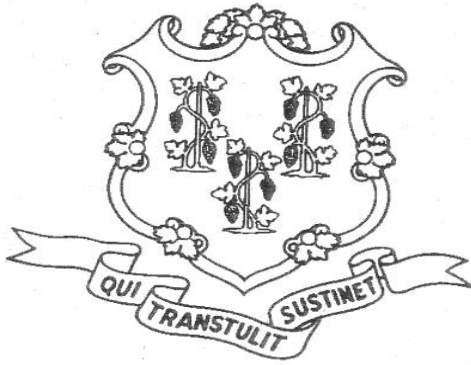


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

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 type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

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

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General Information

Name of Facility (as licensed) Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	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, 2015 and ending September 30, 2016, 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)

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 10/1/2015	To 9/30/2016
Address of Facility 52 Missionary Road, Cromwell, CT 06416-2143				
Report Prepared By FGMK, LLC		Phone Number 847-374-0400	Date 2/1/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility		Report for Year Ended	Page	of
		9/30/2016	2	37
Name of Facility (as shown on license)		Address (No. & Street, City, State, Zip)		
Pilgrim Manor		52 Missionary Road, Cromwell, CT 06416-2143		
License Numbers:	CCNH 966-C	RHNS	(Specify)	Medicare Provider No. 07-5306
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator		Nursing Home Administrator's License No.:		
Maria Christoforo			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	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	3a	37

Board of Directors Term Date Currently Resides

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

General Information and Questionnaire
Related Parties*

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Covenant Retirement Communities	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management Investing & Accounting	Page 16, Ln 12	389,068	298,073
Covenant Retirement Communities	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Centralized Billing & Therapy Billing	Page 16, Line 12	55,805	42,753
Covenant Retirement Communities	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	Page 16, Line 12	21,439	16,425
Covenant Retirement Communities	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		IS Svc Fees/Software License	Page 16, Line 12	111,516	85,435
Covenant Retirement Communities	5700 Old Orchard Rd., Skokie, IL 60077	<input type="radio"/>	<input checked="" type="radio"/>		Legal Services	Page 15, Line E1	5,000	3,831
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire - Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	4a	37

Related Parties

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fees (Pg. 16, Ln.m12) are 5% of net revenue, Intercompany interest Expenses (Pg. 27, Ln.13) is based upon net amount owed.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Pilgrim Manor			License No. 966-C	Report for Year Ended 9/30/2016			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 type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
							Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Plante & Moran, PLLC		2155 Point Blvd., Ste. 200 Elgin, IL 60123		
2 Jeremy Brune & Associates, LLC		2508 Riverwalk Drive, Plainfield, IL 60586		
3 FGMK, LLC		2801 Lakeside Dr. 3rd Flr, Bannockburn, IL 60015		
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Independent Year-End Audit Services				\$ 9,989
2 Medicare Cost Report Services				\$ 2,200
3 Medicaid Cost Report Services				\$ 6,771
4				\$
				Charge for Services Provided
				\$ 18,960
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 D1				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 CRC Home Office			773-878-2294	
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 5700 Old Orchard Rd., Skokie, IL 60077				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Legal Counsel				\$ 5,000
2				\$
3				\$
4				\$
5				\$
				Charge for Services Provided
				\$ 5,000
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15 E1				

Schedule of Resident Statistics

Name of Facility Pilgrim Manor		License No. 966-C			Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	54	54			54	54			54	54			
B. As of midnight of THIS report period	57	57			55	55			57	57			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,868	2,868			2,079	2,079			789	789			
B. Medicaid (Conn.)	7,874	7,874			5,703	5,703			2,171	2,171			
C. Medicaid (other states)													
D. Private Pay	5,347	5,347			3,917	3,917			1,430	1,430			
E. State SSI for RCH													
F. Other (Specify) Contract/MCO	2,959	2,959			2,296	2,296			663	663			
G. Total Care Days During Period (3A thru F)	19,048	19,048			13,995	13,995			5,053	5,053			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	19,048	19,048			13,995	13,995			5,053	5,053			

Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor			License No. 966-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents													
Per Diem Rate													
a. One bed rm.			220.81		558.00								
b. Two bed rms.			220.81		462.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,052	1,052				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,131	2,131				
D. Total Physical Therapy Treatments								3,183	3,183				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								65	65				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								166	166				
D. Total Speech Therapy Treatments								231	231				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								386	386				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,431	1,431				
D. Total Occupational Therapy Treatments								1,817	1,817				

Report of Expenditures - Salaries & Wages

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	79,693	1,622				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
	58,837	790				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	127,543	4,445				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
	49,979	4,330				
c. Dietary Workers						
	268,857	17,346				
6. Housekeeping Service						
a. Head Housekeeper						
	12,318	493				
b. Other Housekeeping Workers						
	72,146	5,444				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	18,817	222				
b. Other Maintenance Workers						
	66,452	3,636				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
	16,867	1,507				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
	42,235	1,239				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
	71,407	1,340				
b. RN						
1. Direct Care						
	580,163	14,119				
2. Administrative**						
c. LPN						
1. Direct Care						
	409,876	14,318				
2. Administrative**						
d. Aides and Attendants						
	817,592	48,958				
e. Physical Therapists						
	87,202	2,694				
f. Speech Therapists						
	3,708	64				
g. Occupational Therapists						
	52,706	1,510				
h. Recreation Workers						
	124,914	4,734				
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						
	37,533	1,744				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
	221,860	7,228				
<i>A-13. Total Salary Expenditures</i>						
	3,220,705	137,783				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy-Director	\$ 94,718	1,943				
Nursing- Ward Clerk	\$ 80,577	4,253				
Nursing-In-Service Education	\$ 46,565	1,032				
Total	\$ 221,860	7,228	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Interim Administrator - J. Michael Rose (10/1/2015-2/1/2016)	\$ 21,563	663				
Total	\$ 21,563	663	\$ -	-	\$ -	-

**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	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Pilgrim Manor				966-C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Maria Christoforo (12/14/2015-9/30/2016)	76,693				Licensed Nursing Home Administrator	1,622	A3	Covenant Village 52 Missionary Rd Cromwell CT. 06416	1,958	108,233
Section IV - Assistant Administrators										
Pamela Klapproth (Executive Director) (10/1/2015-9/30/2016)	58,837				Executive Director	790	A2	Covenant Village 52 Missionary Rd Cromwell CT. 06416	2,080	174,277

*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	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	9,521	191				
2. Dentist	6,657	196				
3. Pharmacist	41,774	1,260				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	44,896	898				
b. Other						
6. Social Worker	1,980	44				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	35,997	148				
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	7,112	142				
b. Other						
10. Occupational Therapist						
a. Resident Care	40,440	809				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	54,854	2,070				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	21,563	663				
B-13 Total Fees Paid in Lieu of Salaries	264,794	6,421				

* 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 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Ellen Ronsivalli, M.S., R.D. 70 High Street, South Windsor, CT 06074	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental, NE Prestige Drive, Meriden, CT 06450	Dentists	<input type="radio"/>	<input checked="" type="radio"/>		
Ominicare of Connecticut, 525 Knotter Drive, Cheshire, CT 06410	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Glendo Tangarorang, MD - 118 Kaye Vue Dr., Hamden, CT 06514	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Vista Behavioral Health - 152 Simsbury Rd Bldg 2, Avon, CT 06001	Medical Evaluations	<input type="radio"/>	<input checked="" type="radio"/>		
J. Michael Rose - 52 AP Gates Road East Haddam, CT 06423	Interim Administrator	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 85,574	85,574		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 12,275	12,275		
4. Social Security (F.I.C.A.)	\$ 236,578	236,578		
5. Health Insurance	\$ 209,302	209,302		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,216	6,216		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 55,111	55,111		
8. Uniform Allowance	\$ 1,112	1,112		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 59,049	59,049		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 71,145	71,145		
d. Accounting and Auditing	\$ 18,960	18,960		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,000	5,000		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$			
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,114	15,114		
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	\$ 775,436	775,436		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pilgrim Manor	966-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		775,436	775,436		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	9,020	9,020		
5. Education Expenses Related to Seminars and Conventions	\$	2,157	2,157		
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>)***	\$	58,581	58,581		
3. Advertising Other (<i>Specify</i>)***	\$				
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,677	2,677		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	1,613	1,613		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	577,828	577,828		
13. Other (<i>Specify</i>)	\$	281,614	281,614		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,708,926	1,708,926		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Activities-Dues & Subscriptions	\$ 264		
Chaplains-Dues & Subscriptions	\$ 22		
Administrative & General-Dues & Subscriptions	\$ 1,327		
Total Dues	\$ 1,613	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Equipment Rental/Repairs-Small Equipment Purchases	\$ 51,820		
Internal Cost Allocation	\$ 10,383		
Media Access	\$ 19,887		
Program Expense - On Campus/Off Campus	\$ 7,234		
Training	\$ 674		
Supplies -Office/Other/IS	\$ 12,984		
Chaplain Allowances	\$ 2,644		
Consultant Services/Contracted Services/Purchased Services	\$ 98,066		
Other Department Expense/Other Operating Expense	\$ 27,639		
Licenses & Permits	\$ 2,430		
Recruiting/Promotional Expense	\$ 47,853		
Total Other Administrative and General	\$ 281,614	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60077	389,068	Management Services Fees	Pg. 16 Ln. M12	
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60078	56,522	Centralized Billing Therapy Billing	Pg. 16 Ln. M12	
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60079	21,439	Payroll	Pg. 16 Ln. M12	
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60080	111,516	IS Services/Software	Pg. 16 Ln. M12	
Covenant Retirement Communities, 5700 Old Orchard Rd., Skokie, Il 60081	5,000	Legal	Pg. 15 Ln. E1	

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility Pilgrim Manor		License No. 966-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 160,255	160,255			
2. Non-Food Supplies	\$ 27,803	27,803			
3. Other (Specify) _____ Rentals, Freight, Flowers/Decorations/Sodexo -Other	\$ 3,487	3,487			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 45,683	45,683			
c. Management Services**	\$ 23,007	23,007			
d. Other (Specify) _____ Supplies, Other Department Expense, Postage	\$ 1,317	1,317			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 261,552	261,552			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$173
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/1a
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$791
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$791
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/1a
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Pilgrim Manor		License No. 966-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	7,514	7,514	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	2,470	2,470	
c. Management Services**		\$			
d. Other (Specify) Dining, Linen, Uniform Rentals, Supplies		\$	23,204	23,204	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	33,188	33,188	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Pilgrim Manor	966-C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	8,894	8,894		
c. Management Services*	\$				
d. Other (<i>Specify</i>) Supplies-Other	\$	17,569	17,569		
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	26,463	26,463		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Unrelated Pharmacy - OmniCare	\$	123,673	123,673		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	87,790	87,790		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	18,253	18,253		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	27,473	27,473		
i. Recreation	\$	716	716		
j. Other (Specify)**** See Attached Schedule	\$	12,107	12,107		
5K. Total Resident Care Expenditures (5a - 5j)	\$	270,012	270,012		

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

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

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

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

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Pilgrim Manor			License No. 966-C	Report for Year Ended 9/30/2016	Page 21	of 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Rentals	368				16	13m
Comcast	P.O. Box 6505, Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Media Access	19,887				16	13m
Linda Cavallo	892 Randolph Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Barber & Beauty	25,738				16	13m
McKesson Medical & Surgical	Golden Valley, MN. 55427	<input type="radio"/>	<input checked="" type="radio"/>		Medical & Nursing Supplies	30,185				20	5c
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Food, Groceries	191,881				18	2a1/2
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Salary & Benefits (Dining Director/Mgrs.)	45,683				18	2b
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Management Fee	23,007				18	2c
Technical Gas Products	66 Leonardo Drive North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Oxygen & Related Supplies & Equipment	17,714				20	5e2
Omnicare of Connecticut	525 Knotter Drive, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Prescription Drugs	116,426				20	5a2
Hillyard, Inc.	P.O. Box, 877417 Kansas City, MO 64187	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supplies	5,317				19	3D
Hillyard, Inc.	P.O. Box, 877417 Kansas City, MO 64187	<input type="radio"/>	<input checked="" type="radio"/>		Houskeeping Supplies	10,360				20	4B/4I
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 45,347	45,347				
b. Heat	\$ 15,466	15,466				
c. Light & Power	\$ 117,422	117,422				
d. Water	\$ 14,747	14,747				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 59,849	59,849				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 252,831	252,831				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,524	1,524				
b. Building & Building Improvements	\$ 263,337	263,337				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 23,235	23,235				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 288,096	288,096				
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	\$ (49,270)	(49,270)				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 238,826	238,826				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Disposal Services	\$ 11,613		
Medical Waste Disposal	\$ 2,367		
Supplies-Other	\$ 4,032		
Purchased Services	\$ 39,821		
Other Department Expense	\$ 112		
Snow Removal	\$ 1,904		
Total Other Repairs and Maintenance	\$ 59,849	\$ -	\$ -

Pilgrim Manor
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/29/2016	PMCC Renovation	\$ 513,042	20	\$ 12,826
Total additions for Building Improvements		\$ 513,042		\$ 12,826 *
Deletions:				
1/31/2016	Various Disposals	\$ (198,936)		
Total deletions for Building Improvements		\$ (198,936)		\$ - **

*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:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*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:				
5/24/2016	PMCC Video Phone	\$ 2,676	10	\$ 134
Total additions for Movable Equipment		\$ 2,676		\$ 134 *
Deletions:				
1/31/2016	Various Disposals	\$ (15,895)		
Total deletions for Movable Equipment		\$ (15,895)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Pilgrim Manor			License No. 966-C		Report for Year Ended 9/30/2016			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 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	04/01/65			
2. Date Structure Completed	11/19/84			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage	21,240			
7. Acquisition Cost				
a. Land	32,000			
b. Building	2,906,978			

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Pilgrim Manor		License No. 966-C	Report for Year Ended 9/30/2016			Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. 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 9/30/2016	Page 27	of 37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:					
12. C. Movable Equipment					
1. Automotive Equipment					
\$					
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (<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)					
\$					
b. Insurance on Automobiles					
\$					
c. Insurance other than Property (as specified above)					
1. Umbrella (<i>Blanket Coverage</i>)					
\$					
2. Fire and Extended Coverage					
\$					
3. Other (<i>Specify</i>)					
\$					
Liability, Crime& Fiduciary, D&O Liability, Other Ins					
14d. Total Insurance Expenditures (14a + b + c)					
\$					
15. Total All Expenditures (A-13 thru C-14)					
\$					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	27a	37

Other Insurance Detail	Amount
Liability	11,557
Crime & Fiduciary	1,080
Directors & Officers Liability	5,229
Earthquake	-
Other:	
Group Travel	132
Computer Security	2517
Ins. Brokerage Fees	11,797
Total Other	<u>14,446</u>
Total	<u>32,312</u>

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Pilgrim Manor				966-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 71,145	71,145		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	M2	Unallowable Advertising *	\$ 58,581	58,581		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M16	Barber and Beauty	\$ 18,863	18,863		
23.			Other - See attached Schedule	\$ 192,413	192,413		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 341,002	341,002		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1A9	Employee Recognition	\$ 1,925		
16	M13	Media Access	\$ 9,682		
16	M12	ADJ to Medicare HO CR 1-31-16	\$ 135,142		
15	E1	ADJ to Medicare HO CR 1-31-16 (Legal)	1169		
22	10A	Property Tax	44495		
Total Other A&G Adjustments			\$ 192,413	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Pilgrim Manor			966-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 341,002	341,002		
Page 20 - Resident Care Supplies***							
27.	20	5A2	Prescription Drugs	\$ 123,673	123,673		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.	20	5H	Laboratory	\$ 27,473	27,473		
31.			Medical Supplies	\$			
32.	20	5E2	Oxygen (non emergency)	\$ 18,253	18,253		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 16,435	16,435		
51.	Total Amount of Decrease (Items 1 - 50)			\$ 526,836	526,836		

*** 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
9/30/2016

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Operating Revenue	\$ (6)		
16	m13	Other Operating Expense	\$ 15,448		
22		Overhead Allocation A&G (See Pg. 29b Attachment)	\$ 97		
22	10A	Overhead Allocation - Capital (See Pg. 29b Attachment)	\$ (195)		
27		Overhead Allocation - Insurance (See Pg. 29b Attachment)	\$ 50		
22		Overhead Allocation - Depreciation (See Pg. 29b Attachment)	\$ 1,041		
Total Unallowable Building Interest			\$ 16,435	\$ -	\$ -

Detail of Overhead Allowance

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 29b	of 37
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Estimated Overhead on Outpatient Ther: Amount

Therapy Square Footage	842	
Total Square Footage	21,240	
% Attributable to Therapy Space	3.96%	
Total Physical Therapy Treatment Units (K	10,550	
Outpatient Physical Therapy Treatments (P'	1052	
% of Outpatient Treatments	9.97%	
Outpatient Allocation of Therapy Space	0.40%	
Total Outpatient Disallowance	1,892.48	

A&G Expenses (Pg 22)

			WTB Disallowance
6A	R&M	45,347.00	0.179846 179
6B	Heat	15,466.00	0.061338 61
6C	Light & Power	116,734.00	0.462967 461
6D	Water	14,747.00	0.058487 58
6F	Other	59,849.00	0.237361 237
	Total	252,143.00	
	Outpatient Allocation	0.40%	
	Unallowable Amount	996.71	997

Capital (Pg. 22)

10A	Property Taxes	(49,270.00)
	Outpatient Allocation	0.40%
	Unallowable Amount	(194.76)

Insurance (Pg 27)

14A	Property Insurance	12,543.00
	Outpatient Allocation	0.40%
	Unallowable Amount	49.58

Depreciation (Pg 22)

7B	Building Depreciation	263,337.00
	Outpatient Allocation	0.40%
	Unallowable Amount	1,040.96

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,774,395	3,774,395				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,151,248)	(2,151,248)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,353,096	1,353,096				
b. Medicare Room and Board Contractual Allowance **	\$ 232,393	232,393				
4. a. Private-Pay Residents and Other	\$ 3,905,942	3,905,942				
b. Private-Pay Room and Board Contractual Allowance **	\$ 12,245	12,245				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 25,726	25,726				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 181	181				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 100,737	100,737				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 10,854	10,854				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 1,408	1,408				
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 650	650				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 4,848	4,848				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 7,598	7,598				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,278,825	7,278,825				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 964	964				
2. Rental of rooms to non-residents	\$ 80	80				
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 9,682	9,682				
5. Interest Income (<i>Specify</i>)	\$ 168,486	168,486				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 18,863	18,863				
8. Other (<i>Specify</i>)	\$ 1,430	1,430				
V. Total Other Revenue (1 thru 8)	\$ 199,505	199,505				
VI. Total All Revenue (III +V)	\$ 7,478,330	7,478,330				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	PRI PAY CONTRACTL RES LAX REV	\$ 121		
	PRI PAY NON-CONTL RES LAX REV	\$ 136		
	MEDICAID/MEDI-CAL RES LAX REV	\$ 210		
	HMO/MGD CARE A RES LAX REV	\$ 635		
	PRI PAY CONTRACTL RES OXY REV	\$ 872		
	PRI PAY NON-CONTL RES OXY REV	\$ 4,481		
	MEDICAID/MEDI-CAL RES OXY REV	\$ 898		
	HMO/MGD CARE A RES OXY REV	\$ 245		
Total Other Resident Revenue		\$ 7,598	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	FINANCING ASSESSMENT		\$ (12,504)		
	INC ON BENEVOLENT CARE FUND		\$ 2,097		
	Other-INC ON PROPERTY REPLAC FUND		\$ -		
	INC ON STATE REQUIRED RESERVES		\$ 6,547		
	INC ON OTHER		\$ 6		
	ADVANCES FROM CRC INT INC		\$ 172,340		
Total Interest Income			\$ 168,486	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue (Historical Depreciation Cost Adjustment)	\$ (44,722)		
	HEALTH SUBSIDY EXPENSE-AT SNF	\$ -		
	TRANSPORTATION REVENUE	\$ 2,766		
	PROPERTY TAX REVENUE	\$ 44,495		
	OTHER OPERATING INCOME	\$ 6		
	GAIN (LOSS)-DISP OF FIXED ASSE	\$ (10,917)		
	UNRE GAINS(LOSSES)ON INVESTMEN	\$ 18,187		
	REAL GAINS (LOSSES) ON INVEST	\$ (18,978)		
	PROCUREMENT REBATES	\$ 3,329		
	PROCUREMENT REBATES	\$ 7,264		
Total Other	PROCUREMENT REBATES	\$ 1,430	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	21,406
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	971,869
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	30,208
a. Prepaid Taxes	26,411			
b. Other Prepaid Expense	3,797			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,023,483
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	167,907	\$	9,755
	Accum. Depreciation	158,152		Net
3. Buildings	*Historical Cost	6,198,087	\$	2,744,188
	Accum. Depreciation	3,453,899		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	470,558	\$	39,332
	Accum. Depreciation	431,226		Net
6. Movable Equipment	*Historical Cost	453,118	\$	17,315
	Accum. Depreciation	435,803		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	499,892
Variance Between F/S and Cost Report Assets				
and A/D have been adjusted to Historical	499,892			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,342,482

* 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	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	4,365,965
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>)			\$	6,318,469
Name and Address		Amount	Loan Date	
		6,318,469		
7. Other Assets (<i>itemize</i>)			\$	1,291,826
State Required Reserves, Net Int.		959,206		
Benevolent Care Fund		129,076		
CIP Asset Clearing		203,544		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	7,610,295
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	11,976,260

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Pilgrim Manor		966-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	71,446
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	158,807
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	5,424
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>)				\$	74,879
Accrued Other Expense		26,289			
Resident Trust Funds		21,406			
Other Current Liabilities		27,184			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	310,556

* 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 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				310,556
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 310,556

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	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			\$	10,524,920
6. Gain or Loss for Period			\$	1,140,784
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	11,665,704
C. Total Reserves and Net Worth			\$	11,665,704
D. Total Liabilities, Reserves, and Net Worth			\$	11,976,260

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	10,210,409
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,478,330
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,337,546
D. Net Income or Deficit			\$	1,140,784
E. Balance			\$	11,351,193
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
PY Audit Adjustments				314,511
F-3. Total Additions			\$	314,511
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	11,665,704
09/30/16				

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
FGMK, LLC				
Address Address			Phone Number	
2801 Lakeside Dr. 3rd Flr. Bannockburn, IL 60015			847-374-0400	

Error Check

Level	Item	Reported as		
CCH	Page 10 - Administrator Compensation	79,693	is inconsistent with page 12 of	76,693
	Page 22 - Building Depreciation	263,337	is inconsistent with Page 23	263,337
	Page 22 - Movable Depreciation	23,235	is inconsistent with Page 23	23,235
	Page 23 - Accumulated Dep. of Building Improver	3,453,899	is inconsistent with Page 31	3,453,899
	Page 23 - Accumulated Dep. of Movable Eq.	435,803	is inconsistent with Page 31	435,803