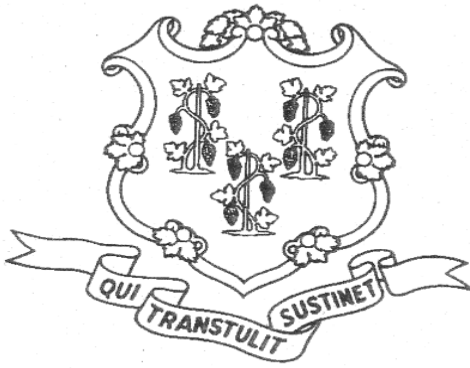


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Pilgrim Manor	
Address (No. & Street, City, State, Zip Code) 52 Missionary Road, Cromwell, CT 06416-2143	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

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

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General Information

Name of Facility (as licensed) Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	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, 2014 and ending September 30, 2015, 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) Pamela Klapproth			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pilgrim Manor	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 52 Missionary Road, Cromwell, CT 06416-2143				
Report Prepared By FGMK, LLC	Phone Number 847-374-0400	Date 12/17/2015		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility		Report for Year Ended	Page	of
		9/30/2015	2	37
Name of Facility (as shown on license)		Address (No. & Street, City, State, Zip)		
Pilgrim Manor		52 Missionary Road, Cromwell, CT 06416-2143		
License Numbers:	CCNH 966-C	RHNS	(Specify)	Medicare Provider No. 07-5306
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator		Nursing Home Administrator's License No.:		
Christopher Miller			1963	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire - Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	3a	37

Board of Directors Term Date Currently Resides

Jon P. Aagaard, M.D.	2015 Wheaton, IL 60187
Pamela Christensen	2016 Roseville, CA 95678
Kara E. Davis, M.D.	2017 South Holland, IN 60473
Rev. Harvey Drake	2016 Seattle, WA 98118
Mark Eastburg, Chair	2016 Grand Rapids, MI 49546
Jim Elving	2017 Edina, MN 55436
Marc E. Espinosa, Vice Chair	2018 Arvada, Co 80002
Carol F. Findling	2016 Carol Stream, IL 60188
Lorene G. Flewellen, Secretary	2016 Wheaton, IL 60187
Rhonda Friesen	2017 Westminster, CO 80031
Thomas F. Heywood	2016 Mercer Island, WA 98040
Donald Hodgkinson	2016 Chicago, IL 60625
Kathy Holmgren	2017 Kirkland, WA 98033
Jody Holt	2016 Bedford, NH 03110-4517
Scott Macdonald	2018 Wheaton, IL 60187
Marlene E. Stante	2015 Turlock, CA 95382
Anne E. Vinning	2018 St. Paul, MN 55106

General Information and Questionnaire Individual Proprietorship

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	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 Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management, Investing & accounting	Page 16, Ln 12	388,500	283,158
Covenant Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Medicare and Medicaid Billing	Page 16, Ln 12	58,823	42,873
Covenant Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	Page 16, Ln 12	23,003	16,766
Covenant Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Hardware/Software	Page 16, Ln 12	132,840	96,821
Covenant Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Therapy Consulting	Page 16, Ln 12	15,137	11,033
Covenant Retirement Communitites	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Legal Services	Page 15, Ln E1	5,069	3,695
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire - Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	4a	37

Related Parties

Covenant Retirement Communities also operates 13 other facilities in California, Colorado, Florida, Illinois, Michigan, Minnesota and Washington which are not affiliated with Covenant Village of Cromwell.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	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.

Management fees (Pg 16 m12) are 5% of net revenue, intercompany interest expenses (Pg 27 Ln 13) is based upon net amount owed.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Pilgrim Manor			License No. 966-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Plante & Moran, PLLC	2155 Point Blvd., Ste 200 Elgin, IL 60123
2 Jeremy Brune & Associates, LLC	2508 Riverwalk Drive, Plainfield, IL 60586
3 FGМК, LLC	2801 Lakeside Dr, 3rd Loor Bannockburn IL 60015
4	

Services Provided by This Firm (*describe fully*)

1 Independent Year-End Audit	\$ 16,396
2 2014 Medicare Cost Report	\$ 2,200
3 2014 Medicaid Cost Report	\$ 7,180
4	\$
	Charge for Services Provided
	\$ 25,776

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 CRC Home Office	779-878-2294
2 State Marshall	
3	
4	
5	

Address (<i>No. & Street, City, State, Zip Code</i>)
1 8700 Old Orchard Rd, Skokie, Il 60077
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Legal Counsel	\$ 5,069
2 Summons Payment	\$ 75
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,144

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

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics

Name of Facility Pilgrim Manor			License No. 966-C			Report for Year Ended 9/30/2015				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	48	48			48	48			54	54			
B. As of midnight of THIS report period	54	54			54	54			54	54			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,610	3,610			2,267	2,267			1,343	1,343			
B. Medicaid (Conn.)	9,556	9,556			6,478	6,478			3,078	3,078			
C. Medicaid (other states)													
D. Private Pay	9,142	9,142			5,619	5,619			3,523	3,523			
E. State SSI for RCH													
F. Other (Specify) Hospice Medicaid	325	325			25	25			300	300			
G. Total Care Days During Period (3A thru F)	22,633	22,633			14,389	14,389			8,244	8,244			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	22,633	22,633			14,389	14,389			8,244	8,244			

Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor			License No. 966-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents													
Per Diem Rate													
a. One bed rm.			214.03			557.95							
b. Two bed rms.			214.00			462.35							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										998	998		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										2,467	2,467		
D. Total Physical Therapy Treatments										3,465	3,465		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										19	19		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										46	46		
D. Total Speech Therapy Treatments										65	65		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										382	382		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,965	1,965		
D. Total Occupational Therapy Treatments										2,347	2,347		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	82,771	1,247				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	63,143	1,296				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	159,737	6,115				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,049	4,889				
c. Dietary Workers	270,259	18,814				
6. Housekeeping Service						
a. Head Housekeeper	13,326	640				
b. Other Housekeeping Workers	86,641	6,763				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	20,848	325				
b. Other Maintenance Workers	76,280	4,188				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,513	1,947				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	37,138	1,256				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	108,839	2,118				
b. RN						
1. Direct Care	641,375	16,176				
2. Administrative**						
c. LPN						
1. Direct Care	426,017	13,959				
2. Administrative**						
d. Aides and Attendants	823,556	51,158				
e. Physical Therapists	144,492	3,659				
f. Speech Therapists	4,015	70				
g. Occupational Therapists	110,633	2,961				
h. Recreation Workers	119,049	4,139				
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	59,256	2,715				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	201,008	6,174				
<i>A-13. Total Salary Expenditures</i>	<i>3,529,945</i>	<i>150,607</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy-DIRECTOR	\$ 97,108	2,088				
Nursing-WARD CLERK	\$ 55,235	2,923				
Nursing-IN-SERVICE EDUCATION	\$ 48,665	1,163				
Total	\$ 201,008	6,174	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Interim Administrator - J. Michael Rose (9/1/15-9/30/5)	\$ 5,200	160				
Total	\$ 5,200	160	\$ -	-	\$ -	-

**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	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Christopher Miller (10-01/2014 Thru 7-1-2015)	82,771				Licensed Nursing Home Administrator	1,247	A2	Covenant Village 52 Missionary Rd Cromwell CT. 06416	1,972	108,442
Section IV - Assistant Administrators										
Pamela Klapproth (10-01/2014 Thru 9-30-2015)	63,143				Executive Director	1,296	A3	Covenant Village 52 Missionary Rd Cromwell CT. 06416	2,050	169,808

*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	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	18,563	372				
2. Dentist	7,059	208				
3. Pharmacist	4,311	130				
4. Podiatrist	6,053	96				
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	3,076	69				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	41,560	171				
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	5,200	160				
B-13 Total Fees Paid in Lieu of Salaries	85,822	1,206				

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

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

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

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

Name of Facility Pilgrim Manor		License No. 966-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Ellen Ronsivalli, M.S., R.D. 70 High Street, South Windsor, CT 06074	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental, NE Prestige Drive, Meriden, CT 06450	Dentists	<input type="radio"/>	<input checked="" type="radio"/>		
Ominicare of Connecticut, 525 Knotter Drive, Cheshire, CT 06410	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Glendo Tangarorang, MD - 118 Kaye Vue Dr., Hamden, CT 06514	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health - 152 Simsbury Rd Bldg 2, Avon, CT 06001	Medical Evaluations	<input type="radio"/>	<input checked="" type="radio"/>		
Podiatry Care P.C. - 1379 Enfield Street, Enfield, CT 06082-5524	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
J. Michael Rose - 52 AP Gates Road East Haddam, CT 06423	Interim Administrator	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input 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	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 90,973	90,973			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 54,348	54,348			
4. Social Security (F.I.C.A.)	\$ 257,384	257,384			
5. Health Insurance	\$ 230,374	230,374			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,157	7,157			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,422	54,422			
8. Uniform Allowance	\$ 1,104	1,104			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 58,868	58,868			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 69,450	69,450			
d. Accounting and Auditing	\$ 25,776	25,776			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,144	5,144			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$				
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,306	20,306			
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$				
Subtotal	\$ 875,306	875,306			

* 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**

Pilgrim Manor
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Benefits - Other	\$ 4,970		
Employee Recognition - Adjusted Out Page 28a	\$ 1,353		
Employ Screening & Annual	\$ 6,519		
403(B) Matching Contribution	\$ 46,026		
Total	\$ 58,868	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Pilgrim Manor	966-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		875,306	875,306		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	11,909	11,909		
5. Education Expenses Related to Seminars and Conventions	\$	6,335	6,335		
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>)***	\$	99,157	99,157		
3. Advertising Other (<i>Specify</i>)***	\$	647	647		
See Attached Schedule					
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	\$	2,863	2,863		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	5,138	5,138		
See Attached Schedule					
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**	\$	618,303	618,303		
13. Other (<i>Specify</i>)	\$	147,433	147,433		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,767,091	1,767,091		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotion / Public Relations	\$ 647		
Total Other Advertising	\$ 647	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Activities-DUES AND SUBSCRIPTIONS	\$ 274		
Chaplains-DUES AND SUBSCRIPTIONS	\$ 57		
Administrative and General-DUES AND SUBSCRIPTIONS	\$ 4,807		
Total Dues	\$ 5,138	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Equipment Rentals/Repairs	\$ 21,949		
Internal Cost Allocation	\$ 6,111		
Media Access	\$ 19,466		
Program Expenses- On Campus/ Off Campus	\$ 7,926		
Small Equipment Purchases	\$ 10,511		
Supplies-Office/Other/IS	\$ 15,319		
Barber and Beauty	\$ 26,002		
Consultant Sevices	\$ 1,481		
Other Department Expenses	\$ 541		
A&G Purchased Services	\$ 7,189		
Chaplain Allowances	\$ 5,182		
Licenses and Permits	\$ 1,033		
Other Operating Expense	\$ 21,012		
Training	\$ 2,567		
Recruiting	\$ 1,144		
Total Other Administrative and General	\$ 147,433	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Pilgrim Manor	966-C	9/30/2015	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 Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60077	58,823	A&G Billing	Pg 16 Ln m12
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60078	23,003	Payroll Services	Pg 16 Ln m12
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60079	132,840	Computer Software Licensing	Pg 16 Ln m12
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60080	388,500	Operational, Financial, Accounting, and IT Management	Pg 16 Ln m12
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60081	15,137	Therapy Consulting	Pg 16 Ln m12
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60082	5,069	Legal	Pg 15 Ln E1

*** 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 9/30/2015		Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 155,667	155,667			
2. Non-Food Supplies	\$ 30,428	30,428			
3. Other (Specify) _____ Rentals, Freight, Taxes Flowers & Decorations	\$ 2,162	2,162			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 42,140	42,140			
c. Management Services**	\$ 22,832	22,832			
d. Other (Specify) _____ Supplies Office/ Other Postage	\$ 3,053	3,053			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 256,282	256,282			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$128
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/1a
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$1,912
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,912
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/1a
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,342	6,342	
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. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	828	828	
c. Management Services**	\$			
d. Other (<i>Specify</i>) Dining, Laundry, Supplies, Uniform Rentals	\$	17,963	17,963	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	25,133	25,133	
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
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 laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. 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 3E.

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

*** 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	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
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.	Management Services*		\$			
d.	Other (<i>Specify</i>) Supplies- Other		\$ 39,231	39,231		
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 39,231	39,231		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Unrelated Pharmacy		\$ 125,421	125,421		
b.	Medicine Cabinet Drugs		\$			
c.	Medical and Therapeutic Supplies		\$ 96,197	96,197		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 17,658	17,658		
f.	X-rays and Related Radiological Procedures***		\$			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 25,443	25,443		
i.	Recreation		\$ 431	431		
j.	Other (Specify)**** See Attached Schedule		\$ 158	158		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 265,308	265,308		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Purchased Services	\$ 158		
Total Other Resident Care	\$ 158	\$ -	\$ -

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 9/30/2015	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Rentals	11,326				16	13m
Comcast	P.O. Box 6505, Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Media Access	19,466				16	13m
Linda Cavallo	892 Randolph Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Barber and Beauty	25,878				16	13m
McKesson Medical & Surgical	Golden Valley, MN. 55427	<input type="radio"/>	<input checked="" type="radio"/>		Medical and Nursing Supplies	45,380				20	5c
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Food, Groceries	184,763				18	2a1/
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		(Dining Director & 2 Managers)	42,140				18	2b
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee	22,832				18	2c
Technical Gas Products	66 Leonardo Drive North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Oxygen and Related Supplies and Equipment	17,658				20	5e2
Omnicare of Connecticut	525 Knotter Drive, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Prescription Drugs	121,726				20	5a2
Hillyard, Inc.	P.O. Box, 877417 Kansas City, MO 64187	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supplies	12,605				19	3D
Hillyard, Inc.	P.O. Box, 877417 Kansas City, MO 64187	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Supplies	29,247				20	4B/4E
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 58,911	58,911				
b. Heat	\$ 16,117	16,117				
c. Light & Power	\$ 112,688	112,688				
d. Water	\$ 14,757	14,757				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 65,189	65,189				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 267,662	267,662				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,524	1,524				
b. Building & Building Improvements	\$ 263,230	263,230				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 27,297	27,297				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 292,051	292,051				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 115,789	115,789				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 407,840	407,840				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Diposal Services	\$ 9,981		
Medical Waste Disposal	\$ 2,048		
Supplies- Other	\$ 5,323		
Purchased Services	\$ 40,835		
Snow Removal	\$ 7,002		
Total Other Repairs and Maintenance	\$ 65,189	\$ -	\$ -

Pilgrim Manor
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2015	Roofmats for Pilgrim Manor	\$ 2,944	240	\$ 98
1/31/2015	PMCC Chapel Air Cond	\$ 17,995	240	\$ 600
1/31/2015	SNF ROOF REPAIR	\$ 4,365	240	\$ 146
1/31/2015	Pilgram Manor FY14 Remodel	\$ 282,003	120	\$ 18,800
Total additions for Building Improvements		\$ 307,307		\$ 19,644 *
Deletions:				
12/31/2014	Various Disposals	\$ (23,058)		
Total deletions for Building Improvements		\$ (23,058)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
12/31/2014	Various Disposals	\$ (65,093)		
Total deletions for Non-Movable Equipment		\$ (65,093)		\$ - **

*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
Additions:				
Total additions for Movable Equipment		\$ -		\$ - *
Deletions:				
12/31/2014	Various Disposals	\$ (856)		
Total deletions for Movable Equipment		\$ (856)		\$ - **

*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
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	04/01/65			
2. Date Structure Completed	11/19/84			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage	21,240			
7. Acquisition Cost				
a. Land	32,000			
b. Building	2,906,978			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	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. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Pilgrim Manor		License No. 966-C		Report for Year Ended 9/30/2015		Page of 27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 13,018	13,018		
b. Insurance on Automobiles				\$ 2,850	2,850		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 19,803	19,803		
2. Fire and Extended Coverage				\$			
3. Other (Specify) See Attached				\$ 38,535	38,535		
14d. Total Insurance Expenditures (14a + b + c)				\$ 74,206	74,206		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,718,520	6,718,520		

C. Expenditures other than Salaries (cont'd) - Interest and Insurance

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	#####	27a	37

Other Insurance Detail	Amount
Liability	18,148
Crime & Fiduciary	695
Directors & Officers Liability	7,160
Earthquake	-
Other:	
Group Travel	77
Computer Security	1904
Ins. Brokerage Fees	10,551
Total Other	<u>12,532</u>
Total	<u>38,535</u>

D. Adjustments to Statement of Expenditures

Name of Facility Pilgrim Manor				License No. 966-C	Report for Year Ended 9/30/2015	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 69,450	69,450		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M2	Unallowable Advertising *	\$ 99,157	99,157		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M16	Barber and Beauty	\$ 20,509	20,509		
23.			Other - See attached Schedule	\$ 281,753	281,753		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 470,869	470,869		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	10A	Property Tax	\$ 100,524		
16	M12	ADJ to Medicare Home Office CR 1-31-14	\$ 167,653		
15	E1	ADJ to Medicare Home Office CR 1-31-14 (Legal)	\$ 1,374		
15	1A7	EB for Fund Raising/ Marketing	230		
15	1A9	Employee Recognition	1353		
16	m13	Media Access	10619		
Total Other A&G Adjustments			\$ 281,753	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Pilgrim Manor			966-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 470,869	470,869		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 125,421	125,421		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 25,443	25,443		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 17,658	17,658		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 23,211	23,211		
51.	Total Amount of Decrease (Items 1 - 50)			\$ 662,602	662,602		

*** 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.

Pilgrim Manor
9/30/2015

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Operating Revenue	\$ (51)		
16	m13	Other Operating Expense	\$ 21,012		
22		Overhead Allocation - A&G - (See PG. 29 b attachment)	\$ 913		
22	10A	Overhead Allocation - Capital - (See PG. 29 b attachment)	\$ 395		
27		Overhead Allocation - Insurance - (See PG. 29 b attachment)	\$ 44		
22		Overhead Allocation - Depreciation - (See PG. 29 b attachment)	\$ 898		
Total Unallowable Building Interest			\$ 23,211	\$ -	\$ -

Detail of Overhead Allowance

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	29b	37

Estimated Overhead on Outpatient Therapy Amount

Therapy Square Footage	842
Total Square Footage	21,240
% Attributable to Therapy Space	3.96%
Total Physical Therapy Treatment Units PSR	11,598
Outpatient Physical Therapy Treatments PSR	998
% of Outpatient Treatments	8.60%
Outpatient Allocation of Therapy Space	0.34%
Total Outpatient Disallowance	2,250.35

A&G Expenses (Pg 22)

R&M	58,911.00
Heat	16,117.00
Light & Power	112,688.00
Water	14,757.00
Other	65,189.00
Total	267,662.00
Outpatient Allocation	0.34%
Unallowable Amount	913.04

Capital (Pg. 22)

Property Taxes	115,789.00
Outpatient Allocation	0.34%
Unallowable Amount	394.98

Insurance (Pg 27)

Property Insurance	13,018.00
Outpatient Allocation	0.34%
Unallowable Amount	44.41

Depreciation (Pg 22)

Building Depreciation	263,230.00
Outpatient Allocation	0.34%
Unallowable Amount	897.93

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Pilgrim Manor	966-C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,787,882	3,787,882			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,052,410)	(2,052,410)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,335,810	1,335,810			
b. Medicare Room and Board Contractual Allowance **	\$ 392,674	392,674			
4. a. Private-Pay Residents and Other	\$ 3,501,953	3,501,953			
b. Private-Pay Room and Board Contractual Allowance **	\$ (135,851)	(135,851)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 22,351	22,351			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (1,135)	(1,135)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 112,060	112,060			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 22,317	22,317			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 148	148			
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 741	741			
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 13,684	13,684			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 8,080	8,080			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,008,304	7,008,304			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 2,040	2,040			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ 10,619	10,619			
5. Interest Income (<i>Specify</i>)	\$ 156,841	156,841			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 20,509	20,509			
8. Other (<i>Specify</i>)	\$ 45,509	45,509			
V. Total Other Revenue (1 thru 8)	\$ 235,518	235,518			
VI. Total All Revenue (III +V)	\$ 7,243,822	7,243,822			

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Other-PRI PAY NON-CONTL RES LAX REV	\$ 25		
	Other-MEDICAID/MEDI-CAL RES LAX REV	\$ 50		
	Other-HMO/MGD CARE A RES LAX REV	\$ 175		
	Other-PRI PAY CONTRACTL RES OXY REV	\$ 979		
	Other-PRI PAY NON-CONTL RES OXY REV	\$ 1,010		
	Other-MEDICAID/MEDI-CAL RES OXY REV	\$ 5,797		
	Other-HMO/MGD CARE A RES OXY REV	\$ 44		
Total Other Resident Revenue		\$ 8,080	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Other-FINANCING ASSESSMENT		\$ (12,252)		
	Other-INC ON BENEVOLENT CARE FUND		\$ 2,037		
	Other-INC ON PROPERTY REPLAC FUND		\$ 1		
	Other-INC ON STATE REQUIRED RESERVES		\$ 12,230		
	Other-ADVANCES FROM CRC INT INC		\$ 154,825		
Total Interest Income			\$ 156,841	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other-HEALTH SUBSIDY EXPENSE-AT SNF	\$ 1,098		
	Other-TRANSPORTATION REVENUE	\$ 5,158		
	Other-PROPERTY TAX REVENUE	\$ 100,524		
	Other-OTHER OPERATING INCOME	\$ 51		
	Other-GAIN (LOSS)-DISP OF FIXED ASSE	\$ (13,233)		
	Other-UNRE GAINS(LOSSES)ON INVESTMEN	\$ 7,149		
	Other-REAL GAINS (LOSSES) ON INVEST	\$ (11,496)		
	Nursing-PROCUREMENT REBATES	\$ 1,738		
	Dining Services-PROCUREMENT REBATES	\$ 7,755		
	Other Revenue/(Expense)(historical Depreciation Cost Adjustment)	\$ (53,235)		
Total Other Revenue		\$ 45,509	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	19,020
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	594,544
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	32,853
a. Prepaid Taxes	29,593			
b. Other Pre-Paid Expenses	3,260			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	646,417
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	167,907	\$	11,279
	Accum. Depreciation	156,628		Net
3. Buildings	*Historical Cost	5,883,981	\$	2,494,483
	Accum. Depreciation	3,389,498		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	470,558	\$	
	Accum. Depreciation	470,558		Net
6. Movable Equipment	*Historical Cost	466,337	\$	52,913
	Accum. Depreciation	413,424		Net
7. Motor Vehicles	*Historical Cost	43,662	\$	
	Accum. Depreciation	43,662		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	579,823
Variance Between F/S and Cost Report Assets				
and A/D have been adjusted to Historical		579,823		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,170,498

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,816,915
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 Total Leasehold or Like Properties (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>)				
\$			5,436,102	
Name and Address		Amount	Loan Date	
		5,436,102		
7. Other Assets (<i>itemize</i>)				
\$			1,293,172	
State-Required Reserves Net Int		956,567		
Benevolent Care Fund and Property Replacemen		131,670		
CIP- Reserve and Asset Clearing		204,935		
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$			6,729,274	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$			10,546,189	

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

G. Balance Sheet (cont'd) - Other Assets

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	32a	37

Description	Amount
Other-ACC INT STATE REQUIRED RES	2,395
Other-BENEVOLENT CARE FUND	131,670
PROPERTY REPLACEMENT FUND	-
Other-STATE-REQUIRED RESERVES	954,172
CONSTRUCTION IN PROGRESS-RES	-
Other-ASSET CLEARING	204,935
	<u>1,293,172</u>

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Pilgrim Manor		966-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	245,371
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	47,346
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>)				\$	43,063
Resident Trust Funds		14,221			
Other Current Liabilities		28,842			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	335,780

* 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 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			335,780	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 335,780

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	9,685,107
6. Gain or Loss for Period			\$	525,302
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	10,210,409
C. Total Reserves and Net Worth			\$	10,210,409
D. Total Liabilities, Reserves, and Net Worth			\$	10,546,189

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Pilgrim Manor	966-C	9/30/2015	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	9,685,167	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,243,822	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,718,520	
D. Net Income or Deficit			\$	525,302	
E. Balance			\$	10,210,469	
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>) Prior Period Equity Differential (60)					
F-3. Total Additions			\$	(60)	
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$		
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	10,210,409	
				09/30/15	

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
FGMK, LLC				
Address Address			Phone Number	
2801 Lakeside Dr., 3rd Floor Bannockburn, IL 60015			847-377-0400	