

JB J E R E M Y B R U N E
& A S S O C I A T E S , L L C
A C C O U N T I N G • T A X • C O N S U L T I N G

Accountants' Compilation Report

We compiled the State of Connecticut, Department of Social Services, Annual Report of Long Term Care Facility for Covenant Village of Cromwell (DBA Pilgrim Manor) as of and for the period ended September 30, 2018, included in the accompanying prescribed form. We have not audited or reviewed the financial statements included in the accompanying prescribed form and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the basis of accounting prescribed by the State of Connecticut, Department of Social Services.

Management is responsible for the preparation and fair presentation of financial statements included in the form in accordance with the basis of accounting prescribed by the State of Connecticut, Department of Social Services and for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the State of Connecticut, Department of Social Services, and are not intended to be a complete presentation of Covenant Village of Cromwell's assets and liabilities.

This report is intended solely for the information and use of Covenant Retirement Communities, Inc., Covenant Village of Cromwell, and the State of Connecticut, Department of Social Services and is not intended to be, and should not be, used by anyone other than these specified parties.

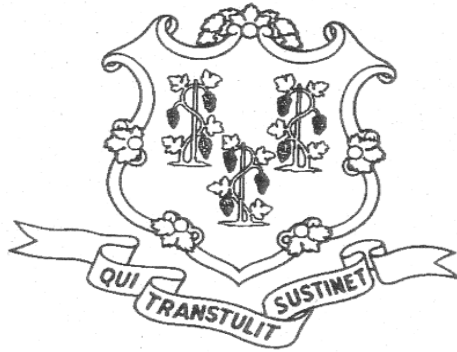
Respectfully submitted,

Jeremy Brune & Associates, LLC

Jeremy Brune & Associates, LLC

Plainfield, Illinois
February 13, 2019

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Pilgrim Manor	
Address (No. & Street, City, State, Zip Code) 52 Missionary Road Cromwell, CT 06416 - 2143	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 966 - C	RHNS	Other	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

General Information

Name of Facility (as licensed) Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Maria Christoforo			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pilgrim Manor		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 52 Missionary Road Cromwell, CT 06416 - 2143				
Report Prepared By Jeremy Brune & Associates, LLC		Phone Number (779) 875 - 3979	Date 2/13/2019	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility (860) 635 - 5511	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Pilgrim Manor		Address (No. & Street, City, State, Zip) 52 Missionary Road Cromwell, CT 06416 - 2143			
License Numbers:	CCNH 966 - C	RHNS	Other	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 checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes		<input checked="" type="radio"/> No	
If "Yes," explain fully.					
Administrator					
Name of Administrator Maria Christoforo			Nursing Home Administrator's License No.:	1953	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Covenant Home, Inc.	52 Missionary Road Cromwell, CT 06416 - 2143	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Separate Schedule Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	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 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Covenant Living Communities & Services	5700 Old Orchard Road Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Pg 16 / Ln M12	466,044	460,678
		<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 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

The related party expenses are allocated to Pilgrim Manor utilizing the Covenant Retirement Communities Home Office Cost Report. The reporting period for the Covenant Retirement Communities Home Office Cost Report has a FYE of 01/31/18. A copy of the Covenant Retirement Communities Home Office Cost Report allocation schedule is included as supporting documentation to substantiate the allowable balances reported.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Pilgrim Manor			License No. 966 - C		Report for Year Ended 9/30/2018		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
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 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

1 Financial Statement Audit	\$ 3,713
2 Medicaid Cost Report Audit	\$ 2,053
3 Medicare and Medicaid Cost Report	\$ 2,200
4	\$
	Charge for Services Provided
	\$ 7,966

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 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
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	49	49			49	49			45	45		
B. As of midnight of THIS report period	44	44			45	45			44	44		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,732	1,732			1,450	1,450			282	282		
B. Medicaid (Conn.)	9,815	9,815			7,517	7,517			2,298	2,298		
C. Medicaid (other states)												
D. Private Pay	6,503	6,503			4,874	4,874			1,629	1,629		
E. State SSI for RCH												
F. Other (Specify) Medicare Advantage / Insurance	848	848			600	600			248	248		
G. Total Care Days During Period (3A thru F)	18,898	18,898			14,441	14,441			4,457	4,457		
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	66	66			37	37			29	29		
5. Total Resident Days (3G + 4A + 4B)	18,964	18,964			14,478	14,478			4,486	4,486		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor			License No. 966 - C			Report for Year Ended 9/30/2018			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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other		
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	Other	R.C.H.	ICF-MR					
No. of Residents		25		18									
Per Diem Rate													
a. One bed rm.		220.69		596.18									
b. Two bed rms.		220.69		509.77									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									3,348	3,348			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,042	7,042			
D. Total Physical Therapy Treatments									10,390	10,390			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									350	350			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									667	667			
D. Total Speech Therapy Treatments									1,017	1,017			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,120	3,120			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,302	7,302			
D. Total Occupational Therapy Treatments									10,422	10,422			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966 - C	9/30/2018	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	Other	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)	43,784	894				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	250,870	10,642				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	32,121	1,506				
c. Dietary Workers	389,387	27,833				
6. Housekeeping Service						
a. Head Housekeeper	13,851	516				
b. Other Housekeeping Workers	98,143	7,368				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	25,712	686				
b. Other Maintenance Workers	64,332	2,656				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	15,070	1,323				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	23,691	630				
b. Other Accountants	26,258	1,097				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	83,818	1,618				
b. RN						
1. Direct Care	485,796	11,559				
2. Administrative**	129,565	3,354				
c. LPN						
1. Direct Care	427,419	14,565				
2. Administrative**	43,815	1,436				
d. Aides and Attendants	924,438	50,642				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	141,905	6,162				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	70,120	2,045				
n. Marketing	3,936	69				
o. Other (Specify)						
See Attached Schedule	83,559	3,016				
<i>A-13. Total Salary Expenditures</i>	3,377,590	149,617				

* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
Chaplain	\$ 47,022	1,289				
Driver	\$ 3,404	225				
Scheduling Coordinator	\$ 33,133	1,502				
Total	\$ 83,559	3,016	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Mock Surveys	\$ 11,657	58				
Total	\$ 11,657	58	\$ -	-	\$ -	-

**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	9/30/2018				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	Other							
Section I - Operators/Owners										
N/A										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
N/A										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Pilgrim Manor				966 - C	9/30/2018			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	Other							
Section III - Administrators***										
Maria Christoforo	40,726				HC Administrator	833	A2	CVOC 52 Missionary Road Cromwell, CN 06416	2,296	112,222
Greg Hamley	3,058				HC Administrator	61	A2	CVOC 52 Missionary Road Cromwell, CN 06416	168	8,425
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966 - C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,516	196				
3. Pharmacist	4,602	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	224,683	2,684				
b. Other						
6. Social Worker						
7. Recreation Worker	1,740	34				
8. Physicians						
a. Medical Director (entire facility)	49,430	144				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	50,807	572				
b. Other						
10. Occupational Therapist						
a. Resident Care	233,035	2,762				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	12,033	160				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	11,657	58				
B-13 Total Fees Paid in Lieu of Salaries	594,504	6,708				

* 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 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental NE Prestige Drive Meriden, CT 06450	Dentals Services	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare of Connecticut 525 Knotter Drive Cheshire, CT 06410	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Colbath Colors 42 Fenbrook Road West Hartford, CT 06119	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Jacqueline F Peterson 806 Millbrook Road Middletown, CT 06457	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians 1260 Silas Deane HWY Wethersfield, CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions 12558 Collections Center Drive Chicago, IL	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Polaris Group 3030 N. Rocky Road Tampa Bay, FL 33607	Mock Survey	<input type="radio"/>	<input checked="" type="radio"/>		
WIPFLI 10000 Innovation Drive, Suite 250 Milwaukee, WI 53226	Mock Survey	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 97,083	97,083		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 238,830	238,830		
5. Health Insurance	\$ 306,203	306,203		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,242	5,242		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 103,323	103,323		
8. Uniform Allowance	\$ 442	442		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 5,748	5,748		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 200,129	200,129		
d. Accounting and Auditing	\$ 7,966	7,966		
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	\$ 13,571	13,571		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 12,405	12,405		
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	\$ 990,943	990,943		

* 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
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Employee Benefits - Other	\$ 5,466		
Employee Recognition	\$ 282		
Total	\$ 5,748	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
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	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:		990,943	990,943		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 13,102	13,102			
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,445	3,445			
5. Education Expenses Related to Seminars and Conventions	\$ 6,118	6,118			
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	\$ 8,869	8,869			
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	\$ 2,186	2,186			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,663	7,663			
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**	\$ 466,044	466,044			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 72,193	72,193			
C-14 Total Administrative & General Expenditures	\$ 1,570,564	1,570,564			

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Public Relations	\$ 1,549		
Promotions	\$ 1,474		
Advertising	\$ 5,846		
Total Other Advertising	\$ 8,869	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Dues and Subscriptions	\$ 7,663		
Total Dues	\$ 7,663	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Equipment Repairs	\$ 600		
Licenses and Permits	\$ 2,360		
Purchased Services	\$ 2,749		
Beauty Shop	\$ 34,804		
Other Departmental Expenses	\$ 1,751		
Chaplain Stipends	\$ 5,525		
Chaplain Allowances	\$ 3,573		
Media Access	\$ 20,660		
Consultants	\$ 172		
Total Other Administrative and General	\$ 72,193	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Covenant Living Communities & Services 5700 Old Orchard Road Skokie, IL 60077	466,044	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 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 151,803	151,803		
2.	Non-Food Supplies	\$ 13,452	13,452		
3.	Other (<i>Specify</i>) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 89,022	89,022		
c. Other (<i>Specify</i>) _____ See Coded TB For Detail By Account Type		\$ 7,459	7,459		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 261,735	261,735		
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
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. \$1,681					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,681					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Pg. 30 Ln. 41					
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.

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	9/30/2018	19	37
Item	Total	CCNH	RHNS	Other
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. \$	13,949	13,949	
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. \$	8,113	8,113	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$			
c. Other (<i>Specify</i>) See Coded TB For Detail By Account Type	\$	9,476	9,476	
3D. Total Laundry Expenditures (3a + b + c)	\$	31,538	31,538	
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.
 *** 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	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	36,407	36,407		
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. \$	461	461		
c. Other (<i>Specify</i>) See Coded TB For Detail By Account Type		\$ 2,198	2,198		
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 39,066	39,066		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare, Inc.	\$	60,155	60,155		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	71,662	71,662		
d. Ambulance/Limousine***	\$	347	347		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	13,425	13,425		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	23,457	23,457		
i. Recreation	\$	3,280	3,280		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	13,831	13,831		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 186,158	186,158		

* 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	Other
Small Equipment Purchases	\$ 1,992		
Equipment Rental / Repairs	\$ 6,923		
Other Department Expenses	\$ 4,351		
Internal Cost Allocation	\$ 323		
Supplies	\$ 243		
Total Other Resident Care	\$ 13,831	\$ -	\$ -

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 9/30/2018			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	Other	Pg	Line
Linda Cavallo	892 Randolph Road Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Barber and Beauty Shop Services	34,804			16	m13
Comcast	P.O. Box 6505 Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Cable Services	20,660			16	m13
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Supervisory Services	89,022			18	2b
Securitas Security Services USA, Inc.	255 Pitkin Street East Hartford, CT 06108	<input type="radio"/>	<input checked="" type="radio"/>		Security Guard Services	15,735			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966 - C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 107,257	107,257				
b. Heat	\$ 10,031	10,031				
c. Light & Power	\$ 116,467	116,467				
d. Water	\$ 15,627	15,627				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 17,664	17,664				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 267,046	267,046				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,470	1,470				
b. Building & Building Improvements	\$ 295,846	295,846				
c. Non-Movable Equipment	\$ 14,584	14,584				
d. Movable Equipment	\$ 32,575	32,575				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 344,474	344,474				
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	\$ 83,499	83,499				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 427,973	427,973				

* 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	Other
Snow Removal	\$ 3,134		
Disposal Services	\$ 13,274		
Equipment Rental	\$ 1,256		
Total Other Repairs and Maintenance	\$ 17,664	\$ -	\$ -

Depreciation Schedule

Name of Facility Pilgrim Manor		License No. 966 - C			Report for Year Ended 9/30/2018			Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements										
1. Acquired prior to this report period		15,236		15,236	7,963	SL	10	1,470		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal									1,470	
B. Building and Building Improvements										
1. Acquired prior to this report period		6,883,031		6,883,031	3,429,060	SL	10 - 40	295,846		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal									295,846	
C. Non-Movable Equipment										
1. Acquired prior to this report period		200,271		200,271	158,950	SL	8	14,584		
2. Disposals (attach schedule)		(83,600)		(83,600)	(83,600)					
3. Acquired during this report period (attach schedule)										
C-4. Subtotal									14,584	
	Is a mileage logbook maintained?	Date of Acquisition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a.										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period				477,066	477,066	409,036	SL	3 - 10	18,443	
b. Disposals (attach schedule)				(211,661)	(211,661)	(211,661)				
c. Acquired during this report period (attach schedule)				36,339	36,339		SL	3	14,132	
D-3. Subtotal										32,575
E. Total Depreciation										344,474

Pilgrim Manor
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*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:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
08/07/07	Aug CapitalFurnish CP#49-08302	\$ (11,703)		
08/27/07	Aug Cap furnish CP#49-08301	\$ (2,200)		
08/27/07	Aug Cap furnish CP#49-08102	\$ (43,084)		
06/01/07	DOOR GASKETS AND INSTALLATION	\$ (1,100)		
04/13/07	capitalfurnishings CP#49-08101	\$ (5,450)		
02/01/07	capital building	\$ (5,820)		
02/01/07	capital building	\$ (678)		
04/12/07	capitalfurnishings CP#49-08101	\$ (4,000)		
10/23/07	Oct Cap. Furnish CP#49-08303	\$ (3,320)		
06/19/08	Patio Awning - A Frame	\$ (6,245)		

Total deletions for Non-Movable Equipmen		\$ (83,600)		\$ -

Attachment Pages 23 24

**

*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:				
01/31/18	Vision Touch Screen Monitors	\$ 36,339	3	\$ 14,132
Total additions for Movable Equipmen		\$ 36,339		\$ 14,132 *
Deletions:				
03/28/07	DS Capital Project #49-08108	\$ (2,439)		
10/22/07	Oct Cap Equip CP#49-08103	\$ (44,726)		
05/31/07	Capital Equip -SNF CP#49-08106	\$ (42,390)		
05/31/07	Capital equipment	\$ (11,971)		
04/13/07	capital equip CP#49-06107	\$ (1,867)		
04/24/07	equipment CP#49-06107	\$ (517)		
05/15/07	Capital - equipment	\$ (759)		
06/12/07	TESTING WITH STATE MONITOR	\$ (275)		
03/02/07	Capital equip CP#49-06107	\$ (1,448)		
03/30/07	Capital equipment	\$ (1,674)		
04/27/07	capital equip CP# 49-06107	\$ (1,668)		
05/18/07	Capital - equip	\$ (1,164)		
05/18/07	Capital - equip	\$ (1,223)		
05/10/07	equipment	\$ (1,034)		
05/30/07	Oct Capital Equip CP#49-08108	\$ (5,034)		
08/28/07	Sept Capital Equipment	\$ (32,839)		
08/28/07	Aug - Cap Equipment	\$ (1,400)		
11/08/07	Nov Cap Equip CP#49-08103	\$ (4,392)		
10/29/07	Account # 13483	\$ (1,969)		
05/21/07	Account # 13483	\$ (25,713)		
12/26/07		\$ (4,821)		
01/22/08	Billing ID 5000132639	\$ (2,106)		
01/16/08	Project 07-SP0300	\$ (3,157)		
01/23/08		\$ (4,000)		
01/25/08	129-933737101	\$ (5,600)		
02/14/11	Copy Machine	\$ (7,475)		
Total deletions for Movable Equipmen		\$ (211,661)		\$ - **

*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 Improvermen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*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 9/30/2018			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 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		04/01/65		
2. Date Structure Completed		11/19/84		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		60		
6. Square Footage		21,240		
7. Acquisition Cost				
a. Land		32,000		
b. Building		2,906,978		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2018			Page 26	of 37
Item		Total	CCNH	RHNS	Other		
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 9/30/2018		Page 27	of 37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (<i>Specify</i>)				\$			
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 (<i>Specify</i>)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 10,207	10,207		
b. Insurance on Automobiles				\$ 3,551	3,551		
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$ 14,582	14,582		
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>) See Coded TB For Detail By Account Type				\$ 45,836	45,836		
14d. Total Insurance Expenditures (14a + b + c)				\$ 74,175	74,175		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,830,347	6,830,347		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pilgrim Manor			966 - C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 3,936	3,936		
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	c	Bad Debts	\$ 200,129	200,129		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 1,500	1,500		
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	m3	Unallowable Advertising *	\$ 8,869	8,869		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 5,366	5,366		
22.	16	m13	Barber and Beauty	\$ 34,804	34,804		
23.			Other - See attached Schedule	\$ 10,061	10,061		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,681	1,681		
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)				\$ 266,345	266,345		

* 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	Other
10	12n	Marketing	\$ 3,936		
Total Other Salaries Adjustment			\$ 3,936	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Media Access (To Extent of Expense after Revenue Adjustment)	\$ 10,061		
Total Other A&G Adjustments			\$ 10,061	\$ -	\$ -

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

Name of Facility Pilgrim Manor				License No. 966 - C	Report for Year Ended 9/30/2018	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 266,345	266,345		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 60,155	60,155		
28.	20	5d	Ambulance/Limousine	\$ 347	347		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 23,212	23,212		
31.			Medical Supplies	\$			
32.	20	5e	Oxygen (non emergency)	\$ 13,425	13,425		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.	22	6a	Rental of Building Space or Rooms	\$ 255	255		
39.			Other - See Attached Schedule	\$ 15,017	15,017		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 14,159	14,159		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 392,917	392,917		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	10a	Property Tax Revenue	\$ 15,017		
Total Other Property Adjustments			\$ 15,017	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Other Revenue	\$ 11		
16	m13	Cable Revenue	\$ 10,599		
22	6a	Transportation Revenue	\$ 3,449		
22	6a	Maintenance Revenue	\$ 100		
Total Other Adjustments			\$ 14,159	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966 - C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,954,773	4,954,773				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,878,917)	(2,878,917)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 845,082	845,082				
b. Medicare Room and Board Contractual Allowance **	\$ 137,723	137,723				
4. a. Private-Pay Residents and Other	\$ 3,766,137	3,766,137				
b. Private-Pay Room and Board Contractual Allowance **	\$ 76,130	76,130				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 46,744	46,744				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (46,744)	(46,744)				
c. Prescription Drugs - Non-Medicare	\$ 25,855	25,855				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (26,205)	(26,205)				
2. a. Medical Supplies - Medicare	\$ 20,460	20,460				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (20,460)	(20,460)				
c. Medical Supplies - Non-Medicare	\$ 108,667	108,667				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (70,387)	(70,387)				
3. a. Physical Therapy - Medicare	\$ 294,332	294,332				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (193,008)	(193,008)				
c. Physical Therapy - Non-Medicare	\$ 103,533	103,533				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (83,700)	(83,700)				
4. a. Speech Therapy - Medicare	\$ 66,548	66,548				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (40,609)	(40,609)				
c. Speech Therapy - Non-Medicare	\$ 29,840	29,840				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (23,932)	(23,932)				
5. a. Occupational Therapy - Medicare	\$ 315,362	315,362				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (214,158)	(214,158)				
c. Occupational Therapy - Non-Medicare	\$ 107,093	107,093				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (90,118)	(90,118)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 6,803	6,803				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,216,845	7,216,845				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,681	1,681				
2. Rental of rooms to non-residents	\$ 255	255				
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 10,599	10,599				
5. Interest Income (<i>Specify</i>)	\$ 249,992	249,992				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 22,311	22,311				
8. Other (<i>Specify</i>)	\$ 18,578	18,578				
V. Total Other Revenue (1 thru 8)	\$ 303,415	303,415				
VI. Total All Revenue (III + V)	\$ 7,520,261	7,520,261				

* 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	Other
Pg 30 II6a	Laboratory / Radiology	\$ 13,532		
Pg 30 II6a	Contractual Allowance - Laboratory / Radiology	\$ (13,532)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
Pg 30 II6c	Laboratory / Radiology	\$ 3,905		
Pg 30 II6c	Other	\$ 6,543		
Pg 30 II6d	Contractual Allowance - Laboratory / Radiology	\$ (3,644)		
Total Other Resident Revenue		\$ 6,803	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
Pg 30 IV5	Interest Income - Benevolent Fund		\$ 2,127		
Pg 30 IV5	Interest Income - State Required Reserve Fund		\$ 10,819		
Pg 30 IV5	Interest Income - CRC Intercompany Advances		\$ 243,175		
Pg 30 IV5	Interest Income - Other		\$ (44)		
Pg 30 IV5	Unrealized Gains / (Losses) on Investments		\$ (7,788)		
Pg 30 IV5	Realized Gains / (Losses) on Investments		\$ 1,703		
Total Interest Income			\$ 249,992	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
Pg 30 IV8	Transportation Revenue	\$ 3,449		
Pg 30 IV8	Maintenance Revenue	\$ 100		
Pg 30 IV8	Property Tax Revenue	\$ 15,017		
Pg 30 IV8	Other Revenue	\$ 11		
Total Other Revenue		\$ 18,578	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,947
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	590,541
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	19,500
a. Prepaid Taxes	9,718			
b. Prepaid Expenses	9,783			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	2,931
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	622,920
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	15,236	\$	5,803
	Accum. Depreciation	9,433		
	Net			
3. Buildings	*Historical Cost	6,883,031	\$	3,158,125
	Accum. Depreciation	3,724,906		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	116,671	\$	26,737
	Accum. Depreciation	89,934		
	Net			
6. Movable Equipment	*Historical Cost	301,744	\$	71,794
	Accum. Depreciation	229,950		
	Net			
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(534,586)
Asset Dispositions / Adjustments	(534,586)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,759,872

* 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	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$ 3,382,792	
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>)			\$ 8,841,847	
Name and Address		Amount	Loan Date	
Intercompany		8,841,847	Variable	
7. Other Assets (<i>itemize</i>)			\$ 1,088,315	
Benevolent Care Fund		129,075		
State Required Reserves		959,240		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 9,930,163	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 13,312,955	

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

G. Balance Sheet (cont'd)

Name of Facility Pilgrim Manor		License No. 966 - C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	0
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>)				\$	0
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>)				\$	

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	0

* 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 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				0
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 0

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966 - C	9/30/2018	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			\$	12,623,042
6. Gain or Loss for Period			\$	689,913
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	13,312,955
C. Total Reserves and Net Worth			\$	13,312,955
D. Total Liabilities, Reserves, and Net Worth			\$	13,312,955

H. Changes in Total Net Worth

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	12,723,533
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,520,261
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,830,347
D. Net Income or Deficit			\$	689,913
E. Balance			\$	13,413,446
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> PY Accounting Period Adjustments (100,491)				
F-3. Total Additions			\$	(100,491)
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. <i>Balance at End of Period</i>		09/30/18	\$	13,312,955

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor	License No. 966 - C	Report for Year Ended 9/30/2018	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 checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Jeremy Brune & Associates, LLC				
Address Address			Phone Number	
2508 Riverwalk Drive Plainfield, IL 60586			(779) 875 - 3979	
Annual Report Contact			Phone Number	
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Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17 01/31/18	02/01/18 09/30/18	09/30/18						#	Ref	Amount	
41	4001	0	IS	Activities	Direct Labor		47,841.81	94,933.99	142,775.80	10	a2	1						
41	4261	0	IS	Activities	Pto Obligations Expense		815.11	(1,686.30)	(871.19)	10	a2	1						
80	4001	0	IS	Administrative and General	Direct Labor		16,822.01	45,436.87	62,258.88	10	a2	1						
80	4003	0	IS	Administrative and General	Administration Labor		65,903.32	129,390.91	195,294.23	10	a2	1						
80	4251	0	IS	Administrative and General	Other		-	7,158.78	7,158.78	10	a2	1						
80	4261	0	IS	Administrative and General	Pto Obligations Expense		159.50	6,622.21	6,781.71	10	a2	1						
42	4002	0	IS	Chaplains	Indirect Labor		20,194.03	11,394.37	31,588.40	10	a2	1						
42	4003	0	IS	Chaplains	Administration Labor		9,015.81	6,024.86	15,040.67	10	a2	1						
42	4261	0	IS	Chaplains	Pto Obligations Expense		1,472.88	(1,079.85)	393.03	10	a2	1						
50	4002	0	IS	Dining Services	Indirect Labor		145,591.02	268,938.45	414,529.47	10	a2	1						
50	4261	0	IS	Dining Services	Pto Obligations Expense		2,591.63	4,387.01	6,978.64	10	a2	1						
61	4002	0	IS	Housekeeping	Indirect Labor		27,119.65	83,960.09	111,079.74	10	a2	1						
61	4261	0	IS	Housekeeping	Pto Obligations Expense		713.59	200.38	913.97	10	a2	1						
60	4002	0	IS	Laundry	Indirect Labor		5,877.81	9,302.78	15,180.59	10	a2	1						
60	4261	0	IS	Laundry	Pto Obligations Expense		(94.61)	(16.37)	(110.98)	10	a2	1						
70	4001	0	IS	Maintenance	Direct Labor		321.97		321.97	10	a2	1						
70	4002	0	IS	Maintenance	Indirect Labor		20,434.56	39,334.85	59,769.41	10	a2	1						
70	4003	0	IS	Maintenance	Administration Labor		1,873.63	3,882.18	5,755.81	10	a2	1						
70	4261	0	IS	Maintenance	Pto Obligations Expense		441.24	5,637.65	6,078.89	10	a2	1						
90	4003	0	IS	Marketing	Administration Labor			4,830.61	4,830.61	10	a2	1						
40	4001	0	IS	Nursing	Direct Labor		689,309.05	1,313,569.93	2,002,878.98	10	a2	1						
40	4003	0	IS	Nursing	Administration Labor		36,638.94	50,462.84	87,101.78	10	a2	1						
40	4261	0	IS	Nursing	Pto Obligations Expense		4,643.82	3,355.26	7,999.08	10	a2	1						
49	4002	0	IS	Other Resident Benefits	Indirect Labor		18,644.15	37,912.57	56,556.72	10	a2	1						
43	4001	0	IS	Social Services	Direct Labor		48,365.28	91,057.72	139,423.00	10	a2	1						
43	4261	0	IS	Social Services	Pto Obligations Expense		(4,234.77)	(1,287.54)	(5,522.31)	10	a2	1						
44	4002	0	IS	Transportation	Indirect Labor		547.32	2,856.57	3,403.89	10	a2	1		3,377,589.57	4	A	(3,333,805.84)	43,783.73
			IS	Administrative And General	Other Administrative Salaries				-	10	a4	1		-	4	A	250,869.59	250,869.59
			IS	Dietary	Dietary Supervisor				-	10	a5b	1		-	4	A	32,121.09	32,121.09
			IS	Dietary	Dietary Workers				-	10	a5c	1		-	4	A	389,387.03	389,387.03
			IS	Housekeeping	Head Housekeeper				-	10	a6a	1		-	4	A	13,851.09	13,851.09
			IS	Housekeeping	Housekeeping Worker				-	10	a6b	1		-	4	A	98,142.62	98,142.62
			IS	Maintenance	Maintenance Supervisor				-	10	a7a	1		-	4	A	25,711.85	25,711.85
			IS	Maintenance	Maintenance Worker				-	10	a7b	1		-	4	A	64,332.08	64,332.08
			IS	Laundry	Laundry Aide				-	10	a8b	1		-	4	A	15,069.61	15,069.61
			IS	Administrative And General	Accounting Services - Head				-	10	a11a	1		-	4	A	23,690.90	23,690.90
			IS	Administrative And General	Accounting Services - Other				-	10	a11b	1		-	4	A	26,257.92	26,257.92
			IS	Nursing	Director of Nursing				-	10	a12a	1		-	4	A	83,817.95	83,817.95
			IS	Nursing	Registered Nurses - Direct Care				-	10	a12b1	1		-	4	A	485,796.41	485,796.41
			IS	Nursing	Registered Nurses - Administration				-	10	a12b2	1		-	4	A	129,565.40	129,565.40
			IS	Nursing	Licensed Practical Nurses - Direct Care				-	10	a12c1	1		-	4	A	427,418.98	427,418.98
			IS	Nursing	Licensed Practical Nurses - Administration				-	10	a12c2	1		-	4	A	43,814.89	43,814.89
			IS	Nursing	Certified Nursing Assistants				-	10	a12d	1		-	4	A	924,438.49	924,438.49
			IS	Activities	Recreation Workers				-	10	a12h	1		-	4	A	141,904.61	141,904.61
			IS	Social Services	Social Worker				-	10	a12m	1		-	4	A	70,120.10	70,120.10
			IS	Marketing	Marketing				-	10	a12n	1	ADJ	-	4	A	3,936.30	3,936.30
			IS	Other	See Attached Schedule				-	10	a12o	1		-	4	A	83,558.93	83,558.93
50	4711	0	IS	Dining Services	Consultant Services		104.50		104.50	13	b1	1		104.50	9	A	(104.50)	-
			IS		Dentist		-	-	-	13	b2	1		-	10	A	6,516.00	6,516.00
			IS		Pharmacist		-	-	-	13	b3	1		-	5	A	4,602.04	4,602.04

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17 01/31/18	02/01/18 09/30/18	09/30/18						#	Ref	Amount	
34	5101	0	IS	Therapy	Physical Therapy (Pt) Expense		77,569.78	147,113.69	224,683.47	13	b5a	1		224,683.47				224,683.47
41	4711	0	IS	Activities	Consultant Services		180.00	1,560.00	1,740.00	13	b7	1		1,740.00				1,740.00
40	5011	0	IS	Nursing	Medical Director		23,460.00	25,670.00	49,130.00	13	b8a	1		49,130.00	5	C	300.00	49,430.00
34	5103	0	IS	Therapy	Speech Therapy (St) Expense		23,875.82	26,930.93	50,806.75	13	b9a	1		50,806.75				50,806.75
34	5105	0	IS	Therapy	Occupational Therapy (Ot) Expe		80,831.51	152,203.73	233,035.24	13	b10a	1		233,035.24				233,035.24
40	4281	0	IS	Nursing	Contracted Services		991.25	11,041.88	12,033.13	13	b11a1	1		12,033.13				12,033.13
										13	b11a2	1		-				-
40	4711	0	IS	Nursing	Consultant Services		1,609.13	3,537.58	5,146.71	13	b11b1	1			5	A - C	(5,146.71)	
40	4751	0	IS	Nursing	Purchased Services		751.14	504.96	1,256.10	13	b11b1	1		6,402.81	6	A	(1,256.10)	-
					Other		-	-	-	13	b12	1		-	8	B	11,657.00	11,657.00
44	4331	0	IS	Transportation	Workers Compensation Insurance		19.82	48.16	67.98	15	1a1	1						
60	4331	0	IS	Laundry	Workers Compensation Insurance		131.77	236.00	367.77	15	1a1	1						
42	4331	0	IS	Chaplains	Workers Compensation Insurance		250.41	455.04	705.45	15	1a1	1						
49	4331	0	IS	Other Resident Benefits	Workers Compensation Insurance		541.16	1,019.44	1,560.60	15	1a1	1						
70	4331	0	IS	Maintenance	Workers Compensation Insurance		579.34	1,093.60	1,672.94	15	1a1	1						
43	4331	0	IS	Social Services	Workers Compensation Insurance		736.24	1,522.88	2,259.12	15	1a1	1						
61	4331	0	IS	Housekeeping	Workers Compensation Insurance		890.06	1,739.68	2,629.74	15	1a1	1						
41	4331	0	IS	Activities	Workers Compensation Insurance		1,241.74	2,264.24	3,505.98	15	1a1	1						
80	4331	0	IS	Administrative and General	Workers Compensation Insurance		3,667.84	6,895.76	10,563.60	15	1a1	1						
50	4331	0	IS	Dining Services	Workers Compensation Insurance		3,658.15	6,968.16	10,626.31	15	1a1	1						
40	4331	0	IS	Nursing	Workers Compensation Insurance		22,271.11	40,852.88	63,123.99	15	1a1	1		97,083.48				97,083.48
44	4311	0	IS	Transportation	Fica Taxes-Employer		41.84	206.50	248.34	15	1a4	1						
90	4311	0	IS	Marketing	Fica Taxes-Employer			354.26	354.26	15	1a4	1						
60	4311	0	IS	Laundry	Fica Taxes-Employer		442.68	696.13	1,138.81	15	1a4	1						
49	4311	0	IS	Other Resident Benefits	Fica Taxes-Employer		1,340.93	2,708.39	4,049.32	15	1a4	1						
70	4311	0	IS	Maintenance	Fica Taxes-Employer		1,591.29	3,074.45	4,665.74	15	1a4	1						
61	4311	0	IS	Housekeeping	Fica Taxes-Employer		1,900.80	5,800.01	7,700.81	15	1a4	1						
43	4311	0	IS	Social Services	Fica Taxes-Employer		3,342.52	6,265.25	9,607.77	15	1a4	1						
41	4311	0	IS	Activities	Fica Taxes-Employer		3,429.84	6,805.34	10,235.18	15	1a4	1						
80	4311	0	IS	Administrative and General	Fica Taxes-Employer		5,270.88	12,767.22	18,038.10	15	1a4	1						
50	4311	0	IS	Dining Services	Fica Taxes-Employer		10,600.80	19,513.77	30,114.57	15	1a4	1						
40	4311	0	IS	Nursing	Fica Taxes-Employer		52,896.85	99,780.24	152,677.09	15	1a4	1		238,829.99				238,829.99
44	4361	0	IS	Transportation	Group Medical Insurance		-	297.12	297.12	15	1a5	1						
90	4361	0	IS	Marketing	Group Medical Insurance			396.87	396.87	15	1a5	1						
60	4361	0	IS	Laundry	Group Medical Insurance		25.32	580.29	605.61	15	1a5	1						
42	4361	0	IS	Chaplains	Group Medical Insurance		4,498.11	2,079.57	6,577.68	15	1a5	1						
49	4361	0	IS	Other Resident Benefits	Group Medical Insurance		1,545.23	5,053.43	6,598.66	15	1a5	1						
70	4361	0	IS	Maintenance	Group Medical Insurance		1,847.85	5,201.26	7,049.11	15	1a5	1						
41	4361	0	IS	Activities	Group Medical Insurance		4,372.24	11,355.91	15,728.15	15	1a5	1						
80	4361	0	IS	Administrative and General	Group Medical Insurance		2,868.31	13,599.98	16,468.29	15	1a5	1						
61	4361	0	IS	Housekeeping	Group Medical Insurance		2,889.49	16,095.10	18,984.59	15	1a5	1						
43	4361	0	IS	Social Services	Group Medical Insurance		7,531.41	16,544.31	24,075.72	15	1a5	1						
50	4361	0	IS	Dining Services	Group Medical Insurance		10,226.28	28,608.96	38,835.24	15	1a5	1						
40	4361	0	IS	Nursing	Group Medical Insurance		50,012.98	120,572.91	170,585.89	15	1a5	1		306,202.93				306,202.93
44	4371	0	IS	Transportation	Group Life Disability Insuranc		-	5.05	5.05	15	1a6	1						
90	4371	0	IS	Marketing	Group Life Disability Insuranc			8.21	8.21	15	1a6	1						
60	4371	0	IS	Laundry	Group Life Disability Insuranc		16.85	17.75	34.60	15	1a6	1						
49	4371	0	IS	Other Resident Benefits	Group Life Disability Insuranc		40.94	80.90	121.84	15	1a6	1						
70	4371	0	IS	Maintenance	Group Life Disability Insuranc		46.52	91.62	138.14	15	1a6	1						
43	4371	0	IS	Social Services	Group Life Disability Insuranc		91.09	174.58	265.67	15	1a6	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17	02/01/18	09/30/18						09/30/18	#	Ref	
61	4371	0	IS	Housekeeping	Group Life Disability Insuranc		74.05	217.91	291.96	15	1a6	1						
41	4371	0	IS	Activities	Group Life Disability Insuranc		105.73	208.33	314.06	15	1a6	1						
80	4371	0	IS	Administrative and General	Group Life Disability Insuranc		141.83	321.23	463.06	15	1a6	1						
50	4371	0	IS	Dining Services	Group Life Disability Insuranc		259.17	490.88	750.05	15	1a6	1						
40	4371	0	IS	Nursing	Group Life Disability Insuranc		1,073.36	1,776.20	2,849.56	15	1a6	1		5,242.20			5,242.20	
44	4381	0	IS	Transportation	Pension Plan Expense		44.48	85.36	129.84	15	1a7	1						
60	4381	0	IS	Laundry	Pension Plan Expense		102.84	194.96	297.80	15	1a7	1						
42	4381	0	IS	Chaplains	Pension Plan Expense		146.64	298.56	445.20	15	1a7	1						
49	4381	0	IS	Other Resident Benefits	Pension Plan Expense		322.24	653.91	976.15	15	1a7	1						
70	4381	0	IS	Maintenance	Pension Plan Expense		335.56	720.03	1,055.59	15	1a7	1						
61	4381	0	IS	Housekeeping	Pension Plan Expense		618.08	1,256.04	1,874.12	15	1a7	1						
43	4381	0	IS	Social Services	Pension Plan Expense		655.08	1,507.88	2,162.96	15	1a7	1						
41	4381	0	IS	Activities	Pension Plan Expense		827.76	1,642.96	2,470.72	15	1a7	1						
80	4381	0	IS	Administrative and General	Pension Plan Expense		1,800.56	3,739.88	5,540.44	15	1a7	1						
50	4381	0	IS	Dining Services	Pension Plan Expense		2,462.72	4,778.72	7,241.44	15	1a7	1						
40	4381	0	IS	Nursing	Pension Plan Expense		12,104.52	24,078.64	36,183.16	15	1a7	1						
60	4386	0	IS	Laundry	403(B) Matching Contribution		0.28		0.28	15	1a7	1						
90	4386	0	IS	Marketing	403(B) Matching Contribution			96.61	96.61	15	1a7	1						
42	4386	0	IS	Chaplains	403(B) Matching Contribution			104.61	104.61	15	1a7	1						
49	4386	0	IS	Other Resident Benefits	403(B) Matching Contribution		559.38	764.93	1,324.31	15	1a7	1						
70	4386	0	IS	Maintenance	403(B) Matching Contribution		485.09	897.49	1,382.58	15	1a7	1						
61	4386	0	IS	Housekeeping	403(B) Matching Contribution		366.62	1,338.98	1,705.60	15	1a7	1						
43	4386	0	IS	Social Services	403(B) Matching Contribution		772.08	1,398.62	2,170.70	15	1a7	1						
41	4386	0	IS	Activities	403(B) Matching Contribution		691.30	2,038.60	2,729.90	15	1a7	1						
50	4386	0	IS	Dining Services	403(B) Matching Contribution		1,187.60	2,299.95	3,487.55	15	1a7	1						
80	4386	0	IS	Administrative and General	403(B) Matching Contribution		1,641.46	3,992.10	5,633.56	15	1a7	1						
40	4386	0	IS	Nursing	403(B) Matching Contribution		7,438.48	18,871.87	26,310.35	15	1a7	1		103,323.47			103,323.47	
50	4621	0	IS	Dining Services	Uniforms		-	4.51	4.51	15	1a8	1						
60	4621	0	IS	Laundry	Uniforms			127.11	127.11	15	1a8	1						
61	4621	0	IS	Housekeeping	Uniforms			310.79	310.79	15	1a8	1		442.41			442.41	
80	4391	0	IS	Administrative and General	Employee Benefits-Other		1,025.25	4,440.80	5,466.05	15	1a9	1						
80	4691	0	IS	Administrative and General	Employee Recognition			18.07	18.07	15	1a9	1						
41	4691	0	IS	Activities	Employee Recognition			20.00	20.00	15	1a9	1						
40	4691	0	IS	Nursing	Employee Recognition		198.29	46.03	244.32	15	1a9	1		5,748.44			5,748.44	
80	6166	0	IS	Administrative and General	Bad Debt		35,747.38	164,382.08	200,129.46	15	1c	1	ADJ	200,129.46			200,129.46	
80	6111	0	IS	Administrative and General	Audit Services		1,212.00	2,501.00	3,713.00	15	1d	1		3,713.00	8	A	4,252.50	7,965.50
50	4611	0	IS	Dining Services	Supplies - Office			57.67	57.67	15	1g	1						
41	4611	0	IS	Activities	Supplies - Office		-	109.34	109.34	15	1g	1						
70	4611	0	IS	Maintenance	Supplies - Office			121.64	121.64	15	1g	1						
42	4611	0	IS	Chaplains	Supplies - Office		147.74		147.74	15	1g	1						
90	4611	0	IS	Marketing	Supplies - Office		199.19	111.32	310.51	15	1g	1						
40	4611	0	IS	Nursing	Supplies - Office		1,578.68	2,480.31	4,058.99	15	1g	1						
80	4611	0	IS	Administrative and General	Supplies - Office		1,639.00	4,143.57	5,782.57	15	1g	1						
80	4612	0	IS	Administrative and General	Supplies - Other			1,650.56	1,650.56	15	1g	1						
80	4616	0	IS	Administrative and General	Supplies - Is		35.75		35.75	15	1g	1						
80	4726	0	IS	Administrative and General	Small Equipment Purchases			1,181.96	1,181.96	15	1g	1						
50	5625	0	IS	Dining Services	Office Supplies		114.20		114.20	15	1g	1		13,570.93			13,570.93	
50	5646	0	IS	Dining Services	Telephone		48.40	91.08	139.48	15	1h	1						
80	6151	0	IS	Administrative and General	Telephone		4,466.24	7,798.96	12,265.20	15	1h	1		12,404.68			12,404.68	
41	5321	0	IS	Activities	Program Expenses-On Campus		5,358.42	7,747.14	13,105.56	16	1i1	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

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						10/01/17	10/01/17 01/31/18	02/01/18 09/30/18	09/30/18						#	Ref	Amount	
41	5331	0	IS	Activities	Program Expenses-Off Campus		(63.98)	60.00	(3.98)	16	111	1		13,101.58				13,101.58
43	4701	0	IS	Social Services	Travel And Auto		-	52.21	52.21	16	114	1						
90	4701	0	IS	Marketing	Travel And Auto		137.87	318.88	456.75	16	114	1						
42	4701	0	IS	Chaplains	Travel And Auto		2,359.46	576.82	2,936.28	16	114	1		3,445.24				3,445.24
41	4641	0	IS	Activities	Conferences And Seminars		200.00		200.00	16	115	1						
40	4641	0	IS	Nursing	Conferences And Seminars		-	215.00	215.00	16	115	1						
42	4641	0	IS	Chaplains	Conferences And Seminars		210.00	77.49	287.49	16	115	1						
80	4641	0	IS	Administrative and General	Conferences And Seminars		920.00	433.85	1,353.85	16	115	1				8	C	2,176.74
42	4651	0	IS	Chaplains	Training		15.00		15.00	16	115	1						
50	4651	0	IS	Dining Services	Training		72.60	17.24	89.84	16	115	1						
40	4651	0	IS	Nursing	Training		280.00		280.00	16	115	1						
40	4661	0	IS	Nursing	Tuition Reimbursement			1,500.00	1,500.00	16	115	1	ADJ	3,941.18				6,117.92
90	4771	0	IS	Marketing	Other Department Expenses		2,475.86	3,370.25	5,846.11	16	1m3	1						
90	6931	0	IS	Marketing	Promotion		666.15	882.81	1,548.96	16	1m3	1						
90	6936	0	IS	Marketing	Public Relations		344.65	1,129.20	1,473.85	16	1m3	1		8,868.92				8,868.92
80	6146	0	IS	Administrative and General	Postage		638.80	1,547.50	2,186.30	16	1m7	1		2,186.30				2,186.30
80	4721	0	IS	Administrative and General	Dues And Subscriptions		(124.98)		(124.98)	16	1m8	1				8	D	3,238.06
42	4721	0	IS	Chaplains	Dues And Subscriptions			175.00	175.00	16	1m8	1						
50	4721	0	IS	Dining Services	Dues And Subscriptions			226.35	226.35	16	1m8	1						
41	4721	0	IS	Activities	Dues And Subscriptions		71.70	191.62	263.32	16	1m8	1						
90	4721	0	IS	Marketing	Dues And Subscriptions			3,885.00	3,885.00	16	1m8	1		4,424.69				7,662.75
44	6116	0	IS	Transportation	Payroll Services		4.52	25.36	29.88	16	1m12	1						
42	6116	0	IS	Chaplains	Payroll Services		12.76	34.72	47.48	16	1m12	1						
60	6116	0	IS	Laundry	Payroll Services		21.88	71.68	93.56	16	1m12	1						
49	6116	0	IS	Other Resident Benefits	Payroll Services		37.04	101.28	138.32	16	1m12	1						
70	6116	0	IS	Maintenance	Payroll Services		46.64	124.40	171.04	16	1m12	1						
43	6116	0	IS	Social Services	Payroll Services		37.68	206.24	243.92	16	1m12	1						
41	6116	0	IS	Activities	Payroll Services		122.80	328.00	450.80	16	1m12	1						
61	6116	0	IS	Housekeeping	Payroll Services		135.48	385.28	520.76	16	1m12	1						
80	6116	0	IS	Administrative and General	Payroll Services		191.44	477.12	668.56	16	1m12	1						
50	6116	0	IS	Dining Services	Payroll Services		478.08	1,496.56	1,974.64	16	1m12	1						
40	6116	0	IS	Nursing	Payroll Services		1,600.16	4,245.68	5,845.84	16	1m12	1						
80	6121	0	IS	Administrative and General	Legal Services		1,666.68	3,333.36	5,000.04	16	1m12	1						
80	6301	0	IS	Administrative and General	Management Service Fees		126,956.00	278,866.00	405,822.00	16	1m12	1						
80	6302	0	IS	Administrative and General	Centralized Billing And Therap		15,020.51	14,195.60	29,216.11	16	1m12	1						
11	6326	0	IS	Other	Financing Assessment		4,168.00	8,332.00	12,500.00	16	1m12	1						
80	6331	0	IS	Administrative and General	Is Service Fees-Software Licen		(3,236.00)		(3,236.00)	16	1m12	1						
90	6927	0	IS	Marketing	Corporate Marketing Assessment			1,586.64	1,586.64	16	1m12	1						
90	6928	0	IS	Marketing	Digital Services Assessment		3,332.00	1,638.64	4,970.64	16	1m12	1		466,044.23				466,044.23
42	4711	0	IS	Chaplains	Consultant Services		2,825.00	2,700.00	5,525.00	16	1m13	1						
80	4711	0	IS	Administrative and General	Consultant Services		10,013.52	11,482.58	21,496.10	16	1m13	1				8	A - D	(21,324.30)
80	4731	0	IS	Administrative and General	Equipment Rental / Repairs		71.19	529.27	600.46	16	1m13	1						
40	4741	0	IS	Nursing	Licenses And Permits			150.00	150.00	16	1m13	1						
50	4741	0	IS	Dining Services	Licenses And Permits		46.20	110.00	156.20	16	1m13	1						
42	4741	0	IS	Chaplains	Licenses And Permits			175.00	175.00	16	1m13	1						
70	4741	0	IS	Maintenance	Licenses And Permits		10.00	560.00	570.00	16	1m13	1						
80	4741	0	IS	Administrative and General	Licenses And Permits		-	1,309.11	1,309.11	16	1m13	1						
80	4751	0	IS	Administrative and General	Purchased Services		739.05	2,009.88	2,748.93	16	1m13	1						
31	4751	0	IS	Beauty and Barber	Purchased Services		10,511.50	24,292.00	34,803.50	16	1m13	1						
80	4771	0	IS	Administrative and General	Other Department Expenses		-	1,601.80	1,601.80	16	1m13	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17 01/31/18	02/01/18 09/30/18	09/30/18						#	Ref	Amount	
80	4791	0	IS	Administrative and General	Internal Cost Allocation		-	148.98	148.98	16	1m13	1						
42	5311	0	IS	Chaplains	Chaplain Allowances		865.60	2,707.01	3,572.61	16	1m13	1						
41	5341	0	IS	Activities	Media Access		6,865.18	13,794.79	20,659.97	16	1m13	1	ADJ	93,517.66				72,193.36
50	4766	0	IS	Dining Services	Procurement Rebates		(1,367.43)	(5,433.28)	(6,800.71)	18	2a1	1						
50	5511	0	IS	Dining Services	Food			87,815.02	87,815.02	18	2a1	1						
50	5601	0	IS	Dining Services	Baked Goods		6,102.45	1,184.45	7,286.90	18	2a1	1						
50	5602	0	IS	Dining Services	Beverage		8,872.78	2,195.04	11,067.82	18	2a1	1						
50	5603	0	IS	Dining Services	Milk & Ice Cream		5,714.83	1,832.24	7,547.07	18	2a1	1						
50	5604	0	IS	Dining Services	Groceries		14,534.29	3,810.93	18,345.22	18	2a1	1						
50	5606	0	IS	Dining Services	Meat, Seafood, Eggs, Cheese		14,214.35	2,996.20	17,210.55	18	2a1	1						
50	5607	0	IS	Dining Services	Produce		7,577.81	1,752.95	9,330.76	18	2a1	1		151,802.63				151,802.63
50	5611	0	IS	Dining Services	Paper Supplies Non-Taxable		5,648.20	6,930.25	12,578.45	18	2a2	1						
50	5626	0	IS	Dining Services	Smallwares		147.00	726.28	873.28	18	2a2	1		13,451.73				13,451.73
50	4751	0	IS	Dining Services	Purchased Services		22,917.83	44,244.63	67,162.46	18	2b	1						
50	4761	0	IS	Dining Services	External Mngmt Fees		7,727.36	11,883.84	19,611.20	18	2b	1			9	A	104.50	
50	5650	0	IS	Dining Services	Other Sodexo			2,143.87	2,143.87	18	2b	1		88,917.53				89,022.03
50	4612	0	IS	Dining Services	Supplies - Other		59.03	56.61	115.64	18	2c	1						
50	4726	0	IS	Dining Services	Small Equipment Purchases		948.34	2,207.43	3,155.77	18	2c	1						
50	4731	0	IS	Dining Services	Equipment Rental / Repairs		-	2,705.87	2,705.87	18	2c	1						
50	4771	0	IS	Dining Services	Other Department Expenses		18.90	587.64	606.54	18	2c	1						
50	4791	0	IS	Dining Services	Internal Cost Allocation		122.40	(1,067.19)	(944.79)	18	2c	1						
50	5632	0	IS	Dining Services	Rentals		123.20	119.52	242.72	18	2c	1						
50	5639	0	IS	Dining Services	Freight		410.28	823.97	1,234.25	18	2c	1						
50	5647	0	IS	Dining Services	Flowers & Decorations		184.47	158.46	342.93	18	2c	1		7,458.93				7,458.93
60	4612	0	IS	Laundry	Supplies - Other		6,412.82	7,536.30	13,949.12	19	3a1	1		13,949.12				13,949.12
60	4631	0	IS	Laundry	Linens		3,210.75	4,902.03	8,112.78	19	3a4	1		8,112.78				8,112.78
60	4731	0	IS	Laundry	Equipment Rental / Repairs		237.72	706.76	944.48	19	3c	1						
50	5631	0	IS	Dining Services	Linens & Uniform Rentals		5,437.08	3,094.20	8,531.28	19	3c	1		9,475.76				9,475.76
61	4612	0	IS	Housekeeping	Supplies - Other		11,619.56	18,962.74	30,582.30	20	4a1	1						
50	5610	0	IS	Dining Services	Cleaning Supplies		1,879.39	3,945.33	5,824.72	20	4a1	1		36,407.02				36,407.02
61	4751	0	IS	Housekeeping	Purchased Services		460.88		460.88	20	4b	1		460.88				460.88
61	4631	0	IS	Housekeeping	Linens			322.83	322.83	20	4c	1						
61	4726	0	IS	Housekeeping	Small Equipment Purchases		-	584.76	584.76	20	4c	1						
61	4731	0	IS	Housekeeping	Equipment Rental / Repairs		983.86	306.72	1,290.58	20	4c	1		2,198.17				2,198.17
35	5111	0	IS	Resident Ancillary Services	Pharmacy & Drugs (Pad) Expense		24,932.67	35,222.73	60,155.40	20	5a2	1	ADJ	60,155.40				60,155.40
34	4612	0	IS	Therapy	Supplies - Other			254.90	254.90	20	5c	1						
40	4612	0	IS	Nursing	Supplies - Other		812.73	1,212.78	2,025.51	20	5c	1						
40	4766	0	IS	Nursing	Procurement Rebates		(877.20)	(1,298.00)	(2,175.20)	20	5c	1						
34	4771	0	IS	Therapy	Other Department Expenses			82.95	82.95	20	5c	1						
34	5131	0	IS	Therapy	Nursing & Med Supp (Nmsb) Bill		-	116.37	116.37	20	5c	1						
35	5131	0	IS	Resident Ancillary Services	Nursing & Med Supp (Nmsb) Bill		11,526.37	18,763.91	30,290.28	20	5c	1						
34	5132	0	IS	Therapy	Nursing & Med Supp (Nmsn) Non-		-	431.16	431.16	20	5c	1						
40	5132	0	IS	Nursing	Nursing & Med Supp (Nmsn) Non-		4,723.82	7,415.82	12,139.64	20	5c	1						
35	5141	0	IS	Resident Ancillary Services	Incontinence Supplies (Ics) Ex		8,001.83	16,444.48	24,446.31	20	5c	1						
35	5146	0	IS	Resident Ancillary Services	Nutritional Supplement (Nts) E		1,268.87	2,780.86	4,049.73	20	5c	1		71,661.65				71,661.65
			IS		Ambulance		-	-	-	20	5d	1	ADJ	-	10	A	347.37	347.37
35	5161	0	IS	Resident Ancillary Services	Oxygen (Oxy) Expense		3,286.43	10,138.30	13,424.73	20	5e	1	ADJ	13,424.73				13,424.73
35	5121	0	IS	Resident Ancillary Services	Laboratory And X-Ray (Lax) Exp		9,947.83	13,264.27	23,212.10	20	5h	1	ADJ	23,212.10	5	B	244.67	23,456.77
41	4612	0	IS	Activities	Supplies - Other		230.18	596.66	826.84	20	5i	1						
41	4771	0	IS	Activities	Other Department Expenses			296.78	296.78	20	5i	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17	02/01/18	09/30/18						09/30/18	#	Ref	
41	4731	0	IS	Activities	Equipment Rental / Repairs		7.50	120.00	127.50	20	5i	1						
41	4791	0	IS	Activities	Internal Cost Allocation		1,171.86	857.49	2,029.35	20	5i	1		3,280.47				3,280.47
41	4726	0	IS	Activities	Small Equipment Purchases		-	131.08	131.08	20	5l	1						
34	4726	0	IS	Therapy	Small Equipment Purchases			145.78	145.78	20	5l	1						
40	4726	0	IS	Nursing	Small Equipment Purchases		543.98	1,171.16	1,715.14	20	5l	1						
40	4731	0	IS	Nursing	Equipment Rental / Repairs		2,868.00	4,054.68	6,922.68	20	5l	1						
40	4771	0	IS	Nursing	Other Department Expenses		4,323.60		4,323.60	20	5l	1						
40	4791	0	IS	Nursing	Internal Cost Allocation		186.70	136.00	322.70	20	5l	1						
40	4799	0	IS	Nursing	Procurement Suspense Account		(0.41)	-	(0.41)	20	5l	1						
35	5151	0	IS	Resident Ancillary Services	Physician & Profess Ser (Phy)		2,519.37	4,344.00	6,863.37	20	5l	1			10	A	(6,863.37)	
42	4771	0	IS	Chaplains	Other Department Expenses		-	27.21	27.21	20	5l	1						
42	4612	0	IS	Chaplains	Supplies - Other		243.00		243.00	20	5l	1		20,694.15				13,830.78
70	4612	0	IS	Maintenance	Supplies - Other		1,420.60	3,898.75	5,319.35	22	6a	1						
70	4711	0	IS	Maintenance	Consultant Services		-	2,753.63	2,753.63	22	6a	1						
70	4731	0	IS	Maintenance	Equipment Rental / Repairs		488.10	747.15	1,235.25	22	6a	1						
70	4751	0	IS	Maintenance	Purchased Services		12,739.82	30,327.40	43,067.22	22	6a	1						
70	4771	0	IS	Maintenance	Other Department Expenses		11.41		11.41	22	6a	1						
70	5811	0	IS	Maintenance	Building Maintenance		6,622.11	7,727.37	14,349.48	22	6a	1						
70	5821	0	IS	Maintenance	Equipment Maintenance		15,000.44	11,088.45	26,088.89	22	6a	1						
70	5831	0	IS	Maintenance	Grounds Maintenance		2,880.48	7,795.50	10,675.98	22	6a	1						
70	5841	0	IS	Maintenance	Motor Vehicle Maintenance		1,525.08	2,230.70	3,755.78	22	6a	1		107,256.99				107,256.99
11	6011	0	IS	Other	Fuel Oil		986.11	922.28	1,908.39	22	6b	1						
11	6021	0	IS	Other	Natural Gas		4,590.68	3,531.89	8,122.57	22	6b	1		10,030.96				10,030.96
11	6031	0	IS	Other	Electricity		51,256.97	65,210.02	116,466.99	22	6c	1		116,466.99				116,466.99
11	6041	0	IS	Other	Water		4,031.70	3,370.37	7,402.07	22	6d	1						
11	6051	0	IS	Other	Sewer		2,808.19	5,416.56	8,224.75	22	6d	1		15,626.82				15,626.82
			IS							22	6f	1		-	6	A	1,256.10	
40	5021	0	IS	Nursing	Medical Waste Disposal		744.00	481.63	1,225.63	22	6f	1						
70	5851	0	IS	Maintenance	Snow Removal		1,726.82	1,406.92	3,133.74	22	6f	1						
11	6061	0	IS	Other	Disposal Services		5,640.87	6,407.64	12,048.51	22	6f	1		16,407.88				17,663.98
11	7021	0	IS	Other	Depr Exp-Land Improvements		507.88	961.87	1,469.75	22	7a	1		1,469.75				1,469.75
11	7031	0	IS	Other	Depr Exp-Buildings And Improve		102,547.40	193,298.29	295,845.69	22	7b	1		295,845.69				295,845.69
11	7043	0	IS	Other	Depr Exp-Furnishings		4,861.30	9,722.58	14,583.88	22	7c	1		14,583.88				14,583.88
11	7041	0	IS	Other	Depr Exp-Equipment		6,438.00	12,004.92	18,442.92	22	7d	1						
11	7047	0	IS	Other	Depr Exp-Computer Hardware		6,056.44	8,075.26	14,131.70	22	7d	1		32,574.62				32,574.62
80	6811	0	IS	Administrative and General	Property Taxes		32,945.11	50,554.07	83,499.18	22	10a	1		83,499.18				83,499.18
11	6861	0	IS	Other	Property Insurance		3,215.08	6,991.49	10,206.57	27	14a	1		10,206.57				10,206.57
11	6871	0	IS	Other	Auto Insurance		1,084.52	2,466.05	3,550.57	27	14b	1		3,550.57				3,550.57
11	6866	0	IS	Other	Umbrella Liability Insurance		3,338.90	11,243.06	14,581.96	27	14c1	1		14,581.96				14,581.96
11	6864	0	IS	Other	Liability Insurance		4,159.91	26,357.93	30,517.84	27	14c3	1						
11	6876	0	IS	Other	Crime And Fiduciary Insurance		935.47	1,909.04	2,844.51	27	14c3	1						
11	6881	0	IS	Other	Directors & Officers Liab Insu		1,924.28	3,997.12	5,921.40	27	14c3	1						
11	6891	0	IS	Other	Other Insurance		3,803.92	2,748.16	6,552.08	27	14c3	1		45,835.83				45,835.83
11	3110	0	IS	Other	Rrs Rev Medicaid-Semi-Private		(1,542,028.00)	(3,199,014.00)	(4,741,042.00)	30	11a	1						
11	3112	0	IS	Other	Rrs Rev Medicaid-Private		(69,741.00)	(143,990.00)	(213,731.00)	30	11a	1		(4,954,773.00)				(4,954,773.00)
11	3271	0	IS	Other	Medicaid Rm & Board Contrl Adj		858,544.79	1,889,876.65	2,748,421.44	30	11b	1			2	A	135,058.51	
11	3560	300	IS	Other	Medicaid/Medi-Cal Res (Asca)		22,714.03	44,327.97	67,042.00	30	11b	1		2,815,463.44	2	B	(71,604.93)	2,878,917.02
11	3100	0	IS	Other	Rrs Rev Medicare-Semi-Private		(427,197.00)	(417,885.00)	(845,082.00)	30	13a	1		(845,082.00)				(845,082.00)
11	3261	0	IS	Other	Medicare Rm & Board Contrl Adj		(78,321.59)	(60,455.86)	(138,777.45)	30	13b	1						
11	3560	500	IS	Other	Medicare Part B Res (Asca)		21,293.46	39,056.57	60,350.03	30	13b	1			1	B	(60,350.03)	

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17 01/31/18	02/01/18 09/30/18	09/30/18						#	Ref	Amount	
11	3560	400	IS	Other	Medicare Part A Res (Asca)		233,608.34	235,606.73	469,215.07	30	13b	1		390,787.65	1	A	(468,160.89)	(137,723.27)
11	3030	0	IS	Other	Rrs Rev Contr 1 Per-Semi-Priv		(627,087.00)	(1,255,703.00)	(1,882,790.00)	30	14a	1						
11	3032	0	IS	Other	Rrs Rev Contr 1 Per-Private		(1,701.00)	(22,610.00)	(24,311.00)	30	14a	1						
11	3070	0	IS	Other	Rrs Rev Pri Pay 1 Per-Semi-Pri		(425,900.00)	(805,657.00)	(1,231,557.00)	30	14a	1						
11	3072	0	IS	Other	Rrs Rev Pri Pay 1 Per-Pri		(75,591.00)	(141,015.00)	(216,606.00)	30	14a	1						
11	3120	0	IS	Other	Rrs Rev Man Care-Semi-Priv		(77,244.00)	(333,629.00)	(410,873.00)	30	14a	1		(3,766,137.00)				(3,766,137.00)
11	3281	0	IS	Other	Hmo/Mgd Care Rm & Board Contrl		(5,588.47)	14,438.42	8,849.95	30	14b	1						
11	3291	0	IS	Other	Other Rm & Board Contrl Adj		32,214.49	(118,570.98)	(86,356.49)	30	14b	1						
11	3371	0	IS	Other	Rrs Rev Bene Care- Contract			885.52	885.52	30	14b	1						
11	3560	700	IS	Other	Hmo/Managed Care B Res(Asca)		1,923.57	8,751.05	10,674.62	30	14b	1			3	B	(10,674.62)	
11	3560	600	IS	Other	Hmo/Managed Care A Res(Asca)		39,897.91	176,299.50	216,197.41	30	14b	1		150,251.01	3	A	(215,706.10)	(76,129.71)
11	3461	400	IS	Other	Medicare Part A Res Pad Rev		(20,233.89)	(26,510.56)	(46,744.45)	30	21a	1		(46,744.45)				(46,744.45)
					Medicare Part A Res (Asca)				-	30	21b	1		-	1	A	46,744.45	46,744.45
11	3461	600	IS	Other	Hmo/Mgd Care A Res Pad Rev		(3,713.97)	(20,527.37)	(24,241.34)	30	21c	1						
11	3461	300	IS	Other	Medicaid/Medi-Cal Res Pad Rev		(200.05)	(1,763.69)	(1,963.74)	30	21c	1						
11	3461	100	IS	Other	Pri Pay Contractl Res Pad Rev		(8.73)	(1.99)	(10.72)	30	21c	1						
11	3461	200	IS	Other	Pri Pay Non-Contl Res Pad Rev		-	360.98	360.98	30	21c	1		(25,854.82)				(25,854.82)
					Hmo/Managed Care A Res(Asca)					30	21d	1			3	A	24,241.34	
					Medicaid/Medi-Cal Res (Asca)					30	21d	1		-	2	B	1,963.74	26,205.08
11	3465	400	IS	Other	Medicare Part A Res Nmsb Rev		(8,440.52)	(4,609.29)	(13,049.81)	30	22a	1						
11	3467	400	IS	Other	Medicare Part A Res Ics Rev		(1,233.27)	(1,454.93)	(2,688.20)	30	22a	1						
11	3468	400	IS	Other	Medicare Part A Res Nts Rev		(182.85)	(172.83)	(355.68)	30	22a	1						
11	3471	400	IS	Other	Medicare Part A Res Oxy Rev		(1,580.10)	(2,786.25)	(4,366.35)	30	22a	1		(20,460.04)				(20,460.04)
					Medicare Part A Res (Asca)				-	30	22b	1		-	1	A	20,460.04	20,460.04
11	3465	300	IS	Other	Medicaid/Medi-Cal Res Nmsb Rev		(8,031.36)	(13,002.60)	(21,033.96)	30	22c	1						
11	3465	200	IS	Other	Pri Pay Non-Contl Res Nmsb Rev		(3,246.98)	(6,070.25)	(9,317.23)	30	22c	1						
11	3465	600	IS	Other	Hmo/Mgd Care A Res Nmsb Rev		(973.73)	(4,046.67)	(5,020.40)	30	22c	1						
11	3465	100	IS	Other	Pri Pay Contractl Res Nmsb Rev		(2,014.30)	(2,445.60)	(4,459.90)	30	22c	1						
11	3467	300	IS	Other	Medicaid/Medi-Cal Res Ics Rev		(10,723.02)	(20,350.98)	(31,074.00)	30	22c	1						
11	3467	100	IS	Other	Pri Pay Contractl Res Ics Rev		(2,823.83)	(8,714.58)	(11,538.41)	30	22c	1						
11	3467	200	IS	Other	Pri Pay Non-Contl Res Ics Rev		(2,157.06)	(4,014.36)	(6,171.42)	30	22c	1						
11	3467	600	IS	Other	Hmo/Mgd Care A Res Ics Rev		(295.59)	(1,726.05)	(2,021.64)	30	22c	1						
11	3468	300	IS	Other	Medicaid/Medi-Cal Res Nts Rev		(2,365.40)	(3,198.52)	(5,563.92)	30	22c	1						
11	3468	200	IS	Other	Pri Pay Non-Contl Res Nts Rev		(318.78)	(539.58)	(858.36)	30	22c	1						
11	3468	100	IS	Other	Pri Pay Contractl Res Nts Rev		(97.88)	(537.87)	(635.75)	30	22c	1						
11	3468	600	IS	Other	Hmo/Mgd Care A Res Nts Rev		(7.59)	(65.67)	(73.26)	30	22c	1						
11	3471	100	IS	Other	Pri Pay Contractl Res Oxy Rev		(1,980.50)	(2,629.60)	(4,610.10)	30	22c	1						
11	3471	300	IS	Other	Medicaid/Medi-Cal Res Oxy Rev		(948.20)	(3,623.95)	(4,572.15)	30	22c	1						
11	3471	600	IS	Other	Hmo/Mgd Care A Res Oxy Rev		(242.55)	(784.75)	(1,027.30)	30	22c	1						
11	3471	200	IS	Other	Pri Pay Non-Contl Res Oxy Rev		-	(689.20)	(689.20)	30	22c	1		(108,667.00)				(108,667.00)
					Hmo/Managed Care A Res(Asca)					30	22d	1			3	A	8,142.60	
					Medicaid/Medi-Cal Res (Asca)					30	22d	1		-	2	B	62,244.03	70,386.63
11	3440	400	IS	Other	Medicare Part A Res Pt Rev		(83,189.21)	(83,053.98)	(166,243.19)	30	23a	1						
11	3440	500	IS	Other	Medicare Part B Res Pt Rev		(44,596.22)	(83,492.41)	(128,088.63)	30	23a	1		(294,331.82)				(294,331.82)
					Medicare Part B Res (Asca)				-	30	23b	1			1	B	26,764.89	
					Medicare Part A Res (Asca)				-	30	23b	1		-	1	A	166,243.19	193,008.08
11	3440	600	IS	Other	Hmo/Mgd Care A Res Pt Rev		(12,845.77)	(63,713.35)	(76,559.12)	30	23c	1						
11	3440	700	IS	Other	Hmo/Mgd Care B Res Pt Rev		(1,872.25)	(18,815.99)	(20,688.24)	30	23c	1						
11	3440	100	IS	Other	Pri Pay Contractl Res Pt Rev			(3,043.56)	(3,043.56)	30	23c	1						
11	3440	300	IS	Other	Medicaid/Medi-Cal Res Pt Rev		-	(2,225.12)	(2,225.12)	30	23c	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/17	10/01/17	02/01/18	09/30/18						09/30/18	#	Ref	
11	3440	200	IS	Other	Pri Pay Non-Contl Res Pt Rev		(88.61)	(928.54)	(1,017.15)	30	23c	1		(103,533.19)				(103,533.19)
					Hmo/Managed Care A Res(Asca)					30	23d	1			3	A	76,559.12	
					Hmo/Managed Care B Res(Asca)					30	23d	1			3	B	4,915.94	
					Medicaid/Medi-Cal Res (Asca)					30	23d	1		-	2	B	2,225.12	83,700.18
11	3450	400	IS	Other	Medicare Part A Res St Rev		(20,150.14)	(13,606.54)	(33,756.68)	30	24a	1						
11	3450	500	IS	Other	Medicare Part B Res St Rev		(17,315.21)	(15,475.77)	(32,790.98)	30	24a	1		(66,547.66)				(66,547.66)
					Medicare Part B Res (Asca)					30	24b	1			1	B	6,851.87	
					Medicare Part A Res (Asca)					30	24b	1		-	1	A	33,756.68	40,608.55
11	3450	600	IS	Other	Hmo/Mgd Care A Res St Rev		(8,471.94)	(11,349.16)	(19,821.10)	30	24c	1						
11	3450	700	IS	Other	Hmo/Mgd Care B Res St Rev		(279.54)	(6,503.79)	(6,783.33)	30	24c	1						
11	3450	300	IS	Other	Medicaid/Medi-Cal Res St Rev			(2,498.81)	(2,498.81)	30	24c	1						
11	3450	100	IS	Other	Pri Pay Contractl Res St Rev			(737.04)	(737.04)	30	24c	1		(29,840.28)				(29,840.28)
					Hmo/Managed Care A Res(Asca)					30	24d	1			3	A	19,821.10	
					Hmo/Managed Care B Res(Asca)					30	24d	1			3	B	1,611.85	
					Medicaid/Medi-Cal Res (Asca)					30	24d	1		-	2	B	2,498.81	23,931.76
11	3445	400	IS	Other	Medicare Part A Res Ot Rev		(92,907.21)	(94,517.11)	(187,424.32)	30	25a	1						
11	3445	500	IS	Other	Medicare Part B Res Ot Rev		(44,244.01)	(83,692.36)	(127,937.27)	30	25a	1		(315,361.59)				(315,361.59)
					Medicare Part B Res (Asca)					30	25b	1			1	B	26,733.26	
					Medicare Part A Res (Asca)					30	25b	1		-	1	A	187,424.32	214,157.58
11	3445	600	IS	Other	Hmo/Mgd Care A Res Ot Rev		(15,255.42)	(68,437.66)	(83,693.08)	30	25c	1						
11	3445	700	IS	Other	Hmo/Mgd Care B Res Ot Rev		(1,227.97)	(16,223.53)	(17,451.50)	30	25c	1						
11	3445	100	IS	Other	Pri Pay Contractl Res Ot Rev			(3,787.56)	(3,787.56)	30	25c	1						
11	3445	300	IS	Other	Medicaid/Medi-Cal Res Ot Rev			(2,277.83)	(2,277.83)	30	25c	1						
11	3445	200	IS	Other	Pri Pay Non-Contl Res Ot Rev		-	116.98	116.98	30	25c	1		(107,092.99)				(107,092.99)
					Hmo/Managed Care A Res(Asca)					30	25d	1			3	A	83,693.08	
					Hmo/Managed Care B Res(Asca)					30	25d	1			3	B	4,146.83	
					Medicaid/Medi-Cal Res (Asca)					30	25d	1		-	2	B	2,277.83	90,117.74
11	3463	400	IS	Other	Medicare Part A Res Lax Rev		(5,417.99)	(8,114.22)	(13,532.21)	30	26a	1		(13,532.21)				(13,532.21)
					Medicare Part A Res (Asca)					30	26b	1		-	1	A	13,532.21	13,532.21
11	3431	100	IS	Other	Pri Pay Contractl Res Per Rev		(1,615.00)	(4,927.50)	(6,542.50)	30	26c	1						
11	3463	600	IS	Other	Hmo/Mgd Care A Res Lax Rev		(1,034.43)	(2,214.43)	(3,248.86)	30	26c	1						
11	3463	300	IS	Other	Medicaid/Medi-Cal Res Lax Rev		(120.00)	(275.40)	(395.40)	30	26c	1						
11	3463	200	IS	Other	Pri Pay Non-Contl Res Lax Rev		-	(134.83)	(134.83)	30	26c	1						
11	3463	100	IS	Other	Pri Pay Contractl Res Lax Rev		(40.00)	(86.16)	(126.16)	30	26c	1		(10,447.75)				(10,447.75)
					Hmo/Managed Care A Res(Asca)					30	26d	1			3	A	3,248.86	
					Medicaid/Medi-Cal Res (Asca)					30	26d	1			2	B	395.40	
11	3431	300	IS	Other	Medicaid/Medi-Cal Res Per Rev		-	135,058.51	135,058.51	30	26d	1		135,058.51	2	A	(135,058.51)	3,644.26
50	3406	0	IS	Dining Services	Dining Services-Resident Meals		(697.75)	(982.75)	(1,680.50)	30	41	1	ADJ	(1,680.50)				(1,680.50)
11	3871	0	IS	Other	Guest Apartment Revenue		(255.00)		(255.00)	30	42	1	ADJ	(255.00)				(255.00)
11	3886	0	IS	Other	Media Access Revenue		(3,475.10)	(7,123.64)	(10,598.74)	30	44	1	ADJ	(10,598.74)				(10,598.74)
11	7461	0	IS	Other	Unre Gains(Losses)On Investmen		4,594.04	3,193.92	7,787.96	30	45	1						
11	7511	0	IS	Other	Real Gains (Losses) On Invest		(195.66)	(1,507.79)	(1,703.45)	30	45	1						
11	7601	0	IS	Other	Inc On Benevolent Care Fund		(858.12)	(1,268.99)	(2,127.11)	30	45	1						
11	7644	0	IS	Other	Inc On State Required Reserves		(2,788.88)	(8,029.76)	(10,818.64)	30	45	1						
11	7659	0	IS	Other	Inc On Other		44.62	(0.40)	44.22	30	45	1						
11	7681	0	IS	Other	Advances From Crc Int Inc		(76,629.74)	(166,545.50)	(243,175.24)	30	45	1		(249,992.26)				(249,992.26)
11	3401	200	IS	Other	Pri Pay Non-Contl Res Bbr Rev		(4,161.00)	(8,289.00)	(12,450.00)	30	47	1						
11	3401	100	IS	Other	Pri Pay Contractl Res Bbr Rev		(2,541.00)	(7,319.00)	(9,860.00)	30	47	1		(22,310.00)				(22,310.00)
11	3403	0	IS	Other	Transportation Revenue		(702.25)	(2,747.00)	(3,449.25)	30	48	1	ADJ					
11	3421	0	IS	Other	Maintenance Services			(100.00)	(100.00)	30	48	1	ADJ					

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/17 - 09/30/18

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total	
						10/01/17	10/01/17	02/01/18	09/30/18						#	Ref	Amount		
11	3881	o	IS	Other	Property Tax Revenue		(4,999.43)	(10,017.81)	(15,017.24)	30	48	1	ADJ						
11	3891	o	IS	Other	Other Operating Income		(11.40)		(11.40)	30	48	1	ADJ	(18,577.89)				(18,577.89)	
11	303	o	BS	Other	Resident Trust Accounts	9,946.90	-	-	9,946.90	31	a1	1		9,946.90				9,946.90	
11	1041	o	BS	Other	Ar Contract Residents	91,562.86	(33,508.11)	(18,209.94)	39,844.81	31	a2	1							
11	1051	o	BS	Other	Ar Private Pay Residents	400,748.78	(32,345.79)	(173,622.28)	194,780.71	31	a2	1							
11	1061	o	BS	Other	Ar Medicare	186,795.97	(25,461.96)	(77,832.61)	83,501.40	31	a2	1							
11	1071	o	BS	Other	Ar Medicaid	274,297.26	43,117.19	23,168.52	340,582.97	31	a2	1							
11	1081	o	BS	Other	Ar Managed Care	20,236.60	41,227.78	30,720.54	92,184.92	31	a2	1							
11	1099	o	BS	Other	Allow Doubtful Accts-Residents	(45,296.39)	9,976.25	(125,033.69)	(160,353.83)	31	a2	1		590,540.98				590,540.98	
11	1211	o	BS	Other	Prepaid Taxes	24,777.82	16,058.70	(31,119.02)	9,717.50	31	a5	1							
11	1221	o	BS	Other	Other Prepaid Expenses	4,753.42	(3,573.88)	8,603.44	9,782.98	31	a5	1		19,500.48				19,500.48	
11	1144	o	BS	Other	Acc Int State Required Res	1,176.17	1,684.93	70.25	2,931.35	31	a6	1		2,931.35				2,931.35	
11	1611	o	BS	Other	Land	32,000.00	-	-	32,000.00	31	b1	1		32,000.00				32,000.00	
11	1621	o	BS	Other	Land Improvements	15,235.67	-	-	15,235.67	31	b2a	1		15,235.67				15,235.67	
11	1721	o	BS	Other	Accum Depr-Land Improvements	(7,962.94)	(507.88)	(961.87)	(9,432.69)	31	b2b	1		(9,432.69)				(9,432.69)	
11	1631	o	BS	Other	Buildings And Improvements	6,883,031.11	-	-	6,883,031.11	31	b3a	1		6,883,031.11				6,883,031.11	
11	1731	o	BS	Other	Accum Depr-Buildings And Imp.	(3,429,059.84)	(102,547.40)	(193,298.29)	(3,724,905.53)	31	b3b	1		(3,724,905.53)				(3,724,905.53)	
11	1643	o	BS	Other	Furnishings	200,271.00	(83,600.00)	-	116,671.00	31	b5a	1		116,671.00				116,671.00	
11	1743	o	BS	Other	Accum Depr-Furnishings	(158,950.01)	78,738.70	(9,722.58)	(89,933.89)	31	b5b	1		(89,933.89)				(89,933.89)	
11	1641	o	BS	Other	Equipment	404,302.84	(211,661.15)	-	192,641.69	31	b6a	1		192,641.69				192,641.69	
11	1647	o	BS	Other	Computer Hardware	72,763.62	36,338.63	-	109,102.25	31	b6a	1		301,743.94				301,743.94	
11	1741	o	BS	Other	Accum Depr-Equipment	(336,272.65)	205,223.15	(12,004.92)	(143,054.42)	31	b6b	1		(143,054.42)				(143,054.42)	
11	1747	o	BS	Other	Accum Depr-Computer Hardware	(72,763.62)	(6,056.44)	(8,075.26)	(86,895.32)	31	b6b	1		(229,949.74)				(229,949.74)	
11	1679	o	BS	Other	Construction In Progress-Other	(628,987.99)	-	-	(628,987.99)	31	b9	1		(628,987.99)				(628,987.99)	
11	1799	o	BS	Other	Asset Clearing	29,760.18	(25,754.29)	90,395.70	94,401.59	31	b9	1		(534,586.40)				(534,586.40)	
11	2391	o	BS	Other	Resident Trust Funds	(9,946.90)	-	-	(9,946.90)	33	d6	1		(9,946.90)				(9,946.90)	
11	2399	o	BS	Other	Other Current Liabilities	(63,168.97)	13,947.54	(27,476.87)	(76,698.30)	33	d6	1		(76,698.30)				(76,698.30)	
11	8941	o	BS	Other	Admin - Zone 91	7,715,272.99	279,182.14	934,037.14	8,928,492.27	33	d6	1		8,841,847.07				8,841,847.07	
11	1301	o	BS	Other	Benevolent Care Fund	129,067.28	(856.17)	864.81	129,075.92	32	d7	1		129,075.92				129,075.92	
11	1354	o	BS	Other	State-Required Reserves	959,124.00	(3,977.50)	4,091.87	959,238.37	32	d7	1		1,088,314.29				1,088,314.29	
11	2103	o	BS	Other	Accounts Payable - Accrual	(53,780.02)	81,652.62	(27,872.60)	-	33	a1	1		(53,780.02)				(53,780.02)	
11	2141	o	BS	Other	Fica Withholdings	(0.01)	-	-	(0.01)	33	a1	1		(0.01)				(0.01)	
11	2143	o	BS	Other	State Income Tax Withholdings	(0.01)	-	-	(0.01)	33	a1	1		(0.01)				(0.01)	
11	2389	o	BS	Other	Accrued Other Expense	(25,893.18)	25,893.12	0.06	(0.00)	33	a1	1		(0.02)				(0.02)	
11	2133	o	BS	Other	Accrued Fica Taxes (Employer)	(0.01)	-	-	(0.01)	33	a4	1		(0.01)				(0.01)	
11	2801	o	BS	Other	Unrest Net Assets-Beg Balance	(12,623,041.93)	-	-	(12,623,041.93)	35	b5	1		(12,623,041.93)				(12,623,041.93)	
Total						0.00	0.00	0.00	0.00					0.00				-	0.00
Net (Income) / Loss						-	(303,190.18)	(386,722.40)	(689,912.58)					(689,912.58)				-	(689,912.58)

Pilgrim Manor

Fixed Asset Reconciliation Schedule - Ending Assets

As of September 30, 2018

Accounting Unit	Financial Grouping	Cost Report Grouping	Description	In Service Date	Book Basis	2017 Balance	Addition	Disposition	2018 Balance	2018 Sub-Total
4111	LAND	Pg. 31 b1	FY 1993 ADDITIONS	01/31/93	32,000.00	32,000.00			32,000.00	32,000.00
4111	LANDIMP	Pg. 31 b2a	PMCC Retaining Wall Project	10/31/08	3,229.50				3,229.50	
4111	LANDIMP	Pg. 31 b2a	PMCC Front Entrance Improvment	07/31/13	12,006.17	15,235.67			12,006.17	15,235.67
4111	BLDGSIMP	Pg. 31 b3a	PHASE III CONSTRUCTION	01/31/85	2,328,837.12				2,328,837.12	
4111	BLDGSIMP	Pg. 31 b3a	FY 1986 ADDITIONS	01/31/86	149,492.80				149,492.80	
4111	BLDGSIMP	Pg. 31 b3a	FY 1988 ADDITIONS	01/31/88	23,577.00				23,577.00	
4111	BLDGSIMP	Pg. 31 b3a	FY 2000 ADDITIONS	01/31/00	56,100.96				56,100.96	
4111	BLDGSIMP	Pg. 31 b3a	FY 2001 ADDITIONS	01/31/01	13,033.50				13,033.50	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/01/05	5,384.97				5,384.97	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/13/05	502.50				502.50	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/29/05	2,925.00				2,925.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/09/05	18,500.00				18,500.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	08/01/05	9,400.00				9,400.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	4,155.00				4,155.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	4,815.00				4,815.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	1,550.00				1,550.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	06/13/06	709.30				709.30	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/01/06	363.71				363.71	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/10/06	2,051.00				2,051.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/10/06	1,000.00				1,000.00	
4111	BLDGSIMP	Pg. 31 b3a	Replace Flat Roof	06/18/08	15,000.00				15,000.00	
4111	BLDGSIMP	Pg. 31 b3a	Replace Shingled Roof	07/10/08	48,822.00				48,822.00	
4111	BLDGSIMP	Pg. 31 b3a	Rplce Roof PMCC	04/30/11	71,414.10				71,414.10	
4111	BLDGSIMP	Pg. 31 b3a	Repair PMCC Roof Section	01/26/12	3,352.50				3,352.50	
4111	BLDGSIMP	Pg. 31 b3a	Chapel Remodeling Project	01/01/13	69,172.21				69,172.21	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Common Areas Upgrds	01/01/13	180,601.27				180,601.27	
4111	BLDGSIMP	Pg. 31 b3a	Pilgrim Manor Renovation	01/31/13	2,402,604.15				2,402,604.15	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Patio Awning	11/30/13	5,830.24				5,830.24	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Stone Panels to Facade	11/30/13	9,800.00				9,800.00	
4111	BLDGSIMP	Pg. 31 b3a	SN Exterior Sign	01/31/14	4,700.00				4,700.00	
4111	BLDGSIMP	Pg. 31 b3a	Roommats for Pilgrim Manor	01/31/15	2,944.00				2,944.00	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Chapel Air Cond	01/31/15	17,994.62				17,994.62	
4111	BLDGSIMP	Pg. 31 b3a	SNF ROOF REPAIR	01/31/15	4,365.00				4,365.00	
4111	BLDGSIMP	Pg. 31 b3a	Pilgram Manor FY14 Remodel	01/31/15	282,003.40				282,003.40	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Lower Level	05/31/15	128,413.32				128,413.32	
4111	BLDGSIMP	Pg. 31 b3a	PMCC RENOVATION	03/29/16	384,628.45				384,628.45	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Renovation (See Schedule Attached)	09/30/17	628,987.99	6,883,031.11			628,987.99	6,883,031.11
4111	FURNISH	Pg. 31 b5a	capital building	02/01/07	5,820.00			(5,820.00)	-	
4111	FURNISH	Pg. 31 b5a	capital building	02/01/07	678.00			(678.00)	-	
4111	FURNISH	Pg. 31 b5a	capitalfurnishings CP#49-08101	04/12/07	4,000.00			(4,000.00)	-	
4111	FURNISH	Pg. 31 b5a	capitalfurnishings CP#49-08101	04/13/07	5,450.00			(5,450.00)	-	
4111	FURNISH	Pg. 31 b5a	DOOR GASKETS AND INSTALLATION	06/01/07	1,100.00			(1,100.00)	-	
4111	FURNISH	Pg. 31 b5a	Aug CapitalFurnish CP#49-08302	08/07/07	11,703.00			(11,703.00)	-	
4111	FURNISH	Pg. 31 b5a	Aug Cap furnish CP#49-08301	08/27/07	2,200.00			(2,200.00)	-	
4111	FURNISH	Pg. 31 b5a	Aug Cap furnish CP#49-08102	08/27/07	43,084.00			(43,084.00)	-	
4111	FURNISH	Pg. 31 b5a	Oct Cap. Furnish CP#49-08303	10/23/07	3,320.00			(3,320.00)	-	
4111	FURNISH	Pg. 31 b5a	Patio Awning - A Frame	06/19/08	6,245.00			(6,245.00)	-	
4111	FURNISH	Pg. 31 b5a	Pilgrim Manor Renovation-Furn	01/31/13	116,671.00	200,271.00			116,671.00	116,671.00
4111	COMPUTERHW	Pg. 31 b6a	SNF Wireless Equip & Install	01/29/10	72,763.62				72,763.62	
4111	EQUIPMENT	Pg. 31 b6a	Capital equip CP#49-06107	03/02/07	1,448.47			(1,448.47)	-	
4111	EQUIPMENT	Pg. 31 b6a	DS Capital Project #49-08108	03/28/07	2,439.00			(2,439.00)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital equipment	03/30/07	1,673.71			(1,673.71)	-	
4111	EQUIPMENT	Pg. 31 b6a	capital equip CP#49-06107	04/13/07	1,866.76			(1,866.76)	-	
4111	EQUIPMENT	Pg. 31 b6a	equipment CP#49-06107	04/24/07	517.03			(517.03)	-	
4111	EQUIPMENT	Pg. 31 b6a	capital equip CP# 49-06107	04/27/07	1,667.82			(1,667.82)	-	
4111	EQUIPMENT	Pg. 31 b6a	equipment	05/10/07	1,033.73			(1,033.73)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equipment	05/15/07	758.85			(758.85)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equip	05/18/07	1,163.80			(1,163.80)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equip	05/18/07	1,223.00			(1,223.00)	-	
4111	EQUIPMENT	Pg. 31 b6a	Account # 13483	05/21/07	25,713.40			(25,713.40)	-	
4111	EQUIPMENT	Pg. 31 b6a	Oct Capital Equip CP#49-08108	05/30/07	5,033.76			(5,033.76)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital Equip -SNF CP#49-08106	05/31/07	42,390.00			(42,390.00)	-	
4111	EQUIPMENT	Pg. 31 b6a	Capital equipment	05/31/07	11,970.80			(11,970.80)	-	
4111	EQUIPMENT	Pg. 31 b6a	TESTING WITH STATE MONITOR	06/12/07	275.22			(275.22)	-	
4111	EQUIPMENT	Pg. 31 b6a	Sept Capital Equipment	08/28/07	32,838.89			(32,838.89)	-	
4111	EQUIPMENT	Pg. 31 b6a	Aug - Cap Equipment	08/28/07	1,400.00			(1,400.00)	-	
4111	EQUIPMENT	Pg. 31 b6a	Oct Cap Equip CP#49-08103	10/22/07	44,726.40			(44,726.40)	-	
4111	EQUIPMENT	Pg. 31 b6a	Account # 13483	10/29/07	1,968.92			(1,968.92)	-	

Pilgrim Manor

Fixed Asset Reconciliation Schedule - Ending Assets

As of September 30, 2018

Accounting Unit	Financial Grouping	Cost Report Grouping	Description	In Service Date	Book Basis	2017 Balance	Addition	Disposition	2018 Balance	2018 Sub-Total	
4111	EQUIPMENT	Pg. 31 b6a	Nov Cap Equip CP#49-08103	11/08/07	4,392.42			(4,392.42)	-		
4111	EQUIPMENT	Pg. 31 b6a		12/26/07	4,821.00			(4,821.00)	-		
4111	EQUIPMENT	Pg. 31 b6a	Project 07-SP0300	01/16/08	3,156.80			(3,156.80)	-		
4111	EQUIPMENT	Pg. 31 b6a	Billing ID 5000132639	01/22/08	2,106.13			(2,106.13)	-		
4111	EQUIPMENT	Pg. 31 b6a	20320	01/23/08	4,000.00			(4,000.00)	-		
4111	EQUIPMENT	Pg. 31 b6a	129-933737101	01/25/08	5,600.24			(5,600.24)	-		
4111	EQUIPMENT	Pg. 31 b6a	Install Elevator Trip Breakers	07/28/08	12,801.26				12,801.26		
4111	EQUIPMENT	Pg. 31 b6a	Cornell Nurse Call System	10/27/08	7,507.50				7,507.50		
4111	EQUIPMENT	Pg. 31 b6a	Lint Filtration Sys for Dryers	01/19/09	20,703.52				20,703.52		
4111	EQUIPMENT	Pg. 31 b6a	Meal Tracker Operating Sys	01/28/09	7,835.59				7,835.59		
4111	EQUIPMENT	Pg. 31 b6a	Frozen Sprinkler Pipe Replace	01/29/09	3,002.22				3,002.22		
4111	EQUIPMENT	Pg. 31 b6a	Wheel Chair Scale	01/29/10	1,841.04				1,841.04		
4111	EQUIPMENT	Pg. 31 b6a	Hoy-Elevate Patient AssistLift	02/01/10	4,053.65				4,053.65		
4111	EQUIPMENT	Pg. 31 b6a	Rebuild Emergency Generator	06/18/10	4,040.98				4,040.98		
4111	EQUIPMENT	Pg. 31 b6a	2 Replacement Compressors - SN	06/24/10	2,575.49				2,575.49		
4111	EQUIPMENT	Pg. 31 b6a	Rplc 4 Rooftop HVAC Units	12/21/10	42,308.00				42,308.00		
4111	EQUIPMENT	Pg. 31 b6a	Copy Machine	02/14/11	7,475.00			(7,475.00)	-		
4111	EQUIPMENT	Pg. 31 b6a	PMCC Washer/Dryers	10/17/11	3,323.01				3,323.01		
4111	EQUIPMENT	Pg. 31 b6a	Generator Annunciator Panel	12/09/11	6,578.28				6,578.28		
4111	EQUIPMENT	Pg. 31 b6a	46-13.AC units Laundry	01/01/13	5,101.00				5,101.00		
4111	EQUIPMENT	Pg. 31 b6a	Pilgrim Manor Renovation-Equip	01/31/13	8,685.00				8,685.00		
4111	EQUIPMENT	Pg. 31 b6a	PMCC Clothes Washer	07/31/13	13,985.52				13,985.52		
4111	EQUIPMENT	Pg. 31 b6a	PMCC Phone System Upgrade	11/30/13	10,608.69				10,608.69		
4111	EQUIPMENT	Pg. 31 b6a	PMCC Food Processor	11/30/13	3,138.00				3,138.00		
4111	EQUIPMENT	Pg. 31 b6a	Lint Exhaust System PMCC	01/31/14	2,511.07				2,511.07		
4111	EQUIPMENT	Pg. 31 b6a	SN Wheel Chair Washer	01/31/14	11,995.00				11,995.00		
4111	EQUIPMENT	Pg. 31 b6a	SN Patient Transfer Lift	01/31/14	10,361.07				10,361.07		
4111	EQUIPMENT	Pg. 31 b6a	SN THERapy Equipment FY14	07/31/14	3,593.82				3,593.82		
4111	EQUIPMENT	Pg. 31 b6a	SNF PM Sprinkler Repair	07/31/14	3,416.48				3,416.48		
4111	EQUIPMENT	Pg. 31 b6a	PMCC Video Phone	05/24/16	2,675.50	477,066.46			2,675.50		
4111	COMPUTERHW	Pg. 31 b6a	Vision Touch Screen Monitors	01/31/18			36,338.63		36,338.63	301,743.94	
Total						7,607,604.24	7,607,604.24	36,338.63	(295,261.15)	7,348,681.72	7,348,681.72

	Total Count	Total Allocation	Per Unit	AL	AL \$	ALD	ALD\$	SNF	SNF\$
CVOC	15	35,846.11	3,849.74	6	23,098.44	0	-	9	34,647.67
CVGL	13	31,066.63	3,390.70	7	23,734.92	2	6,781.40	4	13,562.81
CVGV	27	64,523.00	3,911.84	8	31,294.72	4	15,647.36	15	58,677.59
Colorado	17	40,625.59	4,542.33	7	31,796.30	2	9,084.66	8	36,338.63
CVOF	13	31,066.63	3,559.31	2	7,118.61	3	10,677.92	8	28,474.46
CVON	21	38,839.89	4,212.27	9	37,910.40	0	-	12	50,547.20
CVOT	12	28,676.89	5,207.42	5	26,037.10	0	-	7	36,451.95
HOLM	18	33,291.33	7,424.12	7	51,968.81	2	14,848.23	9	66,817.05
SHORES	14	33,456.37	4,244.38	4	16,977.53	3	12,733.15	7	29,710.69
WP	24	44,388.44	4,025.39	12	48,304.64	2	8,050.77	10	40,253.87
	174				298,241.48		77,823.50		395,481.89

The above schedule represents the allocation of capitalized expense incurred by CRC in whole related to the addition of VISION touch screens at all of its campuses. As such, these expenses were allocated to each of the respective facilities and level of care based on the #of touch screens placed. A reconciliation of total cost out of Lawson for these projects follows in addition to the 3 highest invoices that make up this cumulative cost project .

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Page 1

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
Activity Group : ISSC Activity : 191-17.10 Attributes :								
			IS PROJECTS		USD			
			Vision Touch Screens		USD	0191-1710		
Account Category : 00.05 Consulting Fees Entitle								
11/30/16	AP	191	9111	001799-0000	55246The Asbury Group	32,902.31	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	208.50	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	169.00	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	3,153.00	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	6,396.50	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	31,183.17	USD	0.00
01/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	31,744.00	USD	0.00
Acct Category Totals: 00.05 Consulting Fees Entitle						105,756.48		
Account Category : 02.01 Consultant Fees								
12/31/16	AP	191	9111	001799-0000	61252NETRIX, LLC	17,000.00	USD	0.00
03/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	1,251.00	USD	0.00
03/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	366.50	USD	0.00
03/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	524.50	USD	0.00
04/30/17	GL	191	9111	001799-0000	AP ACCRUAL - APR'17	20,900.13	USD	0.00
04/30/17	GL	191	9181	004711-0000	Vision	30,261.76	USD	0.00
04/30/17	GL	191	9181	004711-0000	AP ACCRUAL - APR'17	338.00	USD	0.00
04/30/17	GL	191	9181	004711-0000	AP ACCRUAL - APR'17	101.20	USD	0.00
05/01/17	GL	191	9111	001799-0000	AP ACCRUAL - APR'17	20,900.13	USD	0.00
05/01/17	GL	191	9181	004711-0000	Vision	30,261.76	USD	0.00
05/01/17	GL	191	9181	004711-0000	AP ACCRUAL - APR'17	338.00	USD	0.00
05/01/17	GL	191	9181	004711-0000	AP ACCRUAL - APR'17	101.20	USD	0.00
05/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	25,965.00	USD	0.00
05/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	20,900.13	USD	0.00
05/31/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	338.00	USD	0.00
05/31/17	AP	191	9181	004711-0000	55246THE ASBURY GROUP	4,296.76	USD	0.00
05/31/17	AP	191	9181	004711-0000	55246THE ASBURY GROUP	101.20	USD	0.00
06/30/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	79.00	USD	0.00
06/30/17	AP	191	9111	001799-0000	55246THE ASBURY GROUP	26,159.50	USD	0.00
06/30/17	AP	191	9181	004711-0000	55246THE ASBURY GROUP	6,648.63	USD	0.00
09/30/17	AP	191	9181	004711-0000	55246THE ASBURY GROUP	1,341.00	USD	0.00
09/30/17	AP	191	9181	004771-0000	48996PROVINET SOLUTIONS	4,278.75	USD	0.00
09/30/17	GL	191	9111	001799-0000	Development 01. Remote 0.50	735.00	USD	0.00
09/30/17	GL	191	9111	001799-0000	Remote Software 01. Remote	708.75	USD	0.00
10/01/17	GL	191	9111	001799-0000	Development 01. Remote 0.50	735.00	USD	0.00
10/01/17	GL	191	9111	001799-0000	Remote Software 01. Remote	708.75	USD	0.00
10/06/17	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	13,012.50	USD	0.00
10/30/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	708.75	USD	0.00
10/30/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	735.00	USD	0.00
11/30/17	AP	191	9111	001799-0000	31146OFFICE OF STATEWIDE H	217.50	USD	0.00
11/30/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	1,522.50	USD	0.00
11/30/17	AP	191	9111	001799-0000	49677TANNER ENGINEERING	14,425.00	USD	0.00

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Page 2

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
			Activity Group	: ISSC	IS PROJECTS	USD		
			Activity	: 191-17.10	Vision Touch Screens	USD	0191-1710	
			Attributes	:				
			Account Category	: 02.01	Consultant Fees			
11/30/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	191.25	USD	0.00
12/12/17	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	15,204.36	USD	0.00
01/31/18	AP	191	9111	001799-0000	59111LARRY CORONA CONSTRUC	32,484.00	USD	0.00
01/31/18	AP	191	9111	001799-0000	59111LARRY CORONA CONSTRUC	1,328.16	USD	0.00
Acct Category Totals: 02.01						189,078.99		
			Account Category	: 04.03	Low-Voltage			
11/03/16	AP	191	9111	001799-0000	22311CCS Painting & Decora	687.50	USD	0.00
11/28/16	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	19,096.25	USD	0.00
11/30/16	AP	191	9111	001799-0000	55246The Asbury Group	10,772.45	USD	0.00
11/30/16	AP	191	9111	001799-0000	62321EXCEED GROUP	1,458.13	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-Trip checkout-Samarkand	1,350.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-MMCV-Town Center or Wi-	6,735.17	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-Bob Lanzerotti at WP fo	2,841.16	USD	0.00
11/30/16	GL	191	9111	001799-0000	accrue-ICS Project Manager	2,040.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-ICS Project Manager-aug	12,916.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-ICS Project Manager	8,160.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-COE Consultant, Sr.	13,756.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-Trip checkout-Samarkand	1,350.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-MMCV-Town Center or Wi-	6,735.17	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-Bob Lanzerotti at WP fo	2,841.16	USD	0.00
12/01/16	GL	191	9111	001799-0000	accrue-ICS Project Manager	2,040.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-ICS Project Manager-aug	12,916.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-ICS Project Manager	8,160.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-COE Consultant, Sr.	13,756.00	USD	0.00
12/15/16	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	19,783.34	USD	0.00
12/20/16	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	17,859.54	USD	0.00
01/31/17	AP	191	9111	001799-0000	62321EXCEED GROUP	2,497.00	USD	0.00
01/31/17	AP	191	9111	001799-0000	62321EXCEED GROUP	2,841.16	USD	0.00
01/31/17	AP	191	9111	001799-0000	62321EXCEED GROUP	4,181.13	USD	0.00
01/31/17	AP	191	9111	001799-0000	62321EXCEED GROUP	900.00	USD	0.00
04/01/17	AP	191	9111	001799-0000	49769CPT NETWORK SOLUTIONS	225.00	USD	0.00
04/01/17	AP	191	9111	001799-0000	49769CPT NETWORK SOLUTIONS	225.00	USD	0.00
05/31/17	AP	191	9111	001799-0000	62321EXCEED GROUP	2,841.16	USD	0.00
Acct Category Totals: 04.03						75,435.34		
			Account Category	: 05.03	Movable Equipment			
11/08/16	AP	191	9111	001799-0000	61252NETRIX, LLC	3,178.98	USD	0.00
11/30/16	AP	191	9111	001799-0000	62321EXCEED GROUP	9,234.72	USD	0.00
12/31/16	AP	191	9111	001799-0000	61252NETRIX, LLC	15,894.90	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	4,909.64	USD	0.00

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
Activity Group : ISSC Activity : 191-17.10 Attributes :								
			IS PROJECTS		USD			
			Vision Touch Screens		USD	0191-1710		
Account Category : 05.03 Movable Equipment								
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	1,636.55	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	5,455.15	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	4,974.57	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	4,421.84	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	2,210.92	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	4,054.30	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	1,158.37	USD	0.00
02/28/17	AM	191	9111	001799-0000	AM20 ADDITION	5,212.67	USD	0.00
04/30/17	GL	191	9111	001799-0000	Diaz, D; AMAZON; D. DIAZ - Apr	207.84	USD	0.00
04/30/17	GL	191	9111	001799-0000	Diaz, D; AMAZON; D. DIAZ - Apr	26.56	USD	0.00
04/30/17	GL	191	9111	001799-0000	Diaz, D; THE HO; D. DIAZ - Apr	47.54	USD	0.00
04/30/17	GL	191	9111	001799-0000	Diaz, D; FS TA; D. DIAZ - Apr	199.00	USD	0.00
04/30/17	GL	191	9111	001799-0000	Diaz, D; THE HO; D. DIAZ - Apr	47.20	USD	0.00
06/30/17	AC	191	9111	001799-0000	Reclass Vision TS Catagory	34,034.01	USD	0.00
Acct Category Totals: 05.03 Movable Equipment						28,836.74		
Account Category : 05.08 A/V Equipment								
06/30/17	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	15,614.86	USD	0.00
04/01/18	AP	191	9181	004771-0000	48996PROVINET SOLUTIONS	288.75	USD	0.00
07/01/18	AP	71	4111	001799-0000	62321EXCEED GROUP	7,483.31	USD	0.00
07/01/18	AP	71	4111	001799-0000	62321EXCEED GROUP	7,483.31	USD	0.00
07/01/18	AP	191	9111	001799-0000	62321EXCEED GROUP	7,483.31	USD	0.00
08/15/18	AP	191	9181	004771-0000	48996PROVINET SOLUTIONS	19,285.44	USD	0.00
10/01/18	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	154.80	USD	0.00
Acct Category Totals: 05.08 A/V Equipment						42,827.16		
Account Category : 05.09 Information Systems								
11/14/16	AP	191	9111	001799-0000	61252NETRIX, LLC	28,575.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-Privacy filter/Power co	22,252.86	USD	0.00
11/30/16	GL	191	9111	001799-0000	accrue-Privacy filter/Angle po	62,850.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-Hold payment until we c	8,980.00	USD	0.00
11/30/16	GL	191	9111	001799-0000	ACCRUE-Hold payment until we c	2,270.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-Privacy filter/Power co	22,252.86	USD	0.00
12/01/16	GL	191	9111	001799-0000	accrue-Privacy filter/Angle po	62,850.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-Hold payment until we c	8,980.00	USD	0.00
12/01/16	GL	191	9111	001799-0000	ACCRUE-Hold payment until we c	2,270.00	USD	0.00
12/31/16	AP	191	9111	001799-0000	61252NETRIX, LLC	22,252.86	USD	0.00
12/31/16	AP	191	9111	001799-0000	61252NETRIX, LLC	62,850.00	USD	0.00
12/31/16	AP	191	9111	001799-0000	55246The Asbury Group	26,771.25	USD	0.00
01/01/17	AP	191	9111	001799-0000	61252NETRIX, LLC	156,834.90	USD	0.00
02/06/17	AP	191	9111	001799-0000	61252NETRIX, LLC	28,586.89	USD	0.00

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Page 4

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
			Activity Group	: ISSC	IS PROJECTS	USD		
			Activity	: 191-17.10	Vision Touch Screens	USD	0191-1710	
			Attributes	:				
			Account Category	: 05.09	Information Systems			
03/06/17	AP	191	9111	001799-0000	62996TINDALE CORPORATION	21,900.00	USD	0.00
03/31/17	GL	191	9111	001799-0000	ACCRUE-Vision	130,338.18	USD	0.00
04/01/17	GL	191	9111	001799-0000	ACCRUE-Vision	130,338.18	USD	0.00
05/31/17	GL	191	9111	001799-0000	NETRIX	130,338.18	USD	0.00
06/01/17	GL	191	9111	001799-0000	NETRIX	130,338.18	USD	0.00
06/30/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	1,470.00	USD	0.00
06/30/17	GL	191	9111	001799-0000	Development 01. Remote	1,522.50	USD	0.00
07/01/17	GL	191	9111	001799-0000	Development 01. Remote	1,522.50	USD	0.00
07/31/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	1,522.50	USD	0.00
08/31/17	AP	191	9111	001799-0000	48996PROVINET SOLUTIONS	3,281.25	USD	0.00
12/01/17	AP	191	9111	001799-0000	61252NETRIX, LLC	22,221.41	USD	0.00
12/30/17	AP	191	9111	001799-0000	61252NETRIX, LLC	21,924.00	USD	0.00
12/30/17	AP	191	9111	001799-0000	61252NETRIX, LLC	1,040.13	USD	0.00
02/01/18	AP	76	1111	001799-0000	64652TITAN ELECTRIC, INC	18,150.00	USD	0.00
07/01/18	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	135.00	USD	0.00
Acct Category Totals: 05.09 Information Systems						417,515.19		
			Account Category	: 05.12	Procurement-Purch/Install			
05/08/17	AP	191	9111	001799-0000	45303CPT NETWORK SOLUTIONS	14,599.17	USD	0.00
Acct Category Totals: 05.12 Procurement-Purch/Install						14,599.17		
			Account Category	: 11.01	Other			
09/06/17	AP	191	9111	001799-0000	62321EXCEED GROUP	6,715.32	USD	0.00
10/11/17	AP	191	9111	001799-0000	62321EXCEED GROUP	1,155.13	USD	0.00
Acct Category Totals: 11.01 Other						7,870.45		
			Account Category	: 12.02	Start-up Equipment/Supplies			
07/01/18	AP	191	9111	001799-0000	44072DAVID'S WALLPAPER SER	335.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	65768ROLLI INSPECTION LLC	760.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	65768ROLLI INSPECTION LLC	760.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	65768ROLLI INSPECTION LLC	1,140.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	60145PIRES, LIPOMI & NAVAR	5,853.70	USD	0.00
07/31/18	AP	191	9111	001799-0000	60145PIRES, LIPOMI & NAVAR	462.50	USD	0.00
07/31/18	AP	191	9111	001799-0000	60145PIRES, LIPOMI & NAVAR	925.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	60145PIRES, LIPOMI & NAVAR	2,700.00	USD	0.00
07/31/18	AP	191	9111	001799-0000	60145PIRES, LIPOMI & NAVAR	1,175.00	USD	0.00
Acct Category Totals: 12.02 Start-up Equipment/Supplies						14,111.20		
			Account Category	: 4701	TRAVEL AND AUTO			

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
			Activity Group	: ISSC	IS PROJECTS	USD		
			Activity	: 191-17.10	Vision Touch Screens	USD	0191-1710	
			Attributes	:				
			Account Category	: 4701	TRAVEL AND AUTO			
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; AMERIC; Touchscre	578.40	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; CHILLI'; Touchscre	8.00	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	36.71	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	8.41	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; FARMER; Touchscre	9.01	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; COURTY; Touchscre	21.40	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; COVENA; Touchscre	13.80	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	9.35	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; COVENA; Touchscre	14.40	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	8.34	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; BILLY ; Touchscre	82.41	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	43.19	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; COURTY; Touchscre	504.09	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; COURTY; Touchscre	10.37	USD	0.00
03/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; Touchscre	21.04	USD	0.00
04/30/17	GL	191 9181	004701-0000		Dornfeld, S; JIMMY ; TS CVGV	38.70	USD	0.00
04/30/17	GL	191 9181	004701-0000		Dornfeld, S; UNITED; TS CVGV	218.40	USD	0.00
04/30/17	GL	191 9181	004701-0000		Kind, Z; AGENT ; T.MATULA_CVGV	33.00	USD	0.00
04/30/17	GL	191 9181	004701-0000		Kind, Z; DELTA ; T.MATULA_CVGV	176.40	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; TERESA; TS CVGV	43.75	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; CARIBO; TS CVGV	20.33	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; DAVANN; TS CVGV	175.51	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; DOOLIT; TS CVGV	96.58	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; PANERA; TS CVGV	158.30	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; LUNDS&; TS CVGV	8.90	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; TS CVGV	30.10	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; UBER ; TS CVGV	45.58	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; NT FRE; TS CVGV	48.94	USD	0.00
05/31/17	GL	191 9181	004701-0000		Dornfeld, S; JIMMY ; TS ProviN	51.90	USD	0.00
11/30/17	RJ	191 9181	004701-0000		Sarah Dornfe; BURGER KIN	13.86	USD	0.00
11/30/17	RJ	191 9181	004701-0000		Sarah Dornfe; EXXONMOBIL	40.01	USD	0.00
11/30/17	RJ	191 9181	004701-0000		Sarah Dornfe; LONG ROAD	115.70	USD	0.00
12/01/17	RJ	191 9181	004701-0000		Sarah Dornfe; BURGER KIN	13.86	USD	0.00
12/01/17	RJ	191 9181	004701-0000		Sarah Dornfe; EXXONMOBIL	40.01	USD	0.00
12/01/17	RJ	191 9181	004701-0000		Sarah Dornfe; LONG ROAD	115.70	USD	0.00
12/31/17	RJ	191 9181	004701-0000		Sarah Dornfe; BURGER KIN	13.86	USD	0.00
12/31/17	RJ	191 9181	004701-0000		Sarah Dornfe; EXXONMOBIL	40.01	USD	0.00
12/31/17	RJ	191 9181	004701-0000		Sarah Dornfe; LONG ROAD	115.70	USD	0.00
Acct Category Totals: 4701 TRAVEL AND AUTO						2,684.88		
			Account Category	: 4711	CONSULTANT SERVICES			
12/30/17	AP	191 9181	004711-0000		48996PROVINET SOLUTIONS	1,181.25	USD	0.00

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
Activity Group : ISSC Activity : 191-17.10 Attributes :								
			IS PROJECTS		USD			
			Vision Touch Screens		USD	0191-1710		
Account Category : 4711 12/31/17 GL 191 9181 004711-0000 48996-PROVINET SOLUTIONS 682.50 USD 0.00 01/01/18 AP 191 9181 004711-0000 48996PROVINET SOLUTIONS 732.12 USD 0.00 01/01/18 GL 191 9181 004711-0000 48996-PROVINET SOLUTIONS 682.50-USD 0.00								
Acct Category Totals: 4711						1,913.37		
Account Category : 4771 05/31/17 GL 191 9181 004771-0000 Dornfeld, S; LUNDS&; TS CVGV 29.73 USD 0.00 11/30/17 GL 191 9181 004771-0000 61252-NETRIX 21,924.00 USD 0.00 11/30/17 GL 191 9181 004771-0000 61252-NETRIX, LLC 22,221.41 USD 0.00 12/01/17 GL 191 9181 004771-0000 61252-NETRIX 21,924.00-USD 0.00 12/01/17 GL 191 9181 004771-0000 61252-NETRIX, LLC 22,221.41-USD 0.00 01/01/18 AP 191 9111 001799-0000 43493OFFICE OF STATEWIDE H 250.00 USD 0.00 01/01/18 AP 191 9181 004771-0000 48996PROVINET SOLUTIONS 682.50 USD 0.00 03/01/18 AP 191 9111 001799-0000 43493OFFICE OF STATEWIDE H 250.00 USD 0.00 03/01/18 AP 191 9111 001799-0000 43493OFFICE OF STATEWIDE H 250.00 USD 0.00								
Acct Category Totals: 4771						1,462.23		
Account Category : 99999 06/30/17 AC 191 9111 001799-0000 Reclass Vision TS Catagory 34,034.01-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 23,098.44-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 23,734.92-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 31,294.72-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 31,796.30-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 7,118.61-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 37,910.40-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 26,037.10-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 16,977.53-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 48,304.64-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 6,781.40-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 15,647.36-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 9,084.66-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 10,677.92-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 12,733.15-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 8,050.77-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 34,647.67-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 13,562.81-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 58,677.59-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 36,338.63-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 28,474.46-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 50,547.20-USD 0.00 01/31/18 AM 191 9111 001799-0000 AM20 ADDITION 36,451.95-USD 0.00								

Transaction Listing

AC290 Date 02/13/19
Time 10:45

Transaction Listing
Activities: 191-17.10

Account Category Type: Cost
- 10/31/18

PostDate	Sy	Co	Account	Reference	Description	Amount	Curr	Units
Activity Group : ISSC IS PROJECTS USD Activity : 191-17.10 Vision Touch Screens USD 0191-1710 Attributes :								
Account Category : 99999 Credit for Posting Capital								
01/31/18	AM	191	9111	001799-0000	AM20 ADDITION	66,817.05	-USD	0.00
01/31/18	AM	191	9111	001799-0000	AM20 ADDITION	29,710.69	-USD	0.00
01/31/18	AM	191	9111	001799-0000	AM20 ADDITION	40,253.87	-USD	0.00
01/31/18	AM	191	9111	001799-0000	AM20 ADDITION	14,848.23	-USD	0.00
01/31/18	AM	191	9111	001799-0000	AM20 ADDITION	51,968.81	-USD	0.00
Acct Category Totals: 99999 Credit for Posting Capital						805,580.89	-	
Activity Totals : 191-17.10 Vision Touch Screens						96,510.31		
Activity Grp Totals : ISSC IS PROJECTS						96,510.31		
Report Totals :						96,510.31		

LARRY CORONA CONSTRUCTION, INC.
 624 W. ROSEBURG AVE.
 MODESTO, CA 95350-5147
 PH.(209) 522-8715 LIC.# 429494

BILL TO
COVENANT VILLAGE OF TURLOCK ACCOUNTS PAYABLE 2125 N OLIVE TURLOCK, CA 95382

Invoice

DATE	INVOICE #
1/29/2018	28412

JOB NAME AND ADDRESS
MONITOR SCREENS

TERMS	DUE DATE
NET 10 DAYS	2/8/2018

DESCRIPTION	AMOUNT
TOTAL DUE PER QUOTE ON SNF 4 LOCATIONS.....	14,160.00
TOTAL DUE PER QUOTE ON SNF 3 LOCATIONS.....NO FRAMING.....	9,324.00
TOTAL DUE PER QUOTE ON A.L. 5 LOCATIONS.....	9,000.00

Total	\$32,484.00
--------------	--------------------

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.
 1.5% INTEREST PER MONTH WILL BE CHARGED ON PAST DUE BALANCES.
 THANK YOU FOR YOUR BUSINESS!



2801 Lakeside Drive
 Bannockburn, IL 60015
 Tel: (847) 283-7300 / Fax: (847) 283-7500

Invoice # 375140				
Date	Terms	Due Date	PO #	Ship Via
1/17/2017	Net 30	2/16/2017	Per Email Order	FedEx Ground
Your account manager is Greg Price Email: gprice@netrixllc.com				

Bill To:
 Covenant Retirement Community (CRC)
 Bill Rabe
 5700 Old Orchard Rd
 Skokie IL 60077

Ship To:
 Covenant Retirement Community (CRC)
 Bill Rabe
 5700 Old Orchard Rd
 Skokie IL 60077

Part #	Item	QTY	QTY B/O	Sell Price	Sell Extended
		100	100	\$1,538.00	\$153,800.00
	17" Privacy Filter, 2GHz, 4GB, SSD, W10 Prof 64bit, Wallmount				
	Pioneer 1b-M7-Ps02a1 Bracket	100	100	\$28.00	\$2,800.00
	1' Angle Power Cord and PSU Bracket				

Subtotal	\$156,600.00
Tax	\$0.00
Shipping	\$234.90
Total	\$156,834.90

Terms and Conditions:
 Invoice Subject to Netrix Quote Terms and Conditions available at
<http://www.netrixllc.com/contracts>

Approved By: _____

ES: _____



2801 Lakeside Drive
 Bannockburn, IL 60015
 Tel: (847) 283-7300 / Fax: (847) 283-7500

Invoice # 370314				
Date	Terms	Due Date	PO #	Ship Via
10/24/2016	Net 30	11/23/2016	PioneerPOS v2	FedEx Ground
Your account manager is Greg Price Email: gprice@netrixllc.com				

Bill To:
Covenant Retirement Community (CRC) Bill Rabe 5700 Old Orchard Rd Skokie IL 60077

Ship To:
Covenant Retirement Community (CRC) Bill Rabe 5700 Old Orchard Rd Skokie IL 60077

Part #	Item	QTY	QTY B/O	Sell Price	Sell Extended
		40	0	\$1,538.00	\$61,520.00
17" Privacy Filter, 2GHz, 4GB, SSD, W10 Prof 64bit, Wallmount					
	Pioneer 1b-M7-Ps02a1 Bracket	40	0	\$28.00	\$1,120.00
1' Angle Power Cord and PSU Bracket					

Subtotal	\$62,640.00
Tax	\$0.00
Shipping	\$210.00
Total	\$62,850.00

Terms and Conditions:
 Invoice Subject to Standard Netrix, LLC Terms and Return Policy available at
<http://www.netrixllc.com/TermsConditionsofSale.aspx>

Approved By: _____

Notes:



2801 Lakeside Drive
Bannockburn, IL 60015
Tel: (847) 283-7300 / Fax: (847) 283-7500

THANK YOU FOR YOUR BUSINESS!

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE CALL US AT (847) 283-7300

Make Checks Payable to:



Get+Netrix
2801 Lakeside Drive
Bannockburn, IL 60015

Sold To:
Covenant Retirement Community (CRC)
Bill Rabe
5700 Old Orchard Rd
Skokie IL 60077

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT:

INVOICE #	INVOICE DATE	DUE DATE
370314	10/24/2016	11/23/2016
CUSTOMER #	INVOICE TOTAL	AMOUNT DUE
19186	\$62,850.00	\$62,850.00

Remit To:
Get+Netrix
Attn Accounts Receivable
2801 Lakeside Drive
Bannockburn, IL 60015

**BOARD OF DIRECTORS
OF COVENANT RETIREMENT COMMUNITIES AND ITS AFFILIATES**

July 2017 to June 2018

Aagaard, Jon P., M.D. (2019)
Wheaton, IL 60187

Vanover, Andrew (2021)
Grand Rapids MI 49546

Bentley, Sarah (2021)
Cool, CA 95614

Vining, Anne E. (2018)
St. Paul, MN 55106

Christensen, Pamela (2020)
Roseville, CA 95678

Ex Officio (voting)

Davis, Kara E., M.D. (2017)
South Holland, IL 60473

Cunliffe, Terri S., president
Covenant Retirement Communities
Skokie, IL 60077-1036

Eastburg, Mark, chair (2020)
Grand Rapids, MI 49546

Oxendale, Roger A., president
Covenant Ministries of Benevolence
Chicago, IL 60625

Espinosa, Marc E., vice chair (2018)
Arvada, CO 80002

Nelson, Richard P., chair
Board of Benevolence
Turlock, CA 95380

Hodgkinson, Donald (2020)
Chicago, IL 60625

Walter, Gary, president
The Evangelical Covenant Church
Chicago, IL 60631

Manlove, Matthew (2020)
Attleboro, MA 02703

Rinard, Dale Glen (2020)
Spring Valley, CA 91977

Stante, Marlene E. (2019)
Turlock, CA 95382

**BOARD OF DIRECTORS
OF COVENANT RETIREMENT COMMUNITIES AND ITS AFFILIATES
July 2018 to June 2019**

CRC Board of Directors

Aagaard, Jon P., M.D. (2019)

Bentley, Sarah (2021)

Christensen, Pamela (2020)

Davis, Kara E., M.D. (2021)

Eastburg, Mark, chair (2020)

Hodgkinson, Donald (2020)

Kurt Kincanon (2022)

Manlove, Matthew (2020)

Martin, Robert (2022)

Palmer, Mary (2022)

Rinard, Dale (2020)

Stante, Marlene E. (2019)

Vanover, Andrew (2021)

~~Willing, Anne E. (2019)~~

Ex Officio (voting)

Cunliffe, Terri S., president
Covenant Retirement Communities
5700 Old Orchard Road, Suite 100
Skokie, IL 60077-1036
TS_Cunliffe@covenantretirement.org
773.878.5295 (office)
954.752.0360 (fax)

Oxendale, Roger A., president
Covenant Ministries of Benevolence
5145 North California Avenue
Chicago, IL 60625
RAOxendale@covenantbenevolence.org
773.989.1610, Ext. 5000
773.878.2617 (fax)

Nelson, Richard P (2020)
Covenant Ministries of Benevolence
5145 North California Avenue
Chicago, IL 60625

Wenrich, John, president
The Evangelical Covenant Church
8303 West Higgins Road
Chicago, IL 60631
president@covchurch.org
773.907.3001
773.784.1710 (fax)

Advisors (non-voting)

Anderson, Lawrence P.
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Covenant Village of Cromwell (Pilgrim Manor)
Medicaid Cost Report - Cable Television Expense
10/01/17 - 09/30/18

Cable Television expense of \$20,659.97 provided by Comcast is reported on Page 16 Line M13.

The full amount of cable television expense is adjusted out of this report.

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
STATEMENT OF RESIDENTS/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT

Balances as of September 2018
 (end of month date)

Facility Name Covenant Village (Gybrin Manor) Administrator Maria Christoforo
 Street 52 Missionary Rd. Administrator's Signature [Signature] Date 2/12/19
 City/Town Cromwell State CT Zip 06416 Bank Name Citizen's Bank
 Phone No. (860) 635-5511 Aggregate Bank Account No. 2210024476
 Personal Funds Custodian Kathy Ayle (if applicable) (Bank Statement enclosed)

Name	Medicaid Number	Personal Funds in Facility	Private Funds in Banks	Bank Name & Account No.	Burial Fund Amount	Bank Name & Account No. or Funeral Home Name
Carlson, Margaret	3787236		\$173.61	CitizensBank 2210024476		
Dagle, Charles	2728009		\$1,677.69	CitizensBank 2210024476		
Defelice, Ann	3335982		\$339.25	CitizensBank 2210024476		
Defelice, Ralph	3332915		\$1,266.52	CitizensBank 2210024476		
Hughes, Mary	2602600		(\$135.87)	CitizensBank 2210024476		
Hvoslef, Arthur	4261732		\$757.79	CitizensBank 2210024476		
Larson, Doris	2420228		(\$26.00)	CitizensBank 2210024476		
Malaquias, Jean	4317850		\$148.53	CitizensBank 2210024476		
Nichols, Frances	100209633		\$420.01	CitizensBank 2210024476		
Pollans, Esther	3701153		\$1,108.01	CitizensBank 2210024476		
Russo, Daniel	4338965		\$404.03	CitizensBank 2210024476		
Toms, Marian	3981623		\$43.74	CitizensBank 2210024476		

