188			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 8,767	8,767			
8. Other ( <i>Specify</i> )	\$ 1,729,027	1,729,027			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,105,483	2,105,483			
<b>VI. Total All Revenue</b> (III +V)	\$ 9,459,666	9,459,666			

\* 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)
26a1	Laboratory & Radiology - Medicare Part A	\$ 9,045		
26a1	Laboratory & Radiology - Cont. Allow. - Medicare Part A	\$ (9,045)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
26b1	Laboratory & Radiology - Medicaid	\$ 330		
26b1	Laboratory & Radiology - Cont. Allow. - Medicaid	\$ (330)		
26b1	Laboratory & Radiology - Insurance	\$ 14,464		
26b1	Laboratory & Radiology - Cont. Allow. - Insurance	\$ (14,464)		
26b1	Laboratory & Radiology - Private Pay	\$ 232		
26b1	Other Ancillary Services - Private Pay	\$ 2,838		
<b>Total Other Resident Revenue</b>		<b>\$ 3,070</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
45	Interest Income - Restricted Assets	\$ 9,223			
45	Interest Income - Unrestricted Assets	\$ 347,402			
45	Unrealized Gains on Investments	\$ (12,526)			
45	Realized Gains on Investments	\$ 4,089			
<b>Total Interest Income</b>		<b>\$ 348,188</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
48	Transportation Revenue	\$ 1,063		
48	Maintenance Service Revenue	\$ 150		
48	Property Tax Revenue	\$ 9,732		
48	Loss on Disposal of Fixed Assets	\$ (1,602)		
48	HHS COVID19 Grant Funds	\$ 318,669		
48	PPP Loan Forgiveness	\$ 1,401,000		
48	Copy Income	\$ 15		
<b>Total Other Revenue</b>		<b>\$ 1,729,027</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 31	of 37
Account		Amount		
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 49,350	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 384,184	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$ 52,328	
a. Prepaid - Taxes	40,790			
b. Prepaid - Other	11,538			
c. _____				
d. See Schedule				
6. Interest Receivable			\$ 2,950	
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)			\$ 488,812	
B. Fixed Assets				
1. Land			\$ 32,000	
2. Land Improvements	*Historical Cost Accum. Depreciation	125,941 45,838	\$ 80,103	
3. Buildings	*Historical Cost Accum. Depreciation	4,662,795 1,970,069	\$ 2,692,726	
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	_____ Net	\$	
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	193,013 138,309	\$ 54,704	
6. Movable Equipment	*Historical Cost Accum. Depreciation	337,081 194,732	\$ 142,349	
7. Motor Vehicles	*Historical Cost Accum. Depreciation	_____ Net	\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 753,633	
Construction in Progress	753,633			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 3,755,515	

\* 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**

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

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
32	D7	Benefvolent Care Fund	\$ 134,335
32	D7	State Required Reserves	\$ 1,015,186
32	D7	Intercompany Receivable	\$ 11,684,102
<b>Total Other Assets</b>			\$ 12,833,623

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

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

**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 Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
C. Leasehold or like property recorded for Equity Purposes.			\$ 4,244,327	
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> )			\$ 12,833,623	
See Schedule			12,833,623	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 12,833,623	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 17,077,950	

\* 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
		9/30/2021	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> )			\$	346,482
Resident Trust Fund 49,350				
Accrued Expenses 297,132				
See Schedule				
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	346,482

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

(Carry Total forward to next page)

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			346,482	
<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)				\$ 346,482

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 35	of 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				\$ 14,981,509
6. Gain or Loss for Period	10/1/2020	thru	9/30/2021	\$ 1,749,959
7. Total Net Worth				\$ 16,731,468
<b>C. Total Reserves and Net Worth</b>				\$ 16,731,468
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 17,077,950

## **H. Changes in Total Net Worth**

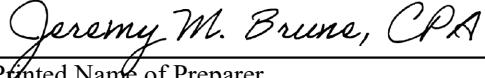
Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	14,981,507
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	9,459,666
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	7,709,705
D. Net Income or Deficit			\$	1,749,961
E. Balance			\$	16,731,468
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 Withdrawals ( <i>Specify</i> )			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>	09/30/21		\$	16,731,468

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

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2021	Page of 37   37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

### Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title CEO	Date Signed 02/10/22
Printed Name of Preparer Jeremy Brune & Associates, LLC		
Address 2508 Riverwalk Drive Plainfield, IL 60586		Phone Number (779) 875 - 3979
Contacted Person Regarding Additional Information Needed Regarding This Report Jeremy M. Brune, CPA		Phone Number (779) 875 - 3979
Contact Email Address jeremybrune@comcast.net		