



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, 2017, 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 15, 2018

Annual Report of Long-Term Care Facility Cost Year 2017 Checklist

Facility Name Pilgrim Manor

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with cost year 2016? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

There are no operating leases reported by Pilgram Manor.

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year 2017, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____
There were no licensed / certified bed changes during the year.

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: None to report since Pilgrim Manor (Non-Profit CCRC) is not subject to the user fee tax.

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2016?

Explanation:

The cost in total reconciles to last years reports. There were a few reclasses.

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____
See supplemental schedule provided for capitalized renovation project for detailed information related to asset improvements, acquisitions, etc.

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

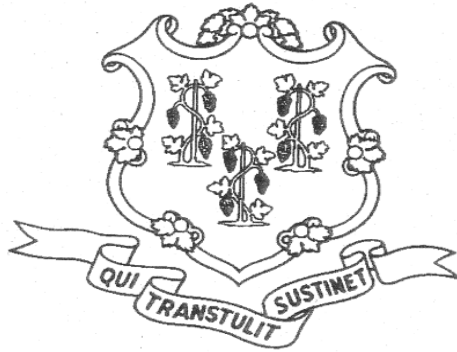
Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

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 9/30/2017	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, 2016 and ending September 30, 2017, 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) <i>Maria Christoforo</i>		Date <i>2/14/18</i>	Signed (Owner)		Date
Printed Name (Administrator) Maria Christoforo			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>Maria Christoforo</i>	State of <i>CT</i>	Date <i>2/14/18</i>	Signed (Notary Public) <i>Alyssa D. Pagan</i>	Comm. Expires <i>9,30,19</i>	
Address of Notary Public <i>52 Missionary Rd. Cromwell, CT 06416</i>					



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 10/1/2016	To 9/30/2017	
Address of Facility 52 Missionary Road Cromwell CT 06416-2143				
Report Prepared By Jeremy Brune & Associates, LLC	Phone Number (779) 875 - 3979	Date 2/12/2018		
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 (860) 635 - 5511	Report for Year Ended 9/30/2017	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	(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 Maria Christoforo			Nursing Home Administrator's License No.:	1953	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	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				

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

July 2016 to June 2017

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

Macdonald, Scott (2018)
Wheaton, IL 60187-5439

Christensen, Pamela (2020)
Roseville, CA 95678

Manlove, Matthew (2020)
Attleboro, MA 02703

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

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

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

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

Elving, Jim (2017)
Edina, MN 55436

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

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

Ex Officio (voting)

Friesen, Rhoda (2017)
Westminster, CO 80031

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

Heywood, Thomas F. (2017)
Mercer Island, WA 98040

Dwight, David A., president
Covenant Ministries of Benevolence
Chicago, IL 60625

Hodgkinson, Donald (2020)
Chicago, IL 60625

Larson, Jennifer, chair
Board of Benevolence
Turlock, CA 95380

Holmgren, Kathy (2017)
Kirkland, WA 98033

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

Holt, Jody (2020)
Bedford, NH 03110-4517

General Information and Questionnaire Individual Proprietorship

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	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 9/30/2017	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 Road Skokie, Illinois 60077	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Pg 16 / Ln M12	483,859	423,975
		<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.

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

HOME OFFICE COST STATEMENT	DESIGNATED INTERMEDIARY USE ONLY [N] DESK REVIEWED [N] AUDITED	DATE RECEIVED: / /	INTERMEDIARY NO:	SCHEDULE A
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GENERAL INFORMATION, CERTIFICATION, AND LISTING OF CHAIN COMPONENTS

PART I - GENERAL INFORMATION

- | | | |
|--|---|---|
| 1. HOME OFFICE NAME:
COVENANT RETIREMENT COMMUNITIES | 2. NO. ASSIGNED BY DESIGNATED INTERMEDIARY:
14H043 | 2.01 NO. ASSIGNED BY CMS:
14 - H043 |
| 3. HOME OFFICE ADDRESS:
5700 OLD ORCHARD ROAD

SKOKIE
IL 60077 | 4. CHAIN OPERATIONS STARTED ON:
1/ 1/1979 | |
| 5. CONTACT PERSON
NAME: KALEN CARLSON
TITLE: CONTROLLER
PHONE: 773-878-5744 | 6. COST STATEMENT PERIOD:
FROM: 2/ 1/2016
TO: 1/31/2017 | 7. WAS AUDITED FINANCIAL DATA USED ON SCHEDULE B?
[X] YES [] NO |
8. TYPE OF CHAIN ORGANIZATION (CHECK APPLICABLE ITEM)
- | | | |
|-------------------------|-------------------------------|-----------------|
| a) VOLUNTARY NON-PROFIT | b) PROPRIETARY/INVESTOR-OWNED | c) GOVERNMENTAL |
| [X] CHURCH AFFILIATED | [] INDIVIDUAL | [] FEDERAL |
| [] COMMUNITY | [] PARTNERSHIP | [] STATE |
| [] PRIVATE | [] CORPORATION | [] COUNTY |
| [] CHARITABLE | [] | [] CITY |
| [] | [] | [] DISTRICT |
9. KEY OFFICERS OF HOME OFFICE (ATTACH LISTING IF NECESSARY)
- | | |
|-------------------|----------------|
| PRESIDENT | TERRI CUNLIFFE |
| VICE PRESIDENT(S) | JODY HOLT |

SECRETARY
 TREASURER
 CONTROLLER

PART II - CERTIFICATION OF OFFICER OF HOME OFFICE

MI SREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING STATEMENT OF ALLOWABLE HOME OFFICE COSTS (AND EQUITY CAPITAL IF APPLICABLE), THE ALLOCATION THEREOF TO THE CHAIN COMPONENTS, AND THE OTHER SUPPORTING SCHEDULES FOR THE PERIOD BEGINNING 2/ 1/2016, AND ENDING 1/31/2017 TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE AND CORRECT STATEMENTS PREPARED FROM THE BOOKS AND RECORDS OF THE HOME OFFICE IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED (ATTACH STATEMENT WITH EXCEPTIONS IF NECESSARY).

 SIGNED

 TITLE

 DATE

	COMPONENT NAME HEALTH CARE FACILITIES	MEDI CARE NUMBER	PERIODS ENDING DURING HOME OFFICE FISCAL YEAR		DATE ACQUIRED DURING THE HOME OFFICE FISCAL YR	DATE SOLD/CLOSED DURING THE HOME OFFICE FISCAL YR
			FROM: 3	TO: 4		
1	BRANDEL MANOR	055635	2/ 1/2016	1/31/2017		
2	BRANDEL CARE CENTER	145527	2/ 1/2016	1/31/2017		
3	COLONIAL ACRES	245322	2/ 1/2016	1/31/2017		
4	COVENANT SHORES	505504	2/ 1/2016	1/31/2017		
5	COVENANT VILLAGE CARE CENTER	105604	2/ 1/2016	1/31/2017		
6	COVENANT VILLAGE OF TURLOCK	555749	2/ 1/2016	1/31/2017		
7	COVENANT VILLAGE OF COLORADO	065367	2/ 1/2016	1/31/2017		
8	MICHAELSEN HEALTH CARE CENTER	145409	2/ 1/2016	1/31/2017		
9	MOUNT MIGUEL COVENANT VILLAGE	555134	2/ 1/2016	1/31/2017		
10	PILGRIM MANOR SKILLED CARE	075306	2/ 1/2016	1/31/2017		
11	THE SAMARKAND	555762	2/ 1/2016	1/31/2017		
12	WINDSOR PARK MANOR	145606	2/ 1/2016	1/31/2017		
13	COVENANT VILLAGE OF GREAT LAKE	235614	2/ 1/2016	1/31/2017		
14	COVENANT CARE AT HOME		2/ 1/2016	1/31/2017		
15						
16						
17						

	COMPONENT NAME HEALTH CARE FACILITIES	MEDI CAID	COMPONENT COST	MEDI CARE	MEDI CAID
		PARTICIPATION YES/NO	REIMBURSED YES/NO	INTERMEDIARIES 9	
	1	7	8	9	10
1	BRANDEL MANOR	YES	NO	NORIDIAN	
2	BRANDEL CARE CENTER	YES	NO	NATIONAL GOVERNMENT SERVI	
3	COLONIAL ACRES	NO	NO	NATIONAL GOVERNMENT SERVI	
4	COVENANT SHORES	YES	NO	NATIONAL GOVERNMENT SERVI	
5	COVENANT VILLAGE CARE CENTER	YES	NO	NATIONAL GOVERNMENT SERVI	
6	COVENANT VILLAGE OF TURLOCK	YES	NO	NATIONAL GOVERNMENT SERVI	
7	COVENANT VILLAGE OF COLORADO	YES	NO	NATIONAL GOVERNMENT SERVI	
8	MICHAELSEN HEALTH CARE CENTER	YES	NO	NATIONAL GOVERNMENT SERVI	
9	MOUNT MIGUEL COVENANT VILLAGE	YES	NO	NATIONAL GOVERNMENT SERVI	
10	PILGRIM MANOR SKILLED CARE	YES	NO	NATIONAL GOVERNMENT SERVI	
11	THE SAMARKAND	YES	NO	NATIONAL GOVERNMENT SERVI	
12	WINDSOR PARK MANOR	YES	NO	NATIONAL GOVERNMENT SERVI	
13	COVENANT VILLAGE OF GREAT LAKE	YES	NO	NATIONAL GOVERNMENT SERVI	
14	COVENANT CARE AT HOME	YES	NO	PALMETTO GBA	
15					
16					
17					

COST CENTER	EXPENSES PER HOME OFFICE 1	RECLASSIFICATION 2	RECLASSIFIED TRIAL BALANCE 3	MEDI CARE ADJUSTMENTS 4	NET ALLOWABLE EXPENSES 5
CAPITAL RELTD COSTS-OLD					
1 OLD CAP. REL. COSTS--BLDG & INT. EXP. - OLD CAP. BLDG &	238,951	531,165	770,116	-291,383	478,733
2 01 OLD CAP. REL. COSTS--MOVABLE INT. EXP. - OLD CAP. MOVABLE	1,221,466	39,354	1,260,820	38,025	1,298,845
3 SUB-TOTAL (LINES 1 & 2)	1,460,417	570,519	2,030,936	-253,358	1,777,578
CAPITAL RELTD COSTS-NEW					
4 NEW CAP. REL. COSTS--BLDG & INT. EXP. - NEW CAP. BLDG &					
5 01 NEW CAP. REL. COSTS--MOVABLE INT. EXP. - NEW CAP. MOVABLE					
6 SUB-TOTAL (LINES 4 & 5)					
OTH CAPITAL RELTD COSTS					
7 INSURANCE PREMIUMS	49,219	-49,219			
8 TAXES & LICENSES-OTHER THAN	245,812	-245,812			
9 DEBT COSTS	275,488	-275,488			
10 SUB-TOTAL (LINES 7-9)	570,519	-570,519			
NON-CAPITAL RELTD COSTS					
11 SALARIES OF OFFICERS	956,351		956,351		956,351
12 SALARIES & WAGES OF OTHERS	5,655,244		5,655,244		5,655,244
13 PAYROLL TAXES	438,690		438,690		438,690
14 EMPLOYEE BENEFITS-PAYROLL RE	597,554		597,554		597,554
15 EMPLOYEE BENEFITS-NON-PAYROL	532,841		532,841	-488,943	43,898
16 PROFIT SHRNG/PENSION PLANS	224,033		224,033		224,033
17 LEGAL FEES	233,519		233,519	-18,000	215,519
18 AUDITING & ACCOUNTING FEES	317,110		317,110		317,110
19 UTILITIES	86,293		86,293		86,293
20 COMMUNICATIONS	107,021		107,021		107,021
21 TRAVEL & ENTERTAINMENT	105,621		105,621	-105,621	
22 TRANSPORTATION	558,191		558,191		558,191
23 CLEANING OFFICE & ADMIN SUPP	98,309		98,309		98,309
24 MINOR EQUIPMENT EXPENSED	22,190		22,190		22,190
25 REPAIRS & MAINTENANCE	193,512		193,512		193,512
26 DUES & SUBSCRIPTIONS	60,952		60,952		60,952
27 CONTRIBUTIONS	26,513		26,513	-26,513	
28 INSURANCE PREMS-NON-CAP REL	20,662		20,662		20,662
29 TAXES/LICENSES-NON-CAP REL	7,320		7,320		7,320
30 INTEREST EXPENSE	3,870,296		3,870,296	-3,870,296	
31 SEE TB - NON OPERATING EXPEN	809,058		809,058	-809,058	
32 SEE TB - OPERATING EXPENSES	8,117,987		8,117,987	-262,270	7,855,717
33 MANAGEMENT SERVICES - CMB	2,400,000		2,400,000	-744,981	1,655,019
34 MARKETING	1,343,926		1,343,926	-1,343,926	
35 FUNDRAISING	335,901		335,901	-335,901	
36 SUB-TOTAL (LINES 11-35)	27,119,094		27,119,094	-8,005,509	19,113,585
100 TOTAL EXPENSES (SUM OF 3, 6, 1)	29,150,030		29,150,030	-8,258,867	20,891,163

COST CENTER	DI RECT ALLOCATIONS 6	FUNCTI ONAL ALLOCATIONS 7	POOLED ALLOCATIONS 8
CAPITAL RELTD COSTS-OLD			
1 OLD CAP. REL. COSTS--BLDG &			478,733
1 01 INT. EXP. - OLD CAP. BLDG &			
2 OLD CAP. REL. COSTS--MOVABLE			1,298,845
2 01 INT. EXP. - OLD CAP. MOVABLE			
3 SUB-TOTAL (LINES 1 & 2)			1,777,578
CAPITAL RELTD COSTS-NEW			
4 NEW CAP. REL. COSTS--BLDG &			
4 01 INT. EXP. - NEW CAP. BLDG &			
5 NEW CAP. REL. COSTS--MOVABLE			
5 01 INT. EXP. - NEW CAP. MOVABLE			
6 SUB-TOTAL (LINES 4 & 5)			
OTH CAPITAL RELTD COSTS			
7 INSURANCE PREMIUMS			
8 TAXES & LICENSES-OTHER THAN			
9 DEBT COSTS			
10 SUB-TOTAL (LINES 7-9)			
NON-CAPITAL RELTD COSTS			
11 SALARIES OF OFFICERS			956,351
12 SALARIES & WAGES OF OTHERS			5,655,244
13 PAYROLL TAXES			438,690
14 EMPLOYEE BENEFITS-PAYROLL RE			597,554
15 EMPLOYEE BENEFITS-NON-PAYROL			43,898
16 PROFIT SHRNG/PENSION PLANS			224,033
17 LEGAL FEES			215,519
18 AUDITING & ACCOUNTING FEES			317,110
19 UTILITIES			86,293
20 COMMUNICATIONS			107,021
21 TRAVEL & ENTERTAINMENT			
22 TRANSPORTATION			558,191
23 CLEANING OFFICE & ADMIN SUPP			98,309
24 MINOR EQUIPMENT EXPENSED			22,190
25 REPAIRS & MAINTENANCE			193,512
26 DUES & SUBSCRIPTIONS			60,952
27 CONTRIBUTIONS			
28 INSURANCE PREMS-NON-CAP REL			20,662
29 TAXES/LICENSES-NON-CAP REL			7,320
30 INTEREST EXPENSE			
31 SEE TB - NON OPERATING EXPEN			
32 SEE TB - OPERATING EXPENSES			7,855,717
33 MANAGEMENT SERVICES - CMB			1,655,019
34 MARKETING			
35 FUNDRAISING			
36 SUB-TOTAL (LINES 11-35)			19,113,585
100 TOTAL EXPENSES (SUM OF 3,6,1			20,891,163

EXPLANATION OF RECLASSIFICATION	CODE ----- INCREASE -----			AMOUNT(2)	DECREASE -----		
	(1) COST CENTER	LINE No.	LINE No.		COST CENTER	LINE No.	AMOUNT(2)
1 PROPERTY INSURANCE	A	OLD CAP. REL. COSTS-	1	9,865	INSURANCE PREMI UMS	7	9,865
2		OLD CAP. REL. COSTS-	2	20,719	INSURANCE PREMI UMS	7	20,719
3		OLD CAP. REL. COSTS-	2	18,635	INSURANCE PREMI UMS	7	18,635
4 PROPERTY TAXES	B	OLD CAP. REL. COSTS-	1	245,812	TAXES & LICENSES-OTH	8	245,812
5 DEBT COSTS	C	OLD CAP. REL. COSTS-	1	275,488	DEBT COSTS	9	275,488
36 TOTAL RECLASSIFICATIONS				570,519			570,519

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 (2) Transfer to Schedule B, column 2, line as appropriate.

RECLASS CODE: A
 EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP. REL. COSTS--BLDG & FI	1	9,865	INSURANCE PREMI UMS	7	9,865	
2.00	OLD CAP. REL. COSTS--MOVABLE E	2	20,719	INSURANCE PREMI UMS	7	20,719	
3.00	OLD CAP. REL. COSTS--MOVABLE E	2	18,635	INSURANCE PREMI UMS	7	18,635	
TOTAL RECLASSIFICATIONS FOR CODE A			49,219				

RECLASS CODE: B
 EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP. REL. COSTS--BLDG & FI	1	245,812	TAXES & LICENSES-OTHER THAN IN	8	245,812	
TOTAL RECLASSIFICATIONS FOR CODE B			245,812				

RECLASS CODE: C
 EXPLANATION : DEBT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP. REL. COSTS--BLDG & FI	1	275,488	DEBT COSTS	9	275,488	
TOTAL RECLASSIFICATIONS FOR CODE C			275,488				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	5,451,169					5,451,169	
2	LAND IMPROVEMENTS	40,103	15,260		15,260		55,363	
3	BUILDINGS & FIXTURES	5,517,091	825,055		825,055		6,342,146	
4	BUILDING IMPROVEMENTS							
5	FIXED EQUIPMENT	12,544,505	891,431		891,431		13,435,936	
6	MOVABLE EQUIPMENT	122,754	32,733		32,733		155,487	
7	SUBTOTAL	23,675,622	1,764,479		1,764,479		25,440,101	
8	RECONCILING ITEMS							
9	TOTAL	23,675,622	1,764,479		1,764,479		25,440,101	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURES							
4	BUILDING IMPROVEMENTS							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

MEDICARE ADJUSTMENTS TO HOME OFFICE EXPENSES

HOME OFFICE:
14H043

PERIOD:
FROM 2/1/2016
TO 1/31/2017

PREPARED 6/15/2017 (17:15)
SCHEDULE C

DESCRIPTION	*	AMOUNT 1	LINE NO. 2	COST CENTER TO BE ADJUSTED (ON SCHEDULE B, COL. 3)
				COST CENTER 3
001				
002				
003				
004				
005				
006				
007				
008				
009				
010				
011				
012				
013				
014				
015		-706,956		
016				
017				
018				
019				
020				
021	SEE WP C ADJUSTMENTS	A -15,895	1	OLD CAP. REL. COSTS--BLDG
022	SEE WP C ADJUSTMENTS	B -275,488	1	OLD CAP. REL. COSTS--BLDG
023	SEE WP C ADJUSTMENTS	A -488,943	15	EMPLOYEE BENEFITS-NON-PAY
024	SEE WP C ADJUSTMENTS	B -18,000	17	LEGAL FEES
025	SEE WP C ADJUSTMENTS	A -105,621	21	TRAVEL & ENTERTAINMENT
026	SEE WP C ADJUSTMENTS	A -26,513	27	CONTRIBUTIONS
027	SEE WP C ADJUSTMENTS	A -3,800,296	30	INTEREST EXPENSE
027 01	SEE WP C ADJUSTMENTS	B -70,000	30	INTEREST EXPENSE
027 02	SEE WP C ADJUSTMENTS	A -809,058	31	SEE TB - NON OPERATING EX
027 03	SEE WP C ADJUSTMENTS	B -262,049	32	SEE TB - OPERATING EXPENS
027 04	SEE WP C ADJUSTMENTS	B -221	32	SEE TB - OPERATING EXPENS
027 05	SEE WP C ADJUSTMENTS	A -1,343,926	34	MARKETING
027 06	SEE WP C ADJUSTMENTS	A -335,901	35	FUNDRAISING
028	TOTAL (SUM LINES 1-27)	-8,258,867		

A. ARE THERE ANY COSTS INCLUDED ON SCHEDULE B WHICH RESULTED FROM TRANSACTIONS WITH RELATED ORGANIZATIONS AS DEFINED IN 42 CFR 413.17?
 X YES (IF "YES," COMPLETE PARTS B AND C)
 NO

B. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS:
 ACCOUNT AND AMOUNT INCLUDED ON SCHEDULE B, COLUMN 3

LINE NO. 1	EXPENSE ACCOUNT 2	AMOUNT 3	AMOUNT ALLOWABLE IN COST 4	NET ADJUSTMENT 5
1	33 CMB - MANAGEMENT FEES	2,400,000		2,400,000
2				
3				
4	2 CMB - CAPITAL COSTS POOLED		38,025	-38,025
5	33 CMB - NON CAPITAL COSTS - POOLED		807,404	-807,404
6	33 CMB - NON CAPITAL COSTS - DIRECT		847,615	-847,615
7				
8				
9				
10				
11				
12				
13				
14				
100	TOTAL	2,400,000	1,693,044	706,956

C. INTERRELATIONSHIP OF CHAIN HOME OFFICE TO RELATED ORGANIZATION(S):

NAME OF RELATED ORGANIZATION 1	TYPE OF BUSINESS 2	RELATED THROUGH OWNERSHIP OR CONTROL 3	EXPLANATION OF RELATIONSHIP 4
1 COV MINISTRIES OF BENEVOL	1 CHARITABLE	1 CONTROL	1 PARENT CORPORATION
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
100			

COST CENTER DESCRIPTION	STATISTICAL CODE	STATISTICAL DESCRIPTION	
001 OLD CAP. REL. COSTS--BLDG & FIXTURES	1	SQUARE	FEET
001.01 INT. EXP. - OLD CAP. BLDG & FIXTURES	1	SQUARE	FEET
002 OLD CAP. REL. COSTS--MOVABLE EQUIP.	1	SQUARE	FEET
002.01 INT. EXP. - OLD CAP. MOVABLE EQUIP.	1	SQUARE	FEET
003 SUB-TOTAL (LINES 1 & 2)			
004 NEW CAP. REL. COSTS--BLDG & FIXTURES	2	SQUARE	FEET
004.01 INT. EXP. - NEW CAP. BLDG & FIXTURES	2	SQUARE	FEET
005 NEW CAP. REL. COSTS--MOVABLE EQUIP.	2	SQUARE	FEET
005.01 INT. EXP. - NEW CAP. MOVABLE EQUIP.	2	SQUARE	FEET
006 SUB-TOTAL (LINES 4 & 5)			
OTHER CAPITAL RELATED COSTS			
007 INSURANCE PREMIUMS	13	SQUARE	FEET
008 TAXES & LICENSES-OTHER THAN INCOME	13	SQUARE	FEET
009 DEBT COSTS	0		
010 SUB-TOTAL (LINES 7-9)			
NON-CAPITAL RELATED COSTS			
011 SALARIES OF OFFICERS	3	HOURS	
012 SALARIES & WAGES OF OTHERS	4	HOURS	
013 PAYROLL TAXES	0		
014 EMPLOYEE BENEFITS-PAYROLL RELATED	5	GROSS	SALARIES
015 EMPLOYEE BENEFITS-NON-PAYROLL RELTD	6	GROSS	SALARIES
016 PROFIT SHRNG/PENSION PLANS	0		
017 LEGAL FEES	14	HOURS OF	SERVICE
018 AUDITING & ACCOUNTING FEES	15	COST	REQUIREMENTS
019 UTILITIES	1	SQUARE	FEET
020 COMMUNICATIONS	8	TIME	SPENT
021 TRAVEL & ENTERTAINMENT	17	MILES	
022 TRANSPORTATION	18	MILES	
023 CLEANING OFFICE & ADMIN SUPPLIES	1	SQUARE	FEET
024 MINOR EQUIPMENT EXPENSED	1	SQUARE	FEET
025 REPAIRS & MAINTENANCE	1	SQUARE	FEET
026 DUES & SUBSCRIPTIONS	9	INVOICES	
027 CONTRIBUTIONS	10	INVOICES	
028 INSURANCE PREMS-NON-CAP REL	11	SQUARE	FEET
029 TAXES/LICENSES-NON-CAP REL	11	SQUARE	FEET
030 INTEREST EXPENSE	12	SQUARE	FEET
031 SEE TB - NON OPERATING EXPENSES	0		
032 SEE TB - OPERATING EXPENSES	0		
033 MANAGEMENT SERVICES - CMB	0		
034 MARKETING	0		
035 FUNDRAISING	0		

CHAIN COMPONENTS	SALARIES OF OFFICERS (HOURS)	SALARIES & WAGES OF OTHERS (HOURS)	PAYROLL TAXES ()	EMPLOYEE BENEFITS-PAYROLL GROSS SALARIES) ()	EMPLOYEE BENEFITS-NON-PAY GROSS SALARIES) ()	PROFIT SHRN/ PENSION PLAN ()	LEGAL FEES (HOURS OF SERVICE) ()
	11	12	13	14	15	16	17
HEALTH CARE FACILITIES							
1 BRANDEL MANOR 055635							
2 BRANDEL CARE CENTER 145527							
3 COLONIAL ACRES 245322							
4 COVENANT SHORES 505504							
5 COVENANT VILLAGE CA 105604							
6 COVENANT VILLAGE OF 555749							
7 COVENANT VILLAGE OF 065367							
8 MI CHAESEN HEALTH C 145409							
9 MOUNT MIGUEL COVENA 555134							
10 PILGRIM MANOR SKILL 075306							
11 THE SAMARKAND 555762							
12 WINDSOR PARK MANOR 145606							
13 COVENANT VILLAGE OF 235614							
14 COVENANT CARE AT HO							
15							
16							
17							
18 TOTAL (SUM OF LINES 1-17)							
OTHER COMPONENTS							
19 OTHER MANAGED ENTIT							
20							
21							
22							
23							
24							
25							
26							
27 OTHER MANAGED FACIL							
28 TOTAL (SUM OF LINES 19-27)							
REGIONAL OFFICES							
29							
30							
31							
32							
33 TOTAL (SUM OF LINES 29-32)							
34 GRAND TOTAL (18, 28 & 33)							

CHAIN COMPONENTS	AUDITING & ACCOUNTING FEE (COST REQUISITIONS)	UTILITIES (SQUARE FEET)	COMMUNICATIONS (TIME SPENT)	TRAVEL & ENTERTAINMENT (MILES)	TRANSPORTATION (MILES)	CLEANING OFFICE & ADMINISTRATION (SQUARE FEET)	MINOR EQUIPMENT EXPENSED (SQUARE FEET)
MEDI CARE	18	19	20	21	22	23	24

HEALTH CARE FACILITIES							
1	BRANDEL MANOR	055635					
2	BRANDEL CARE CENTER	145527					
3	COLONIAL ACRES	245322					
4	COVENANT SHORES	505504					
5	COVENANT VILLAGE CA	105604					
6	COVENANT VILLAGE OF	555749					
7	COVENANT VILLAGE OF	065367					
8	MICHAELSEN HEALTH C	145409					
9	MOUNT MIGUEL COVENA	555134					
10	PILGRIM MANOR SKILL	075306					
11	THE SAMARKAND	555762					
12	WINDSOR PARK MANOR	145606					
13	COVENANT VILLAGE OF	235614					
14	COVENANT CARE AT HO						
15							
16							
17							
18	TOTAL (SUM OF LINES 1-17)						
OTHER COMPONENTS							
19	OTHER MANAGED ENTIT						
20							
21							
22							
23							
24							
25							
26							
27	OTHER MANAGED FACIL						
28	TOTAL (SUM OF LINES 19-27)						
REGIONAL OFFICES							
29							
30							
31							
32							
33	TOTAL (SUM OF LINES 29-32)						
34	GRAND TOTAL (18, 28 & 33)						

CHAIN COMPONENTS	REPAIRS & MAINTENANCE (SQUARE FEET)	DUES & SUBSCRIPTIONS (INVOICES)	CONTRIBUTIONS (INVOICES)	INSURANCE (SQUARE FEET)	PRE TAXES/LI CENSE (SQUARE FEET)	INTEREST EXPE NSE (SQUARE FEET)	SEE TB - NON OPERATING EX ()
	25	26	27	28	29	30	31
HEALTH CARE FACILITIES							
1 BRANDEL MANOR 055635							
2 BRANDEL CARE CENTER 145527							
3 COLONIAL ACRES 245322							
4 COVENANT SHORES 505504							
5 COVENANT VILLAGE CA 105604							
6 COVENANT VILLAGE OF 555749							
7 COVENANT VILLAGE OF 065367							
8 MI CHAELSEN HEALTH C 145409							
9 MOUNT MIGUEL COVENA 555134							
10 PILGRIM MANOR SKILL 075306							
11 THE SAMARKAND 555762							
12 WINDSOR PARK MANOR 145606							
13 COVENANT VILLAGE OF 235614							
14 COVENANT CARE AT HO							
15							
16							
17							
18 TOTAL (SUM OF LINES 1-17)							
OTHER COMPONENTS							
19 OTHER MANAGED ENTIT							
20							
21							
22							
23							
24							
25							
26							
27 OTHER MANAGED FACIL							
28 TOTAL (SUM OF LINES 19-27)							
REGIONAL OFFICES							
29							
30							
31							
32							
33 TOTAL (SUM OF LINES 29-32)							
34 GRAND TOTAL (18, 28 & 33)							

CHAIN COMPONENTS	SEE TB - OPERATING EXPENSES	MANAGEMENT SERVICES - CMB	MARKETING	FUNDRAISING	SUB-TOTAL (LINES 11-35)	TOTAL OF ALL COLUMNS
	()	()	()	()	()	
	32	33	34	35	36	36
MEDI CARE						

HEALTH CARE FACILITIES						
1 BRANDEL MANOR	055635					
2 BRANDEL CARE CENTER	145527					
3 COLONIAL ACRES	245322					
4 COVENANT SHORES	505504					
5 COVENANT VILLAGE CA	105604					
6 COVENANT VILLAGE OF	555749					
7 COVENANT VILLAGE OF	065367					
8 MI CHAELSEN HEALTH C	145409					
9 MOUNT MIGUEL COVENA	555134					
10 PILGRIM MANOR SKILL	075306					
11 THE SAMARKAND	555762					
12 WINDSOR PARK MANOR	145606					
13 COVENANT VILLAGE OF	235614					
14 COVENANT CARE AT HO						
15						
16						
17						
18 TOTAL (SUM OF LINES 1-17)						
OTHER COMPONENTS						
19 OTHER MANAGED ENTIT						
20						
21						
22						
23						
24						
25						
26						
27 OTHER MANAGED FACIL						
28 TOTAL (SUM OF LINES 19-27)						
REGIONAL OFFICES						
29						
30						
31						
32						
33 TOTAL (SUM OF LINES 29-32)						
34 GRAND TOTAL (18, 28 & 33)						

CHAIN COMPONENTS

MEDI CARE

HEALTH CARE FACILITIES	NO.
1	BRANDEL MANOR 055635
2	BRANDEL CARE CENTER 145527
3	COLONIAL ACRES 245322
4	COVENANT SHORES 505504
5	COVENANT VILLAGE CA 105604
6	COVENANT VILLAGE OF 555749
7	COVENANT VILLAGE OF 065367
8	MI CHAELSEN HEALTH C 145409
9	MOUNT MIGUEL COVENA 555134
10	PILGRIM MANOR SKILL 075306
11	THE SAMARKAND 555762
12	WINDSOR PARK MANOR 145606
13	COVENANT VILLAGE OF 235614
14	COVENANT CARE AT HO
15	
16	
17	
18	TOTAL (SUM OF LINES 1-17)
	OTHER COMPONENTS
19	OTHER MANAGED ENTIT
20	
21	
22	
23	
24	
25	
26	
27	OTHER MANAGED FACIL
28	TOTAL (SUM OF LINES 19-27)
	REGIONAL OFFICES
29	
30	
31	
32	
33	TOTAL (SUM OF LINES 29-32)
34	GRAND TOTAL (18, 28 & 33)
35	COST TO BE ALLOCATED
36	UNIT COST MULTIPLIER

PART I -- ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

	TOTAL COST	RATIO	OLD CAP. REL. COSTS--BLDG	INT. EXP. - 0 LD CAP. BLDG	OLD CAP. REL. COSTS--MOVA	INT. EXP. - 0 LD CAP. MOVA	NEW CAP. REL. COSTS--BLDG
	1	1A	2	2.01	3	3.01	4
1 HEALTH CARE FACILITIES	123,370,991	.386819	185,183		502,418		
2 OTHER COMPONENTS	195,566,009	.613181	293,550		796,427		
3 HOME OFFICE/REGION OVERHEA							
4 TOTAL	318,937,000		478,733		1,298,845		

PART II -- ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

HEALTH CARE FACILITIES							
	TOTAL COST	RATIO	OLD CAP. REL. COSTS--BLDG	INT. EXP. - 0 LD CAP. BLDG	OLD CAP. REL. COSTS--MOVA	INT. EXP. - 0 LD CAP. MOVA	NEW CAP. REL. COSTS--BLDG
	1	1A	2	2.01	3	3.01	4
1 BRANDEL MANOR	13,647,429	.110621	20,485		55,578		
2 BRANDEL CARE CENTER	9,915,225	.080369	14,883		40,379		
3 COLONIAL ACRES	9,838,491	.079747	14,768		40,066		
4 COVENANT SHORES	5,809,759	.047092	8,721		23,660		
5 COVENANT VILLAGE CARE CENT	6,832,225	.055380	10,255		27,824		
6 COVENANT VILLAGE OF TURLOC	5,672,232	.045977	8,514		23,100		
7 COVENANT VILLAGE OF COLORA	6,657,417	.053963	9,993		27,112		
8 MICHAELSEN HEALTH CARE CEN	9,879,286	.080078	14,829		40,233		
9 MOUNT MIGUEL COVENANT VILL	8,829,866	.071572	13,254		35,959		
10 PILGRIM MANOR SKILLED CARE	6,472,710	.052465	9,716		26,359		
11 THE SAMARKAND	8,429,223	.068324	12,652		34,327		
12 WINDSOR PARK MANOR	8,016,199	.064976	12,032		32,645		
13 COVENANT VILLAGE OF GREAT	4,312,929	.034959	6,474		17,564		
14 COVENANT CARE AT HOME	19,058,000	.154477	28,607		77,612		
15							
16							
17							
18 TOTAL (SUM OF LINES 1-17)	123,370,991	1.000000	185,183		502,418		

OTHER COMPONENTS							
19 OTHER MANAGED ENTITIES	195,566,009	1.000000	293,550		796,427		
20							
21							
22							
23							
24							
25							
26							
27 OTHER MANAGED FACILITY							
28 TOTAL (SUM OF LINES 19-27)	195,566,009	1.000000	293,550		796,427		

REGIONAL OFFICES							
29							
30							
31							
32							
33 TOTAL (SUM OF LINES 29-32)		1.000000					
34 GRAND TOTAL (LNS 18, 28, 33)	318,937,000		478,733		1,298,845		

PART I -- ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

	INT. EXP. - N EW CAP. BLDG	NEW CAP. REL. COSTS--MOVA	INT. EXP. - N EW CAP. MOVA	NON- CAPITAL	INTEREST EXPENSE (*)
	4.01	5	5.01	6	7
1 HEALTH CARE FACILITIES				7,393,498	
2 OTHER COMPONENTS				11,720,087	
3 HOME OFFICE/REGION OVERHEA					
4 TOTAL				19,113,585	

PART II -- ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

HEALTH CARE FACILITIES		
1	BRANDEL MANOR	817,876
2	BRANDEL CARE CENTER	594,208
3	COLONIAL ACRES	589,609
4	COVENANT SHORES	348,175
5	COVENANT VILLAGE CARE CENT	409,452
6	COVENANT VILLAGE OF TURLOC	339,931
7	COVENANT VILLAGE OF COLORA	398,975
8	MICHAELSEN HEALTH CARE CEN	592,057
9	MOUNT MIGUEL COVENANT VILL	529,167
10	PI LGRI M MANOR SKILLED CARE	387,900
11	THE SAMARKAND	505,153
12	WINDSOR PARK MANOR	480,400
13	COVENANT VILLAGE OF GREAT	258,469
14	COVENANT CARE AT HOME	1,142,126
15		
16		
17		
18	TOTAL (SUM OF LINES 1-17)	7,393,498

OTHER COMPONENTS		
19	OTHER MANAGED ENTITIES	11,720,087
20		
21		
22		
23		
24		
25		
26		
27	OTHER MANAGED FACILITY	
28	TOTAL (SUM OF LINES 19-27)	11,720,087

REGIONAL OFFICES		
29		
30		
31		
32		
33	TOTAL (SUM OF LINES 29-32)	
34	GRAND TOTAL (LNS 18, 28, 33)	19,113,585

(*) AMOUNTS IN COLUMN 7 (AND ITS SUBSCRIPTS) ARE INCLUDED IN COLUMN 6 AND ARE FOR INFORMATION ONLY TO COMPLY WITH PRM-I, SECTION 202.1. THESE AMOUNTS REPRESENT SCHEDULE B POOLED EXPENSES FROM LINE 30 (AND ITS SUBSCRIPTS).

BASIS #1: TOTAL COST

	[21] TOTAL COST	[22] INPATIENT DAYS	[23] VISITS	[24] OTHER	[25] OTHER
	1	2	3	4	5
1	BRANDEL MANOR	13,647,429			
2	BRANDEL CARE CENTER	9,915,225			
3	COLONIAL ACRES	9,838,491			
4	COVENANT SHORES	5,809,759			
5	COVENANT VILLAGE CARE CENT	6,832,225			
6	COVENANT VILLAGE OF TURLOC	5,672,232			
7	COVENANT VILLAGE OF COLORA	6,657,417			
8	MICHAELSEN HEALTH CARE CEN	9,879,286			
9	MOUNT MIGUEL COVENANT VILL	8,829,866			
10	PI LGRI M MANOR SKI LLED CARE	6,472,710			
11	THE SAMARKAND	8,429,223			
12	WI NDSOR PARK MANOR	8,016,199			
13	COVENANT VILLAGE OF GREAT	4,312,929			
14	COVENANT CARE AT HOME	19,058,000			
15					
16					
17					
18	TOTAL (SUM OF LINES 1-17)	123,370,991			
19	OTHER MANAGED ENTITIES	195,566,009			
20					
21					
22					
23					
24					
25					
26					
27	OTHER MANAGED FACILITY				
28	TOTAL (SUM OF LINES 19-27)	195,566,009			
29					
30					
31					
32					
33	TOTAL (SUM OF LINES 29-32)				
34	GRAND TOTAL (LNS 18, 28, 33)	318,937,000			

1	TOTAL OPERATING REVENUE		\$	26,887,510
2	LESS: OPERATING EXPENSES (SCHED B, COL 1, LN 100)		\$	29,150,030
3	OPERATING PROFIT (LOSS)		\$	-2,262,520
4	OTHER INCOME:			
4	OTHER INCOME:	\$		
4	1 A. CONTRIBUTIONS, DONATIONS	\$	255,454	
4	2 B. INCOME FROM INVESTMENTS	\$	15,588,776	
4	3 C. INTEREST INCOME	\$	3,128,187	
4	4 D. PURCHASE DISCOUNTS	\$		
4	5 E. REBATES & REFUNDS OF EXPENSES	\$		
4	6 F. PARKING LOT RECEIPTS	\$		
4	7 G. RENTAL INCOME	\$		
4	8 H. INTERNAL REVENUE	\$	262,049	
4	9 I. INTERNAL REVENUE	\$	18,000	
4	10 J. OTHER OPERATING INCOME	\$	221	
4	11 K.	\$		
4	12 L.	\$		
4	13 M.	\$		
5	TOTAL OTHER INCOME (SUM OF ITEM 4 ABOVE)		\$	19,252,687
6	OTHER EXPENSES:			
6	A. ROUNDING ADJUSTMENT	\$		
6	1 OTHER EXPENSES (SPECIFY)	\$		
6	2 OTHER EXPENSES (SPECIFY)	\$		
6	3 OTHER EXPENSES (SPECIFY)	\$		
6	4 OTHER EXPENSES (SPECIFY)	\$		
7	TOTAL OTHER EXPENSES (SUM OF ITEM 6 ABOVE)		\$	
8	NET INCOME (LOSS) FOR THE PERIOD		\$	16,990,167

		BALANCE SHEET PER BOOKS 1
ASSETS		
CURRENT ASSETS		
1	CASH - ON HAND & IN BANK	16,928,633
2	CURRENT INVESTMENTS	
3	NOTES RECEIVABLE	
4	ACCOUNTS RECEIVABLE	
5	OTHER RECEIVABLES (SPECIFY)	349,309
6	LESS: ALLOW. FOR UNCOLLECTABLE NOTES	
7	INVENTORY	67,283
8	PREPAID EXPENSES	4,000,805
9	ASSETS - LIMITED USE	21,590,391
10	TOTAL CURRENT ASSETS (SUM LINES 1-9)	42,936,421
FIXED ASSETS		
11	LAND	5,451,169
12	LAND IMPROVEMENTS	55,363
13	LESS: ACCUMULATED DEPRECIATION	-34,105
14	BUILDING	6,342,146
15	LESS: ACCUMULATED DEPRECIATION	-1,792,420
16	LEASEHOLD IMPROVEMENT	
17	LESS: ACCUMULATED DEPRECIATION	
18	FIXED EQUIPMENT	13,435,936
19	LESS: ACCUMULATED DEPRECIATION	-11,751,095
20	MOTOR VEHICLES	155,487
21	LESS: ACCUMULATED DEPRECIATION	-96,025
22	MAJOR MOVABLE EQUIPMENT	
23	LESS: ACCUMULATED DEPRECIATION	
24	MINOR EQUIPMENT - DEPRECIABLE	
25	LESS: ACCUMULATED DEPRECIATION	
26	MINOR EQUIPMENT - NON-DEPRECIABLE	
27	CONSTRUCTION IN PROGRESS	1,235,904
28	OTHER FIXED ASSETS (SPECIFY)	
29	TOTAL FIXED ASSETS (SUM LINES 11-28)	13,002,360
OTHER ASSETS		
30	INVESTMENTS	147,711
31	DEPOSITS ON LEASES	
32	DUE FROM OWNERS/OFFICERS	
33	DUE FROM RELATED ORGANIZATIONS	-3,017,941
34	SPECIAL FUNDS	
35	GOODWILL	
36	CONSTRUCTION IN PROGRESS	
37	INVESTMENTS AND DEBT COSTS	7,447,158
38	TOTAL OTHER ASSETS (SUM LINES 30-37)	4,576,928
39	TOTAL ASSETS (SUM LINE 10, 29 & 38)	60,515,709
LIABILITIES & CAPITAL		
CURRENT LIABILITIES		
40	ACCOUNTS PAYABLE	13,859,719
41	NOTES & LOANS PAYABLE - SHORT TERM	
42	CURRENT PORTION OF LONG-TERM DEBT	
43	SALARIES, WAGES & FEES PAYABLE	1,054,967
44	PAYROLL TAXES PAYABLE	171,836
45	OTHER ACCRUED EXPENSES PAYABLE	
46	DEFERRED INCOME	
47	NOTES & LOANS PAYABLE TO RELATED ORG	
48	OTHER LIABILITIES	163,130
49	TOTAL CURRENT LIABILITIES (LN 40-48)	15,249,652
LONG TERM LIABILITIES		
50	MORTGAGE PAYABLE - LONG-TERM PORTION	
51	NOTES PAYABLE - LONG-TERM PORTION	
52	UNSECURED LOANS - LONG-TERM PORTION	
53	LOANS FROM OWNERS	
54	DEBT - RATE SWAP	13,672,641
55	TOTAL LONG-TERM LIABILITIES (50-54)	13,672,641
56	TOTAL LIABILITIES (LINES 49 & 55)	28,922,293
57	PREFERRED STOCK	
LIABILITIES AND CAPITAL		
58	COMMON STOCK	
59	ADDITIONAL PAID-IN CAPITAL	
60	RETAINED EARNINGS - UNRESTRICTED	
61	NET ASSETS	31,593,416
62	TOTAL CAPITAL (SUM OF LINES 58-61)	31,593,416
63	TOTAL LIABILITIES & CAPITAL (56+62)	60,515,709
64	EQUITY IN ASSETS LEASED FROM REL ORG	
65	EQUITY IN RELATED ORGANIZATIONS	
66	TOTL EQUITY CAPITAL (62 +/- 64 & 65)	31,593,416

SUMMARY OF ALLOCATED COSTS - TOTAL

HOME OFFICE:
14H043

PERIOD:
FROM 2/ 1/2016
TO 1/31/2017

PREPARED 6/15/2017 (17: 15)
NOT A CMS WORKSHEET
PAGE 100

CHAIN COMPONENTS	MEDI CARE NO.	DI RECT ALLOCATI ON 1	FUNCTI ONAL ALLOCATI ON 2	POOLED ALLOCATI ON 3	TOTAL COST 4
1	BRANDEL MANOR 055635			893, 939	893, 939
2	BRANDEL CARE CENTER 145527			649, 470	649, 470
3	COLONIAL ACRES 245322			644, 443	644, 443
4	COVENANT SHORES 505504			380, 556	380, 556
5	COVENANT VILLAGE CA 105604			447, 531	447, 531
6	COVENANT VILLAGE OF 555749			371, 545	371, 545
7	COVENANT VILLAGE OF 065367			436, 080	436, 080
8	MI CHAELSEN HEALTH C 145409			647, 119	647, 119
9	MOUNT MIGUEL COVENA 555134			578, 380	578, 380
10	PILGRIM MANOR SKILL 075306			423, 975	423, 975
11	THE SAMARKAND 555762			552, 132	552, 132
12	WINDSOR PARK MANOR 145606			525, 077	525, 077
13	COVENANT VILLAGE OF 235614			282, 507	282, 507
14	COVENANT CARE AT HO			1, 248, 345	1, 248, 345
15					
16					
17					
18	TOTAL (SUM OF LINES 1-17)			8, 081, 099	8, 081, 099
19	OTHER COMPONENTS				
20	OTHER MANAGED ENTIT			12, 810, 064	12, 810, 064
21					
22					
23					
24					
25					
26					
27	OTHER MANAGED FACIL				
28	TOTAL (SUM OF LINES 19-27)			12, 810, 064	12, 810, 064
29	REGIONAL OFFICES				
30					
31					
32					
33	TOTAL (SUM OF LINES 29-32)				
34	GRAND TOTAL (18, 28 & 33)			20, 891, 163	20, 891, 163

SUMMARY OF ALLOCATED COSTS - DIRECT

HOME OFFICE:
14H043

PERIOD:
FROM 2/1/2016
TO 1/31/2017

PREPARED 6/15/2017 (17:15)
NOT A CMS WORKSHEET
PAGE 100

CHAIN COMPONENTS			OLD CAPITAL 1	NEW CAPITAL 2	OTHER CAPITAL 3	SUBTOTAL OF CAPITAL RELTD 4	NON-CAPITAL RELATED 5	TOTAL DIRE (BY FACILIT 6
	HEALTH CARE FACILITIES	MEDI CARE NO.						
1	BRANDEL MANOR	055635						
2	BRANDEL CARE CENTER	145527						
3	COLONIAL ACRES	245322						
4	COVENANT SHORES	505504						
5	COVENANT VILLAGE CA	105604						
6	COVENANT VILLAGE OF	555749						
7	COVENANT VILLAGE OF	065367						
8	MI CHAELSEN HEALTH C	145409						
9	MOUNT MIGUEL COVENA	555134						
10	PILGRIM MANOR SKILL	075306						
11	THE SAMARKAND	555762						
12	WINDSOR PARK MANOR	145606						
13	COVENANT VILLAGE OF	235614						
14	COVENANT CARE AT HO							
15								
16								
17								
18	TOTAL (SUM OF LINES 1-17)							
19	OTHER COMPONENTS							
20	OTHER MANAGED ENTIT							
21								
22								
23								
24								
25								
26								
27	OTHER MANAGED FACIL							
28	TOTAL (SUM OF LINES 19-27)							
29	REGIONAL OFFICES							
30								
31								
32								
33	TOTAL (SUM OF LINES 29-32)							
34	GRAND TOTAL (18, 28 & 33)							

SUMMARY OF ALLOCATED COSTS - POOLED

HOME OFFICE:
14H043PERIOD:
FROM 2/ 1/2016
TO 1/31/2017PREPARED 6/15/2017 (17: 15)
NOT A CMS WORKSHEET
PAGE 100

CHAIN COMPONENTS		OLD CAPITAL 1	NEW CAPITAL 2	SUBTOTAL OF CAPITAL RELTD 3	NON-CAPITAL RELATED 4	TOTAL POOLED (BY FACILITY) 5
	MEDI CARE					
	HEALTH CARE FACILITIES NO.					
1	BRANDEL MANOR 055635	76,063		76,063	817,876	893,939
2	BRANDEL CARE CENTER 145527	55,262		55,262	594,208	649,470
3	COLONIAL ACRES 245322	54,834		54,834	589,609	644,443
4	COVENANT SHORES 505504	32,381		32,381	348,175	380,556
5	COVENANT VILLAGE CA 105604	38,079		38,079	409,452	447,531
6	COVENANT VILLAGE OF 555749	31,614		31,614	339,931	371,545
7	COVENANT VILLAGE OF 065367	37,105		37,105	398,975	436,080
8	MICHAELSEN HEALTH C 145409	55,062		55,062	592,057	647,119
9	MOUNT MIGUEL COVENA 555134	49,213		49,213	529,167	578,380
10	PILGRIM MANOR SKILL 075306	36,075		36,075	387,900	423,975
11	THE SAMARKAND 555762	46,979		46,979	505,153	552,132
12	WINDSOR PARK MANOR 145606	44,677		44,677	480,400	525,077
13	COVENANT VILLAGE OF 235614	24,038		24,038	258,469	282,507
14	COVENANT CARE AT HO	106,219		106,219	1,142,126	1,248,345
15						
16						
17						
18	TOTAL (SUM OF LINES 1-17)	687,601		687,601	7,393,498	8,081,099
19	OTHER COMPONENTS					
20	OTHER MANAGED ENTIT	1,089,977		1,089,977	11,720,087	12,810,064
21						
22						
23						
24						
25						
26						
27	OTHER MANAGED FACIL					
28	TOTAL (SUM OF LINES 19-27)	1,089,977		1,089,977	11,720,087	12,810,064
29	REGIONAL OFFICES					
30						
31						
32						
33	TOTAL (SUM OF LINES 29-32)					
34	GRAND TOTAL (18, 28 & 33)	1,777,578		1,777,578	19,113,585	20,891,163

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	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 01/31/17. 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 9/30/2017			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"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input 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 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Plante & Moran, PLLC	200 N. Martingale 9th Floor Schaumburg, IL 60173
2 FGMK, LLC	2801 Lakeside Dr. 3rd Flr Bannockburn, IL 60015
3 Jeremy Brune & Associates, LLC	2508 Riverwalk Dr. Plainfield, IL 60586
4 WIPFLI, LLF	18402 W. Creak Road Tinley Park, IL 60477

Services Provided by This Firm (*describe fully*)

1 Financial Statement Audit	\$ 3,788
2 Medicaid Cost Report	\$ 7,115
3 Medicare Cost Reort	\$ 2,200
4 Financial Analysis	\$ 315
	Charge for Services Provided
	\$ 13,417

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	Telephone Number
1 N/A	
2	
3	
4	
5	

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 9/30/2017				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	55	55			55	55			57	57		
B. As of midnight of THIS report period	49	49			59	59			49	49		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,360	2,360			1,883	1,883			477	477		
B. Medicaid (Conn.)	9,748	9,748			7,245	7,245			2,503	2,503		
C. Medicaid (other states)												
D. Private Pay	7,561	7,561			5,855	5,855			1,706	1,706		
E. State SSI for RCH												
F. Other (Specify) Insurance - Medicare Advantage	221	221			144	144			77	77		
G. Total Care Days During Period (3A thru F)	19,890	19,890			15,127	15,127			4,763	4,763		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	58	58			48	48			10	10		
B. Other Bed Reserve Days	83	83			62	62			21	21		
5. Total Resident Days (3G + 4A + 4B)	20,031	20,031			15,237	15,237			4,794	4,794		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pilgrim Manor			License No. 966-C			Report for Year Ended 9/30/2017			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)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents													
Per Diem Rate													
a. One bed rm.			214.29			567.00							
b. Two bed rms.			214.29			485.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									6,378	6,378			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,233	7,233			
D. Total Physical Therapy Treatments									13,611	13,611			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									393	393			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									578	578			
D. Total Speech Therapy Treatments									971	971			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,591	3,591			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									6,443	6,443			
D. Total Occupational Therapy Treatments									10,034	10,034			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pilgrim Manor	966-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	63,907	1,263				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	300,079	13,558				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	47,298	2,235				
c. Dietary Workers	535,447	38,671				
6. Housekeeping Service						
a. Head Housekeeper	26,932	1,015				
b. Other Housekeeping Workers	191,636	14,390				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	81,690	2,012				
b. Other Maintenance Workers	207,028	9,289				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	21,944	1,895				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	42,213	984				
b. Other Accountants	48,634	1,998				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	53,322	984				
b. RN						
1. Direct Care	244,748	6,628				
2. Administrative**	166,520	3,979				
c. LPN						
1. Direct Care	271,711	9,027				
2. Administrative**	50,878	1,993				
d. Aides and Attendants	599,324	33,861				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	94,715	4,225				
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	36,217	1,105				
n. Marketing	109,493	2,953				
o. Other (Specify)						
See Attached Schedule	105,005	4,661				
A-13. Total Salary Expenditures	3,298,742	156,728				

* 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
Chaplain	\$ 57,805	1,969				
Driver	\$ 25,327	1,688				
Scheduling Coordinator	\$ 21,873	1,005				
Total	\$ 105,005	4,661	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Other	\$ 1,593	32				
Total	\$ 1,593	32	\$ -	-	\$ -	-

**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	9/30/2017				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										
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	9/30/2017			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 (10/01/16 - 09/30/17)	48,527				HC Administrator	955	A2	CVOC 52 Missionary Road Cromwell, CN 06416	1,125	65,373
John Gregory (06/16/17 - 09/30/17) Served during FMLA Leave	15,380				HC Administrator	308	A2			
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	9/30/2017	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	3,402	68				
2. Dentist	6,516	196				
3. Pharmacist	5,287	106				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	301,102	3,399				
b. Other						
6. Social Worker						
7. Recreation Worker	1,870	37				
8. Physicians						
a. Medical Director (entire facility)	31,790	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	47,576	504				
b. Other						
10. Occupational Therapist						
a. Resident Care	218,708	2,583				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,102	555				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	1,593	32				
B-13 Total Fees Paid in Lieu of Salaries	653,946	7,624				

* 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 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>		
Ellen Ronsivalli, MS RD 70 High Street South Windsor, CT 06074	Dietician	<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"/>		
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	Physical 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"/>		
HealthPro Therapy Services, LLC 307 International Circle Hunt Valley, MD 21030	Speech 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"/>		
Colbath Colors	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Jacqueline F Peterson	Recreation Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Dental NE Prestige Drive Meriden, CT 06450	Dentals Services	<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"/>		

* 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	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 105,897	105,897		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 235,397	235,397		
5. Health Insurance	\$ 336,611	336,611		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,859	5,859		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 99,729	99,729		
8. Uniform Allowance	\$ 2,450	2,450		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 6,322	6,322		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 54,538	54,538		
d. Accounting and Auditing	\$ 13,417	13,417		
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	\$ 6,970	6,970		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,270	18,270		
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	\$ 885,459	885,459		

* 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 Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		885,459	885,459	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 16,047	16,047		
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 4,099	4,099		
5. Education Expenses Related to Seminars and Conventions	\$ 11,533	11,533		
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>)	\$ 1,250	1,250		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 15,765	15,765		
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	\$ 2,871	2,871		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 1,649	1,649		
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**	\$ 483,859	483,859		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 80,556	80,556		
C-14 Total Administrative & General Expenditures	\$ 1,503,088	1,503,088		

* 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)
Marketing - Advertising and Promotion	\$ 7,662		
Marketing - Other	\$ 8,103		
Total Other Advertising	\$ 15,765	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues and Subscriptions	\$ 1,649		
Total Dues	\$ 1,649	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses and Permits	\$ 1,412		
Barber and Beauty	\$ 26,232		
Chaplain	\$ 10,000		
Media Access (Cable)	\$ 22,506		
Loss on Disposal of Fixed Assets	\$ 3,561		
Consultants	\$ 13,256		
Other	\$ 3,589		
Total Other Administrative and General	\$ 80,556	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	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 Retirement Communities 5700 Old Orchard Road Skokie Illinois 60077	483,859	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 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 161,411	161,411		
2.	Non-Food Supplies	\$ 16,049	16,049		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 87,722	87,722		
c. Management Services**		\$			
d. Other (Specify) _____ See Coded TB For Detail By Account Type		\$ 16,328	16,328		
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 281,510	281,510		
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 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. \$1,211					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,211					
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.

** 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 9/30/2017		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. \$	12,554	12,554		
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. \$	4,668	4,668		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) See Coded TB For Detail By Account Type		\$	16,822	16,822		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	34,045	34,045		
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	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	35,419	35,419		
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. \$	6,116	6,116		
c. Management Services*	\$				
d. Other (<i>Specify</i>) See Coded TB For Detail By Account Type	\$	3,902	3,902		
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	45,437	45,437		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OmniCare, Inc.	\$	60,315	60,315		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	79,693	79,693		
d. Ambulance/Limousine***	\$	1,258	1,258		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	10,585	10,585		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	17,082	17,082		
i. Recreation	\$	727	727		
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	39,693	39,693		
5K. Total Resident Care Expenditures (5a - 5j)	\$	209,353	209,353		

* 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 9/30/2017			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Mix Solutions	Fountain Valley, CA 92708	<input type="radio"/>	<input checked="" type="radio"/>		Contracting and Consulting	6,600			16	m13
Polaris Group	3030 N. Rocky Road Tampa Bay, FL 33607	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare Consulting	5,376			16	m13
Holleran	234 North Front Street Wrightsville, PA 17368	<input type="radio"/>	<input checked="" type="radio"/>		Healthcare Consulting	1,280			16	m13
Linda Cavallo	892 Randolph Road Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Barber and Beauty Shop Services	26,232			16	m13
Comcast	P.O. Box 6505 Chelmsford, MA 01824	<input type="radio"/>	<input checked="" type="radio"/>		Cable Services	22,506			16	m13
Sodexo, Inc.	P.O. Box 81049 Woburn, MA 01813	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Supervisory Services	87,722			18	2b
Labor Ready Northeast, Inc.	1015 A Street Tacoma, WA 98402	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Staff	6,116			20	4b
		<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"/>							

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

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

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 103,824	103,824				
b. Heat	\$ 10,788	10,788				
c. Light & Power	\$ 110,538	110,538				
d. Water	\$ 15,554	15,554				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 17,175	17,175				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 257,879	257,879				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 1,524	1,524				
b. Building & Building Improvements	\$ 305,296	305,296				
c. Non-Movable Equipment	\$ 21,030	21,030				
d. Movable Equipment	\$ 37,463	37,463				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 365,313	365,313				
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	\$ 94,839	94,839				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 460,151	460,151				

* 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	\$ 10,894		
Medical Waste Disposal	\$ 2,874		
Snow Removal	\$ 3,406		
Total Other Repairs and Maintenance	\$ 17,175	\$ -	\$ -

Depreciation Schedule

Name of Facility Pilgrim Manor		License No. 966-C			Report for Year Ended 9/30/2017			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		181,013		181,013	172,216	SL	10	1,524			
2. Disposals (attach schedule)		(165,777)		(165,777)	(165,777)						
3. Acquired during this report period (attach schedule)											
A-4. Subtotal									1,524		
B. Building and Building Improvements											
1. Acquired prior to this report period		6,423,143		6,423,143	3,292,864	SL	10-40	305,296			
2. Disposals (attach schedule)		(169,100)		(169,100)	(169,100)						
3. Acquired during this report period (attach schedule)		628,988		628,988							
B-4. Subtotal									305,296		
C. Non-Movable Equipment											
1. Acquired prior to this report period		208,010		208,010	145,659	SL	8	21,030			
2. Disposals (attach schedule)		(7,739)		(7,739)	(7,739)						
3. Acquired during this report period (attach schedule)											
C-4. Subtotal									21,030		
	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
		Yes	No								
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				598,595		598,595	489,540	SL	3 - 10	37,463	
b. Disposals (attach schedule)				(121,528)		(121,528)	(117,967)				
c. Acquired during this report period (attach schedule)											
D-3. Subtotal											37,463
E. Total Depreciation											365,313

Pilgrim Manor

Fixed Asset Reconciliation Schedule - Ending Assets

As of September 30, 2017

Accounting Unit	Financial Grouping	Cost Report Grouping	Description	In Service Date	Book Basis	Sub-Total
4111	LAND	Pg. 31 b1	FY 1993 ADDITIONS	01/31/93	32,000.00	32,000.00
4111	LANDIMP	Pg. 31 b2a	PMCC Retaining Wall Project	10/31/08	3,229.50	
4111	LANDIMP	Pg. 31 b2a	PMCC Front Entrance Improvment	07/31/13	12,006.17	15,235.67
4111	BLDGSIMP	Pg. 31 b3a	PHASE III CONSTRUCTION	01/31/85	2,328,837.12	
4111	BLDGSIMP	Pg. 31 b3a	FY 1986 ADDITIONS	01/31/86	149,492.80	
4111	BLDGSIMP	Pg. 31 b3a	FY 1988 ADDITIONS	01/31/88	23,577.00	
4111	BLDGSIMP	Pg. 31 b3a	FY 2000 ADDITIONS	01/31/00	56,100.96	
4111	BLDGSIMP	Pg. 31 b3a	FY 2001 ADDITIONS	01/31/01	13,033.50	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/01/05	5,384.97	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/13/05	502.50	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	04/29/05	2,925.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/09/05	18,500.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	08/01/05	9,400.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	4,155.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	4,815.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	05/30/06	1,550.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	06/13/06	709.30	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/01/06	363.71	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/10/06	2,051.00	
4111	BLDGSIMP	Pg. 31 b3a	ADDITIONS	07/10/06	1,000.00	
4111	BLDGSIMP	Pg. 31 b3a	Replace Flat Roof	06/18/08	15,000.00	
4111	BLDGSIMP	Pg. 31 b3a	Replace Shingled Roof	07/10/08	48,822.00	
4111	BLDGSIMP	Pg. 31 b3a	Rplce Roof PMCC	04/30/11	71,414.10	
4111	BLDGSIMP	Pg. 31 b3a	Repair PMCC Roof Section	01/26/12	3,352.50	
4111	BLDGSIMP	Pg. 31 b3a	Chapel Remodeling Project	01/01/13	69,172.21	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Common Areas Upgrds	01/01/13	180,601.27	
4111	BLDGSIMP	Pg. 31 b3a	Pilgrim Manor Renovation	01/31/13	2,402,604.15	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Patio Awning	11/30/13	5,830.24	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Stone Panels to Facade	11/30/13	9,800.00	
4111	BLDGSIMP	Pg. 31 b3a	SN Exterior Sign	01/31/14	4,700.00	
4111	BLDGSIMP	Pg. 31 b3a	Roofmats for Pilgrim Manor	01/31/15	2,944.00	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Chapel Air Cond	01/31/15	17,994.62	
4111	BLDGSIMP	Pg. 31 b3a	SNF ROOF REPAIR	01/31/15	4,365.00	
4111	BLDGSIMP	Pg. 31 b3a	Pilgram Manor FY14 Remodel	01/31/15	282,003.40	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Lower Level	05/31/15	128,413.32	
4111	BLDGSIMP	Pg. 31 b3a	PMCC RENOVATION	03/29/16	384,628.45	
4111	BLDGSIMP	Pg. 31 b3a	PMCC Renovation (See Schedule Attached)	09/30/17	628,987.99	6,883,031.11
4111	FURNISH	Pg. 31 b5a	capital building	02/01/07	5,820.00	
4111	FURNISH	Pg. 31 b5a	capital building	02/01/07	678.00	
4111	FURNISH	Pg. 31 b5a	capitalfurnishings CP#49-08101	04/12/07	4,000.00	
4111	FURNISH	Pg. 31 b5a	capitalfurnishings CP#49-08101	04/13/07	5,450.00	
4111	FURNISH	Pg. 31 b5a	DOOR GASKETS AND INSTALLATION	06/01/07	1,100.00	
4111	FURNISH	Pg. 31 b5a	Aug CapitalFurnish CP#49-08302	08/07/07	11,703.00	
4111	FURNISH	Pg. 31 b5a	Aug Cap furnish CP#49-08301	08/27/07	2,200.00	

Pilgrim Manor

Fixed Asset Reconciliation Schedule - Ending Assets

As of September 30, 2017

Accounting Unit	Financial Grouping	Cost Report Grouping	Description	In Service Date	Book Basis	Sub-Total
4111	FURNISH	Pg. 31 b5a	Aug Cap furnish CP#49-08102	08/27/07	43,084.00	
4111	FURNISH	Pg. 31 b5a	Oct Cap. Furnish CP#49-08303	10/23/07	3,320.00	
4111	FURNISH	Pg. 31 b5a	Patio Awning - A Frame	06/19/08	6,245.00	
4111	FURNISH	Pg. 31 b5a	Pilgrim Manor Renovation-Furn	01/31/13	116,671.00	200,271.00
4111	COMPUTERHW	Pg. 31 b6a	SNF Wireless Equip & Install	01/29/10	72,763.62	
4111	EQUIPMENT	Pg. 31 b6a	Capital equip CP#49-06107	03/02/07	1,448.47	
4111	EQUIPMENT	Pg. 31 b6a	DS Capital Project #49-08108	03/28/07	2,439.00	
4111	EQUIPMENT	Pg. 31 b6a	Capital equipment	03/30/07	1,673.71	
4111	EQUIPMENT	Pg. 31 b6a	capital equip CP#49-06107	04/13/07	1,866.76	
4111	EQUIPMENT	Pg. 31 b6a	equipment CP#49-06107	04/24/07	517.03	
4111	EQUIPMENT	Pg. 31 b6a	capital equip CP# 49-06107	04/27/07	1,667.82	
4111	EQUIPMENT	Pg. 31 b6a	equipment	05/10/07	1,033.73	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equipment	05/15/07	758.85	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equip	05/18/07	1,163.80	
4111	EQUIPMENT	Pg. 31 b6a	Capital - equip	05/18/07	1,223.00	
4111	EQUIPMENT	Pg. 31 b6a	Account # 13483	05/21/07	25,713.40	
4111	EQUIPMENT	Pg. 31 b6a	Oct Capital Equip CP#49-08108	05/30/07	5,033.76	
4111	EQUIPMENT	Pg. 31 b6a	Capital Equip -SNF CP#49-08106	05/31/07	42,390.00	
4111	EQUIPMENT	Pg. 31 b6a	Capital equipment	05/31/07	11,970.80	
4111	EQUIPMENT	Pg. 31 b6a	TESTING WITH STATE MONITOR	06/12/07	275.22	
4111	EQUIPMENT	Pg. 31 b6a	Sept Capital Equipment	08/28/07	32,838.89	
4111	EQUIPMENT	Pg. 31 b6a	Aug - Cap Equipment	08/28/07	1,400.00	
4111	EQUIPMENT	Pg. 31 b6a	Oct Cap Equip CP#49-08103	10/22/07	44,726.40	
4111	EQUIPMENT	Pg. 31 b6a	Account # 13483	10/29/07	1,968.92	
4111	EQUIPMENT	Pg. 31 b6a	Nov Cap Equip CP#49-08103	11/08/07	4,392.42	
4111	EQUIPMENT	Pg. 31 b6a		0 12/26/07	4,821.00	
4111	EQUIPMENT	Pg. 31 b6a	Project 07-SP0300	01/16/08	3,156.80	
4111	EQUIPMENT	Pg. 31 b6a	Billing ID 5000132639	01/22/08	2,106.13	
4111	EQUIPMENT	Pg. 31 b6a	20320	01/23/08	4,000.00	
4111	EQUIPMENT	Pg. 31 b6a	129-933737101	01/25/08	5,600.24	
4111	EQUIPMENT	Pg. 31 b6a	Install Elevator Trip Breakers	07/28/08	12,801.26	
4111	EQUIPMENT	Pg. 31 b6a	Cornell Nurse Call System	10/27/08	7,507.50	
4111	EQUIPMENT	Pg. 31 b6a	Lint Filtration Sys for Dryers	01/19/09	20,703.52	
4111	EQUIPMENT	Pg. 31 b6a	Meal Tracker Operating Sys	01/28/09	7,835.59	
4111	EQUIPMENT	Pg. 31 b6a	Frozen Sprinkler Pipe Replace	01/29/09	3,002.22	
4111	EQUIPMENT	Pg. 31 b6a	Wheel Chair Scale	01/29/10	1,841.04	
4111	EQUIPMENT	Pg. 31 b6a	Hoy-Elevate Patient AssistLift	02/01/10	4,053.65	
4111	EQUIPMENT	Pg. 31 b6a	Rebuild Emergency Generator	06/18/10	4,040.98	
4111	EQUIPMENT	Pg. 31 b6a	2 Replacement Compressors - SN	06/24/10	2,575.49	
4111	EQUIPMENT	Pg. 31 b6a	Rplc 4 Rooftop HVAC Units	12/21/10	42,308.00	
4111	EQUIPMENT	Pg. 31 b6a	Copy Machine	02/14/11	7,475.00	
4111	EQUIPMENT	Pg. 31 b6a	PMCC Washer/Dryers	10/17/11	3,323.01	
4111	EQUIPMENT	Pg. 31 b6a	Generator Annunciator Panel	12/09/11	6,578.28	
4111	EQUIPMENT	Pg. 31 b6a	46-13.AC units Laundry	01/01/13	5,101.00	
4111	EQUIPMENT	Pg. 31 b6a	Pilgrim Manor Renovation-Equip	01/31/13	8,685.00	
4111	EQUIPMENT	Pg. 31 b6a	PMCC Clothes Washer	07/31/13	13,985.52	

Pilgrim Manor

Fixed Asset Reconciliation Schedule - Ending Assets

As of September 30, 2017

Accounting Unit	Financial Grouping	Cost Report Grouping	Description	In Service Date	Book Basis	Sub-Total
4111	EQUIPMENT	Pg. 31 b6a	PMCC Phone System Upgrade	11/30/13	10,608.69	
4111	EQUIPMENT	Pg. 31 b6a	PMCC Food Processor	11/30/13	3,138.00	
4111	EQUIPMENT	Pg. 31 b6a	Lint Exhaust System PMCC	01/31/14	2,511.07	
4111	EQUIPMENT	Pg. 31 b6a	SN Wheel Chair Washer	01/31/14	11,995.00	
4111	EQUIPMENT	Pg. 31 b6a	SN Patient Transfer Lift	01/31/14	10,361.07	
4111	EQUIPMENT	Pg. 31 b6a	SN THERapy Equipment FY14	07/31/14	3,593.82	
4111	EQUIPMENT	Pg. 31 b6a	SNF PM Sprinkler Repair	07/31/14	3,416.48	
4111	EQUIPMENT	Pg. 31 b6a	PMCC Video Phone	05/24/16	2,675.50	477,066.46
			Total		7,607,604.24	7,607,604.24

Pilgrim Manor**Fixed Asset Reconciliation Schedule - Ending Assets****As of September 30, 2017**

Project Grouping	Invoice Date	Vendor	Amount	Sub-Total	Percent	Invoice Attached
CVOC PMCC Reno Continued	06/20/16	51380Provost Drywall Compa	13,700.00			Yes
CVOC PMCC Reno Continued	08/01/16	56283United Cabinets	33,292.64			Yes
CVOC PMCC Reno Continued	08/24/16	51380Provost Drywall Compa	27,400.00			Yes
CVOC PMCC Reno Continued	09/01/16	25587DIRECT SUPPLY EQUIPME	9,312.87			Yes
CVOC PMCC Reno Continued	10/14/16	56283United Cabinets	12,917.16			Yes
CVOC PMCC Reno Continued	10/16/16	51380Provost Drywall Compa	54,800.00			Yes
CVOC PMCC Reno Continued	11/01/16	25587DIRECT SUPPLY EQUIPME	23,210.37			Yes
CVOC PMCC Reno Continued	11/21/16	25587DIRECT SUPPLY EQUIPME	42,277.86			Yes
CVOC PMCC Reno Continued	12/01/16	25127CARPETWORKS LLC	53,200.00			Yes
CVOC PMCC Reno Continued	12/12/16	56283United Cabinets	12,917.16			Yes
CVOC PMCC Reno Continued	12/20/16	51380Provost Drywall Compa	68,500.00			Yes
CVOC PMCC Reno Continued	01/19/17	51380Provost Drywall Compa	13,700.00			Yes
CVOC PMCC Reno Continued	01/24/17	51380Provost Drywall Compa	13,700.00			Yes
CVOC PMCC Reno Continued	01/25/17	51380Provost Drywall Compa	41,100.00	420,028.06	66.78%	Yes
CVOC PMCC Reno Continued	07/05/16	24449HARBOR LINEN, LLC.	8,910.00			
CVOC PMCC Reno Continued	07/07/16	24449HARBOR LINEN, LLC.	3,840.00			
CVOC PMCC Reno Continued	07/15/16	24449HARBOR LINEN, LLC.	2,525.00			
CVOC PMCC Reno Continued	07/31/16	July Labor Hours for Projects	186.37			
CVOC PMCC Reno Continued	08/01/16	56283United Cabinets	5,458.84			
CVOC PMCC Reno Continued	08/04/16	24118SHERWIN-WILLIAMS CO.	(74.41)			
CVOC PMCC Reno Continued	08/04/16	24118SHERWIN-WILLIAMS CO.	74.41			
CVOC PMCC Reno Continued	08/04/16	24449HARBOR LINEN, LLC.	6,068.20			
CVOC PMCC Reno Continued	08/07/16	61120Complete Fire Protect	475.00			
CVOC PMCC Reno Continued	08/07/16	61120Complete Fire Protect	770.00			
CVOC PMCC Reno Continued	08/09/16	55566Link Mechanical Servi	956.25			
CVOC PMCC Reno Continued	08/12/16	25324ELECTRICAL WHOLESALER	349.33			
CVOC PMCC Reno Continued	08/15/16	25434MIDDLESEX SUPPLY COMP	361.22			
CVOC PMCC Reno Continued	08/15/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	08/16/16	25324ELECTRICAL WHOLESALER	42.82			
CVOC PMCC Reno Continued	08/16/16	24805HD SUPPLY FACILITIES	1,949.40			
CVOC PMCC Reno Continued	08/17/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	08/17/16	24449HARBOR LINEN, LLC.	8,792.00			
CVOC PMCC Reno Continued	08/18/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	08/19/16	61120Complete Fire Protect	475.00			
CVOC PMCC Reno Continued	08/19/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	08/19/16	57819Budget Blinds of Sout	3,725.00			
CVOC PMCC Reno Continued	08/22/16	24449HARBOR LINEN, LLC.	1,995.00			
CVOC PMCC Reno Continued	08/23/16	39383ALL WASTE INC. #	258.40			
CVOC PMCC Reno Continued	08/24/16	24072LOWE'S HOME CENTERS I	189.60			
CVOC PMCC Reno Continued	08/31/16	Aug Labor Hours for Projects	2,272.24			
CVOC PMCC Reno Continued	08/31/16	recode capital Direct Supply	2,892.67			
CVOC PMCC Reno Continued	09/01/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	09/01/16	39383ALL WASTE INC. #	279.20			
CVOC PMCC Reno Continued	09/01/16	61120Complete Fire Protect	770.00			
CVOC PMCC Reno Continued	09/01/16	55566Link Mechanical Servi	1,374.67			
CVOC PMCC Reno Continued	09/01/16	24449HARBOR LINEN, LLC.	3,188.00			
CVOC PMCC Reno Continued	09/01/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	09/01/16	24449HARBOR LINEN, LLC.	9,888.40			

Pilgrim Manor**Fixed Asset Reconciliation Schedule - Ending Assets****As of September 30, 2017**

Project Grouping	Invoice Date	Vendor	Amount	Sub-Total	Percent	Invoice Attached
CVOC PMCC Reno Continued	09/06/16	55566Link Mechanical Servi	838.05			
CVOC PMCC Reno Continued	09/06/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	09/09/16	25324ELECTRICAL WHOLESALER	50.98			
CVOC PMCC Reno Continued	09/11/16	61120Complete Fire Protect	1,245.00			
CVOC PMCC Reno Continued	09/12/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	09/14/16	56283United Cabinets	1,386.00			
CVOC PMCC Reno Continued	09/15/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	09/16/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	09/18/16	61120Complete Fire Protect	475.00			
CVOC PMCC Reno Continued	09/18/16	61120Complete Fire Protect	770.00			
CVOC PMCC Reno Continued	09/19/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	09/20/16	55566Link Mechanical Servi	1,445.75			
CVOC PMCC Reno Continued	09/21/16	39383ALL WASTE INC. #	248.00			
CVOC PMCC Reno Continued	09/22/16	25434MIDDLESEX SUPPLY COMP	350.64			
CVOC PMCC Reno Continued	09/22/16	24805HD SUPPLY FACILITIES	1,894.60			
CVOC PMCC Reno Continued	09/26/16	61120Complete Fire Protect	770.00			
CVOC PMCC Reno Continued	09/27/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	09/29/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	09/30/16	Sept Labor Hours for Projects	1,179.15			
CVOC PMCC Reno Continued	10/01/16	51259HILLYARD, INC	336.24			
CVOC PMCC Reno Continued	10/01/16	56590Accurate Fire Sprinkl	1,020.00			
CVOC PMCC Reno Continued	10/03/16	39383ALL WASTE INC. #	266.40			
CVOC PMCC Reno Continued	10/04/16	55566Link Mechanical Servi	753.40			
CVOC PMCC Reno Continued	10/04/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	10/06/16	24072LOWE'S HOME CENTERS I	73.76			
CVOC PMCC Reno Continued	10/06/16	51259HILLYARD, INC	291.90			
CVOC PMCC Reno Continued	10/07/16	25324ELECTRICAL WHOLESALER	156.47			
CVOC PMCC Reno Continued	10/07/16	61120Complete Fire Protect	1,265.00			
CVOC PMCC Reno Continued	10/12/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	10/18/16	24805HD SUPPLY FACILITIES	145.92			
CVOC PMCC Reno Continued	10/18/16	39383ALL WASTE INC. #	264.00			
CVOC PMCC Reno Continued	10/19/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	10/21/16	25324ELECTRICAL WHOLESALER	154.88			
CVOC PMCC Reno Continued	10/27/16	57071CED	60.55			
CVOC PMCC Reno Continued	10/27/16	57071CED	372.96			
CVOC PMCC Reno Continued	10/27/16	57071CED	449.00			
CVOC PMCC Reno Continued	10/31/16	P-Card Accrual	39.76			
CVOC PMCC Reno Continued	10/31/16	P-Card Accrual	119.28			
CVOC PMCC Reno Continued	10/31/16	Oct Labor Hours for Projects	1,036.18			
CVOC PMCC Reno Continued	11/01/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	11/01/16	24072LOWE'S HOME CENTERS I	175.59			
CVOC PMCC Reno Continued	11/01/16	25324ELECTRICAL WHOLESALER	262.22			
CVOC PMCC Reno Continued	11/01/16	39383ALL WASTE INC. #	316.80			
CVOC PMCC Reno Continued	11/01/16	55566Link Mechanical Servi	602.53			
CVOC PMCC Reno Continued	11/01/16	55566Link Mechanical Servi	822.43			
CVOC PMCC Reno Continued	11/01/16	24449HARBOR LINEN, LLC.	2,032.91			
CVOC PMCC Reno Continued	11/02/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	11/03/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	11/07/16	25324ELECTRICAL WHOLESALER	8.10			

Pilgrim Manor**Fixed Asset Reconciliation Schedule - Ending Assets****As of September 30, 2017**

Project Grouping	Invoice Date	Vendor	Amount	Sub-Total	Percent	Invoice Attached
CVOC PMCC Reno Continued	11/07/16	25324ELECTRICAL WHOLESALER	17.28			
CVOC PMCC Reno Continued	11/07/16	25324ELECTRICAL WHOLESALER	429.76			
CVOC PMCC Reno Continued	11/09/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	11/13/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	11/14/16	24805HD SUPPLY FACILITIES	2,683.20			
CVOC PMCC Reno Continued	11/14/16	56382Nutmeg Remodeling LLC	3,561.00			
CVOC PMCC Reno Continued	11/15/16	39383ALL WASTE INC. #	275.20			
CVOC PMCC Reno Continued	11/15/16	55566Link Mechanical Servi	685.53			
CVOC PMCC Reno Continued	11/15/16	55566Link Mechanical Servi	735.13			
CVOC PMCC Reno Continued	11/16/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	11/16/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	11/17/16	25434MIDDLESEX SUPPLY COMP	525.96			
CVOC PMCC Reno Continued	11/18/16	25324ELECTRICAL WHOLESALER	43.62			
CVOC PMCC Reno Continued	11/18/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	11/18/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	11/22/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	11/22/16	24072LOWE'S HOME CENTERS I	193.30			
CVOC PMCC Reno Continued	11/23/16	39383ALL WASTE INC. #	535.20			
CVOC PMCC Reno Continued	11/27/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	11/27/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	11/28/16	56382Nutmeg Remodeling LLC	2,374.00			
CVOC PMCC Reno Continued	11/30/16	Nov Labor Hours for Projects	1,932.63			
CVOC PMCC Reno Continued	12/01/16	39383ALL WASTE INC. #	474.40			
CVOC PMCC Reno Continued	12/01/16	55566Link Mechanical Servi	656.08			
CVOC PMCC Reno Continued	12/01/16	55566Link Mechanical Servi	897.44			
CVOC PMCC Reno Continued	12/04/16	57819Budget Blinds of Sout	4,470.00			
CVOC PMCC Reno Continued	12/06/16	59904DaCor Installation Se	30.00			
CVOC PMCC Reno Continued	12/15/16	56741Tine Dale Corporation	2,520.00			
CVOC PMCC Reno Continued	12/15/16	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	12/19/16	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	12/21/16	39383ALL WASTE INC. #	470.40			
CVOC PMCC Reno Continued	12/25/16	25324ELECTRICAL WHOLESALER	(51.84)			
CVOC PMCC Reno Continued	12/29/16	55566Link Mechanical Servi	1,156.99			
CVOC PMCC Reno Continued	12/29/16	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	12/31/16	Dec Labor Hours for Projects	916.79			
CVOC PMCC Reno Continued	12/31/16	10 foam mattresses	2,998.42			
CVOC PMCC Reno Continued	01/01/17	24072LOWE'S HOME CENTERS I	147.80			
CVOC PMCC Reno Continued	01/06/17	25324ELECTRICAL WHOLESALER	144.48			
CVOC PMCC Reno Continued	01/10/17	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	01/12/17	57819Budget Blinds of Sout	743.00			
CVOC PMCC Reno Continued	01/13/17	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	01/16/17	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	01/16/17	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	01/17/17	39383ALL WASTE INC. #	492.80			
CVOC PMCC Reno Continued	01/17/17	55566Link Mechanical Servi	849.84			
CVOC PMCC Reno Continued	01/20/17	25324ELECTRICAL WHOLESALER	144.48			
CVOC PMCC Reno Continued	01/20/17	56283United Cabinets	1,386.00			
CVOC PMCC Reno Continued	01/27/17	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	01/30/17	25434MIDDLESEX SUPPLY COMP	86.88			

Pilgrim Manor**Fixed Asset Reconciliation Schedule - Ending Assets****As of September 30, 2017**

Project Grouping	Invoice Date	Vendor	Amount	Sub-Total	Percent	Invoice Attached
CVOC PMCC Reno Continued	01/31/17	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	01/31/17	55566Link Mechanical Servi	1,391.71			
CVOC PMCC Reno Continued	01/31/17	Jan Labor Hours for Projects	1,860.79			
CVOC PMCC Reno Continued	01/31/17	TV's for SNF reno	7,002.70			
CVOC PMCC Reno Continued	02/03/17	25324ELECTRICAL WHOLESALER	146.86			
CVOC PMCC Reno Continued	02/07/17	39383ALL WASTE INC. #	541.85			
CVOC PMCC Reno Continued	02/14/17	24072LOWE'S HOME CENTERS I	118.43			
CVOC PMCC Reno Continued	02/14/17	56382Nutmeg Remodeling LLC	1,187.00			
CVOC PMCC Reno Continued	02/14/17	55566Link Mechanical Servi	1,232.19			
CVOC PMCC Reno Continued	02/15/17	24072LOWE'S HOME CENTERS I	15.76			
CVOC PMCC Reno Continued	02/15/17	25434MIDDLESEX SUPPLY COMP	130.00			
CVOC PMCC Reno Continued	02/15/17	24805HD SUPPLY FACILITIES	275.22			
CVOC PMCC Reno Continued	02/16/17	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	02/16/17	56741Tine Dale Corporation	3,360.00			
CVOC PMCC Reno Continued	02/17/17	51259HILLYARD, INC	108.45			
CVOC PMCC Reno Continued	02/17/17	51259HILLYARD, INC	180.75			
CVOC PMCC Reno Continued	02/20/17	61120Complete Fire Protect	1,275.00			
CVOC PMCC Reno Continued	02/23/17	24072LOWE'S HOME CENTERS I	176.87			
CVOC PMCC Reno Continued	02/28/17	reverse JE 17	(819.04)			
CVOC PMCC Reno Continued	02/28/17	Kozek, M; WAL-MA;	178.00			
CVOC PMCC Reno Continued	02/28/17	recliner to capital project	410.00			
CVOC PMCC Reno Continued	02/28/17	capital labor alloc	662.92			
CVOC PMCC Reno Continued	02/28/17	arms for TV	819.04			
CVOC PMCC Reno Continued	02/28/17	add'l to JE 19	819.04			
CVOC PMCC Reno Continued	03/28/17	24805HD SUPPLY FACILITIES	140.56			
CVOC PMCC Reno Continued	06/04/17	57819Budget Blinds of Sout	745.00	208,959.93	33.22%	
		Total	628,987.99	628,987.99	100.00%	

Invoice

CARPETWORKS, LLC
 P.O. BOX 280924
 672 TOLLAND STREET
 EAST HARTFORD, CT 06128
 (P) 860-646-6500 (F) 860-646-6361

DATE	INVOICE #
4/25/2016	50478

BILL TO
COVENANT VILLAGE OF CROMWELL 52 MISSIONARY ROAD CROMWELL, CT 06416-2143

SHIP TO
PILGRIM MANOR GARDEN VIEW 16 UNITS

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	ORDER DATE
	Net 30	TJS	4/25/2016			
QUANTITY	ITEM CODE	DESCRIPTION			PRICE EACH	AMOUNT
16	MOHAWK	CARPET TANDUS ATOLL ROLL GOODS COLOR PAPER MFI BERRY, FREIGHT, PRIMER, SEAM SEALER, CLEANER, JOHNSONITE 4" MILLWORK STYLE SILHOUETTE COLOR MISSION FOR ROOM BATHROOM VINYL SHEET STYLE LOECO COLOR ECRU, FREIGHT, TRANSITION, JOHNSONITE 4" COVE BASE COLOR MISSION MINOR FLOOR PREP WITH LATEX ADDITIVE, RIP OUT WITH ON SITE DISPOSAL AND INSTALLATION.			3,325.00	53,200.00
Thank you for your business.		Total			\$53,200.00	

PRINT: _____
 SIGN: _____
 DATE: _____



For billing inquiries, please contact:

Monica Sweetman

1-888-850-2591 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

INVOICE #: 24044074
ACCOUNT #: 13483
INVOICE DATE: 8/25/2016
TERMS: NET 30
CUSTOMER PO #: SIGNED PSA
ORDER #: 21735789
ACCOUNT MANAGER: 1-866-574-1578
Tait Justus
ORDER PLACED BY: Michael Hamel

SHIP TO: Michael Hamel
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
A3272	RCA Patient Remote for Healthcare/Long Term Care LED TVs	EACH	2	2	\$17.98	\$35.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
22048-2	UCXT Bed, Dix Asst Hndls , 1 U-Lock, 500 lbs. Capacity Length = 80i	EACH	2	2	\$1,739.98	\$3,479.96
33901-1	Non-JRNS Panel Kit, Hardware, Head&Foot w/o Stf Cntl Type = UCXT	KIT	2	2	\$13.98	\$27.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
A3272	RCA Patient Remote for Healthcare/Long Term Care LED TVs	EACH	2	2	\$17.98	\$35.96
DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
	Lift Gate				\$40.00	\$40.00
	Inside Delivery				\$20.00	\$20.00
	Project Name: CVC Cromwell - Bed, TV & OB Tables DSE Project Number: 10082734					
	Per the purchaser's request, the date of this invoice does not necessarily reflect the date the products were shipped and/or the services were completed.					

CONTINUED ON NEXT PAGE



For billing inquiries, please contact:

Monica Sweetman

1-888-850-2591 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

INVOICE #: 24044074
ACCOUNT #: 13483
INVOICE DATE: 8/25/2016
TERMS: NET 30
CUSTOMER PO #: SIGNED PSA
ORDER #: 21735789
ACCOUNT MANAGER: 1-866-574-1578
Tait Justus
ORDER PLACED BY: Michael Hamel

SHIP TO: Michael Hamel
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

	SUBTOTAL	\$7,409.56
	FREIGHT	\$1,903.31
	TAX	\$0.00
	TOTAL	\$9,312.87
	AMOUNT PAID	\$0.00
	BALANCE DUE	\$9,312.87

Your affiliations with Covenant Retirement AND CPS - Corporate B pay every time you buy from Direct Supply. We have already deducted your savings of \$626.80 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.



Please enclose remittance slip to ensure proper credit

Covenant Village/Cromwell-CVC

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 24044074

ACCOUNT #: 13483

INVOICE DATE: 8/25/2016
ORDER #: 21735789

AMOUNT DUE: **\$9,312.87**

FINANCIAL SERVICES

1-800-634-7338

SALES OFFICES

1-800-634-7328

FEDERAL ID# 39-1519806

134830000024044074000082516000009312878



For billing inquiries, please contact:

Monica Sweetman

1-888-850-2591 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

INVOICE #: 24184527
ACCOUNT #: 13483
INVOICE DATE: 10/13/2016
TERMS: NET 30
CUSTOMER PO #: SIGNED PSA
ORDER #: 21866368
ACCOUNT MANAGER: 1-866-574-1578
Tait Justus
ORDER PLACED BY: Michael Hamel

SHIP TO: Michael Hamel
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

Your affiliations with Covenant Retirement AND CPS - Corporate B pay every time you buy from Direct Supply. We have already deducted your savings of \$1,880.40 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

SUBTOTAL	\$21,608.76
FREIGHT	\$1,601.61
TAX	\$0.00
TOTAL	\$23,210.37
AMOUNT PAID	\$0.00
BALANCE DUE	\$23,210.37

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

SCANNED



Please enclose remittance slip to ensure proper credit

Covenant Village/Cromwell-CVC

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

FINANCIAL SERVICES

1-800-634-7338

SALES OFFICES

1-800-634-7328

FEDERAL ID# 39-1519806

INVOICE #: 24184527

ACCOUNT #: 13483

INVOICE DATE: 10/13/2016

ORDER #: 21866368

AMOUNT DUE: \$23,210.37

134830000024184527000101316000023210376



For billing inquiries, please contact:

Monica Sweetman

1-888-850-2591 FAX 1-800-250-1961

INVOICE #: 24184527
ACCOUNT #: 13483
 INVOICE DATE: 10/13/2016
 TERMS: NET 30
 CUSTOMER PO #: SIGNED PSA
 ORDER #: 21866368
 ACCOUNT MANAGER: 1-866-574-1578
 Tait Justus
 ORDER PLACED BY: Michael Hamel

BILL TO: Attn: Accounts Payable
 Covenant Village/Cromwell-CVC
 52 Missionary Rd
 Cromwell, CT 06416-2143

SHIP TO: Michael Hamel
 Covenant Village/Cromwell-CVC
 52 Missionary Rd
 Cromwell, CT 06416-2143

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
A3272	RCA Patient Remote for Healthcare/Long Term Care LED TVs	EACH	2	2	\$17.98	\$35.96
DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
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AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
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DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
22048-2	UCXT Bed, Dlx Asst Hndls , 1 U-Lock, 500 lbs. Capacity Length = 80i	EACH	2	2	\$1,739.98	\$3,479.96

CONTINUED ON NEXT PAGE



For billing inquiries, please contact:

Monica Sweetman

1-888-850-2591 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

INVOICE #: 24184527
ACCOUNT #: 13483
INVOICE DATE: 10/13/2016
TERMS: NET 30
CUSTOMER PO #: SIGNED PSA
ORDER #: 21866368
ACCOUNT MANAGER: 1-866-574-1578
Tait Justus
ORDER PLACED BY: Michael Hamel

SHIP TO: Michael Hamel
Covenant Village/Cromwell-CVC
52 Missionary Rd
Cromwell, CT 06416-2143

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
33901-1	Non-JRNS Panel Kit, Hardware, Head&Foot w/o Stf Cntl Type = UCXT	KIT	2	2	\$13.98	\$27.96
DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
A3272	RCA Patient Remote for Healthcare/Long Term Care LED TVs	EACH	2	2	\$17.98	\$35.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
22048-2	UCXT Bed, Dix Asst Hndls , 1 U-Lock, 500 lbs. Capacity Length = 80i	EACH	2	2	\$1,739.98	\$3,479.96
33901-1	Non-JRNS Panel Kit, Hardware, Head&Foot w/o Stf Cntl Type = UCXT	KIT	2	2	\$13.98	\$27.96
33901-1	Non-JRNS Panel Kit, Hardware, Head&Foot w/o Stf Cntl Type = UCXT	KIT	2	2	\$13.98	\$27.96
22048-2	UCXT Bed, Dix Asst Hndls , 1 U-Lock, 500 lbs. Capacity Length = 80i	EACH	2	2	\$1,739.98	\$3,479.96
AM- 1010HC00B	1010 Overbed Table With Wilsonart Wild Cherry 7054-60 Laminate W/standard Brown T-band Edge, H Base With Black Powder Coated Frame Finish	EACH	2	2	\$134.98	\$269.96
38588	RCA 32i, Healthcare, LED, HDTV, Television	EACH	2	2	\$674.98	\$1,349.96
A3272	RCA Patient Remote for Healthcare/Long Term Care LED TVs	EACH	2	2	\$17.98	\$35.96
DTS CTM-2200	Universal Double Arm Tilt/Pivot Mount, 55 lbs	EACH	2	2	\$64.98	\$129.96
	Lift Gate				\$80.00	\$80.00
	Inside Delivery				\$20.00	\$20.00
	Project Name: CVC Cromwell - Bed, TV & OB Tables DSE Project Number: 10082734					
	Per the purchaser's request, the date of this invoice does not necessarily reflect the date the products were shipped and/or the services were completed.					

CONTINUED ON NEXT PAGE

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
NEWINGTON, CT 06111

Phone # 860-810-3512 DR1110@AOL.COM

Date	Invoice #
6/20/2016	65

Bill To
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

P.O. No.	Terms	Project
	NET 10	

Quantity	Description	Rate	Amount
	Pilgrim Manor room #36. Remodel room.	13,700.00	13,700.00

Total

\$13,700.00

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
 NEWINGTON, CT 06111

Phone # 860-810-3512 DR1110@AOL.COM

Date	Invoice #
8/24/2016	105

Bill To
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

P.O. No.	Terms	Project
	NET 10	

Quantity	Description	Rate	Amount
	Pilgrim Manor room #17 and #22.		
	Renovated room # 17.	13,700.00	13,700.00
	Renovated room # 22.	13,700.00	13,700.00

Total \$27,400.00

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
NEWINGTON, CT 06111

Phone # 860-810-3512 DR1110@AOL.COM

Date	Invoice #
10/16/2016	109

Bill To
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

P.O. No.	Terms	Project
	NET 10	

Quantity	Description	Rate	Amount
	Remodeled Manor rooms # 16, 23, 14 and 21.	54,800.00	54,800.00

Total \$54,800.00

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
NEWINGTON, CT 06111

Phone # 860-810-3512

DR1110@AOL.COM

Date	Estimate #
12/20/2016	20

Name / Address
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

			Project
Description	Qty	Rate	Total
Manor rooms Renovated rooms 27,26,10,13 and 15.		68,500.00	68,500.00
Total			\$68,500.00

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
NEWINGTON, CT 06111

Phone # 860-810-3512 DR1110@AOL.COM

Date	Invoice #
1/19/2017	117

Bill To
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

P.O. No.	Terms	Project
	NET 10	

Quantity	Description	Rate	Amount
	Manor Room #11 Renovated room.	13,700.00	13,700.00

Total \$13,700.00

PROVOST DRYWALL COMPANY

82 STODDARD AVENUE
 NEWINGTON, CT 06111

Phone # 860-810-3512 DR1110@AOL.COM

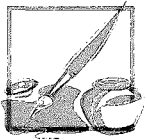
Date	Invoice #
1/24/2017	135

Bill To
C.V.O.C. 52 MISSIONARY RD. CROMWELL, CT 06416 US

P.O. No.	Terms	Project
	NET 10	

Quantity	Description	Rate	Amount
	Manor room #24. Renovated room.	13,700.00	13,700.00

Total \$13,700.00



PROVOST DRYWALL CO

82 STODDARD AVE
NEWINGTON, CT 06111

860-810-3512

DR1110@AOL.COM

Invoice

Invoice No:
Date:
Terms:
Due Date:
Order No:
Territory:
Sales Person:

1/25/2017
Net 10
2/4/2017

Bill To:
C.V.O.C. 52 MISSIONARY RD CROMWELL CT

Ship To:

Ship Date	Ship Via	Tracking No	FOB
2/1/2017	<shipvia>	<tracking number>	<shipping_fob>

Code	Description	Qty/Hours	Rate	Amount
	MANOR ROOMS #12 #25 #30	1.00	\$41,100.00	\$41,100.00*
	RENOVATED ROOMS			

*non-taxable item

Subtotal	\$41,100.00
Tax (6.35%)	\$0.00
Shipping	\$0.00
Total	\$41,100.00
Deposit	\$0.00
Balance Due	\$41,100.00

UNITEDCABINETS.com
 CUSTOM CABINETRY & FURNITURE

Invoice

128 Day St., Newington, CT 06111
 (860)953-0480

Date	Invoice #
10/14/2016	2016-1749-2

Bill To
 Covenant Village of Cromwell
 52 Missionary Road
 Cromwell, CT 06416

P.O. No.	Terms	Rep
		LK

Description	Amount
Night Stand/Dresser/Armoire/Head & Foot Board for bed-1 complete set: \$2,152.86 Birch Cabinets, Cherry stain (Please refer to original contract for details)	
14 Rooms at 2 sets per room: \$60,280.08	
2 Rooms at 1 set per room: \$4,305.72	
60% Deposit Due to Put Job Into Production: \$38,751.48 (Pd 8/15/16, Check #1236480)	
20% Due after 15 Sets Delivered: \$12,917.16	
20% Due Upon Completion of Final Delivery: \$12,917.16	
Total Contract:	64,585.80

Total	\$64,585.80
Payments/Credits	\$-38,751.48
Balance Due	\$25,834.32

UNITEDCABINETS.com
 CUSTOM CABINETRY & FURNITURE

Invoice

128 Day St., Newington, CT 06111
 (860)953-0480

Date	Invoice #
12/12/2016	2016-1749-3

Bill To
Covenant Village of Cromwell 52 Missionary Road Cromwell, CT 06416

P.O. No.	Terms	Rep
		LK

Description	Amount
Night Stand/Dresser/Armoire/Head & Foot Board for bed-1 complete set: \$2,152.86 Birch Cabinets, Cherry stain (Please refer to original contract for details)	
14 Rooms at 2 sets per room: \$60,280.08	
2 Rooms at 1 set per room: \$4,305.72	
60% Deposit Due to Put Job Into Production: \$38,751.48 (Pd 8/15/16, Check #1236480)	
20% Due after 15 Sets Delivered: \$12,917.16 (Pd 10/21/16, Check #1242574)	
20% Due Upon Completion of Final Delivery: \$12,917.16	
Total Contract:	64,585.80

Total	\$64,585.80
Payments/Credits	\$-51,668.64
Balance Due	\$12,917.16

Pilgrim Manor
9/30/2017

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:				
01/31/85	Phase III Construction	\$ (165,777)		
Total deletions for Land Improvement		\$ (165,777)		\$ - **

*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:				
09/30/17	PMCC Renovations (See Supplemental Schedule for Invoice Detail)	\$ 628,988		
Total additions for Building Improvement		\$ 628,988		\$ - *
Deletions:				
01/31/82	Phase II Construction	\$ (127,883)		
01/31/83	FY 1983 Additions	\$ (31,229)		
01/31/03	FY 2003 Additions	\$ (9,988)		
Total deletions for Building Improvement		\$ (169,100)		\$ - **

*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:				
06/10/08	Entrance Door Camera & Phone	\$ (7,739)		
Total deletions for Non-Movable Equipment		\$ (7,739)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Movable Equipmen		\$ -		\$ - *
Deletions:				
Various	Additions	\$ (107,773)		
07/23/08	Ultra Care 770 Beds	\$ (6,469)		
03/02/11	Beds, Mattresses, Tables	\$ (7,286)		
Total deletions for Movable Equipmen		\$ (121,528)		\$ - **

*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 9/30/2017			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 9/30/2017	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 9/30/2017		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 9/30/2017		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 9,228	9,228		
b. Insurance on Automobiles				\$ 3,522	3,522		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 13,870	13,870		
2. Fire and Extended Coverage				\$			
3. Other (Specify) See Coded TB For Detail By Account Type				\$ 31,175	31,175		
14d. Total Insurance Expenditures (14a + b + c)				\$ 57,795	57,795		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,801,947	6,801,947		

D. Adjustments to Statement of Expenditures

Name of Facility Pilgrim Manor				License No. 966-C	Report for Year Ended 9/30/2017	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	c	Bad Debts	\$ 54,538	54,538		
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	m3	Unallowable Advertising *	\$ 15,765	15,765		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 59,884	59,884		
22.	16	m13	Barber and Beauty	\$ 18,522	18,522		
23.			Other - See attached Schedule	\$ 17,179	17,179		
Page 18 - Dietary Expenditures							
24.	18	1	Meals to employees, guests and others who are not residents	\$ 1,211	1,211		
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)				\$ 167,099	167,099		

* 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)
16	m13	Miscellaneous Revenue	\$ 143		
16	m13	Loss on Disposal of Fixed Assets	\$ 3,561		
16	m13	Cable Expense (Remainder After Cable Income)	\$ 12,455		
16	m13	Other Revenue	\$ 1,020		
Total Other A&G Adjustments			\$ 17,179	\$ -	\$ -

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

Name of Facility Pilgrim Manor				License No. 966-C	Report for Year Ended 9/30/2017	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 167,099	167,099		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 60,315	60,315		
28.	20	5d	Ambulance/Limousine	\$ 1,258	1,258		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 17,082	17,082		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 10,585	10,585		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 13,399	13,399		
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	16a	Rental of Building Space or Rooms	\$ 935	935		
39.			Other - See Attached Schedule	\$ 14,493	14,493		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	16	m13	Radio and Television Revenue	\$ 10,052	10,052		
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	\$ 1,547	1,547		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 296,764	296,764		

*** 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
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Non-Allowable Expense	\$ 13,399		
Total Other Ancillary Costs			\$ 13,399	\$ -	\$ -

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)
22	10a	Property Tax Revenue	\$ 14,493		
Total Other Property Adjustments			\$ 14,493	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6a	Transportation Revenue	\$ 1,467		
22	6a	Maintenance Revenue	\$ 80		
Total Other Adjustments			\$ 1,547	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

G. Balance Sheet (cont'd)

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,881,630	
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>)			\$ 7,930,573	
Name and Address		Amount	Loan Date	
Intercompany		7,930,573	Variable	
7. Other Assets (<i>itemize</i>)			\$ 1,084,027	
Benevolent Care Fund		128,202		
State Required Reserve Fund		955,824		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 9,014,600	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 12,896,230	

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pilgrim Manor	966-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,655,982	4,655,982				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,544,348)	(2,544,348)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,087,032	1,087,032				
b. Medicare Room and Board Contractual Allowance **	\$ 155,730	155,730				
4. a. Private-Pay Residents and Other	\$ 3,783,218	3,783,218				
b. Private-Pay Room and Board Contractual Allowance **	\$ (53,175)	(53,175)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 50,397	50,397				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (50,397)	(50,397)				
c. Prescription Drugs - Non-Medicare	\$ 9,773	9,773				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (9,747)	(9,747)				
2. a. Medical Supplies - Medicare	\$ 22,540	22,540				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (22,540)	(22,540)				
c. Medical Supplies - Non-Medicare	\$ 130,515	130,515				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (71,297)	(71,297)				
3. a. Physical Therapy - Medicare	\$ 447,034	447,034				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (262,179)	(262,179)				
c. Physical Therapy - Non-Medicare	\$ 48,738	48,738				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (28,248)	(28,248)				
4. a. Speech Therapy - Medicare	\$ 86,455	86,455				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,328)	(56,328)				
c. Speech Therapy - Non-Medicare	\$ 5,418	5,418				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (2,632)	(2,632)				
5. a. Occupational Therapy - Medicare	\$ 347,229	347,229				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (234,800)	(234,800)				
c. Occupational Therapy - Non-Medicare	\$ 44,575	44,575				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (28,007)	(28,007)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 50	50				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,510,989	7,510,989				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,211	1,211				
2. Rental of rooms to non-residents	\$ 935	935				
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 10,052	10,052				
5. Interest Income (<i>Specify</i>)	\$ 211,838	211,838				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 18,522	18,522				
8. Other (<i>Specify</i>)	\$ 17,060	17,060				
V. Total Other Revenue (1 thru 8)	\$ 259,618	259,618				
VI. Total All Revenue (III +V)	\$ 7,770,607	7,770,607				

* 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)
Pg 30 II6a	Laboratory / Radiology	\$ 16,824		
Pg 30 II6a	Contractual Allowance - Laboratory / Radiology	\$ (16,824)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 II6c	Laboratory / Radiology	\$ 1,983		
Pg 30 II6c	Other	\$ (143)		
Pg 30 II6d	Contractual Allowance - Laboratory / Radiology	\$ (1,790)		
Total Other Resident Revenue		\$ 50	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 IV5	Interest Income - Benevolent Fund		\$ 2,102		
Pg 30 IV5	Interest Income - State Required Reserve Fund		\$ 5,392		
Pg 30 IV5	Interest Income - CRC Intercompany Advances		\$ 205,570		
Pg 30 IV5	Interest Income - Other		\$ 1		
Pg 30 IV5	Unrealized Gains / (Losses) on Investments		\$ (4,869)		
Pg 30 IV5	Realized Gains / (Losses) on Investments		\$ 3,641		
Total Interest Income			\$ 211,838	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 IV8	Transportation Revenue	\$ 1,467		
Pg 30 IV8	Maintenance Revenue	\$ 80		
Pg 30 IV8	Property Tax Revenue	\$ 14,493		
Pg 30 IV8	Other Revenue	\$ 1,020		
Total Other Revenue		\$ 17,060	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2017	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)			\$	825,594
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	36,189
a. Prepaid Property Taxes	33,345			
b. Prepaid Expenses	2,843			
c. _____				
d. _____				
6. Interest Receivable			\$	3,093
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	874,823
B. Fixed Assets				
1. Land			\$	32,000
2. Land Improvements	*Historical Cost	15,236	\$	7,273
	Accum. Depreciation	7,963		Net
3. Buildings	*Historical Cost	6,883,031	\$	3,453,971
	Accum. Depreciation	3,429,060		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	200,271	\$	41,321
	Accum. Depreciation	158,950		Net
6. Movable Equipment	*Historical Cost	477,066	\$	68,030
	Accum. Depreciation	409,036		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(595,788)
Asset Dispositions / Adjustments	(595,788)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,006,807

* 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	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	11,008
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>)			\$	93,848
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>)			\$	67,841
Resident Trust Fund			9,947	
Other Current Liabilities			57,894	

A-13. Total Current Liabilities (Lines A1 thru 12)			\$	172,697

* 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 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				172,697
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)				\$ 172,697

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2017	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			\$	11,754,873
6. Gain or Loss for Period			\$	968,660
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	12,723,533
C. Total Reserves and Net Worth			\$	12,723,533
D. Total Liabilities, Reserves, and Net Worth			\$	12,896,230

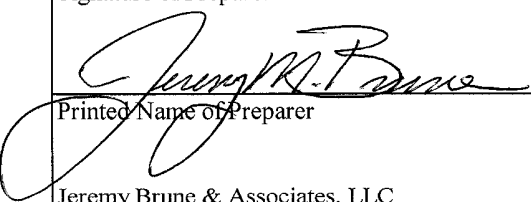
H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Pilgrim Manor	966-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	11,665,704
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,770,607
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,801,946
D. Net Income or Deficit			\$	968,660
E. Balance			\$	12,634,364
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
PY Accounting Period Adjustments				89,169
F-3. Total Additions			\$	89,169
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>			\$	12,723,533
09/30/17				

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor	License No. 966-C	Report for Year Ended 9/30/2017	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 CEO	Date Signed 02/15/18		
Printed Name of Preparer Jeremy Brune & Associates, LLC				
Address 2508 Riverwalk Drive Plainfield, Illinois 60586		Phone Number (779) 875 - 3979		

I. Preparer's/Reviewer's Certification

Name of Facility Pilgrim Manor		License No. 966-C	Report for Year Ended 9/30/2017	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 CEO	Date Signed 02/15/18		
Printed Name of Preparer Jeremy Brune & Associates, LLC					
Address 2508 Riverwalk Drive Plainfield, Illinois 60586			Phone Number (779) 875 - 3979		

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
80	4003	0	IS	Administrative And General	Administration Labor	-	-	59,331.76	59,331.76	10	a2	1						
80	4011	0	IS	Administrative And General	Director	-	51,425.84	67,331.55	118,757.39	10	a2	1						
80	4191	0	IS	Administrative And General	Human Resources	-	19,590.01	13,595.14	33,185.15	10	a2	1						
80	4201	0	IS	Administrative And General	Assisted Living Coordinator	-	-	11,719.43	11,719.43	10	a2	1						
80	4211	0	IS	Administrative And General	Administrative Assistant	-	4,319.14	6,763.98	11,083.12	10	a2	1						
80	4221	0	IS	Administrative And General	Finance	-	15,537.50	9,915.44	25,452.94	10	a2	1						
80	4251	0	IS	Administrative And General	Other	-	3,716.42	25,568.15	29,284.57	10	a2	1						
80	4261	0	IS	Administrative And General	Pto Obligations Expense	-	570.44	(13,398.56)	(12,828.12)	10	a2	1						
80	4001	0	IS	Administrative And General	Direct Labor	-	-	31,285.26	31,285.26	10	a2	1						
40	4001	0	IS	Nursing	Direct Labor	-	-	576,389.51	576,389.51	10	a2	1						
40	4003	0	IS	Nursing	Administration Labor	-	-	29,283.67	29,283.67	10	a2	1						
40	4011	0	IS	Nursing	Director	-	37,170.28	40,796.65	77,966.93	10	a2	1						
40	4021	0	IS	Nursing	Supervisor(S)	-	29,836.44	38,279.45	68,115.89	10	a2	1						
40	4031	0	IS	Nursing	Registered Nurses	-	147,149.74	147,923.20	295,072.94	10	a2	1						
40	4041	0	IS	Nursing	Licensed Practical Nurses	-	156,909.75	180,110.65	337,020.40	10	a2	1						
40	4051	0	IS	Nursing	Aides And Orderlies	-	278,763.58	299,472.76	578,236.34	10	a2	1						
40	4261	0	IS	Nursing	Pto Obligations Expense	-	18,047.38	4,189.79	22,237.17	10	a2	1						
41	4001	0	IS	Activities	Direct Labor	-	-	39,195.50	39,195.50	10	a2	1						
49	4002	0	IS	Other Resident Benefits	Indirect Labor	-	-	16,894.61	16,894.61	10	a2	1						
49	4011	0	IS	Other Resident Benefits	Director	-	2,939.70	10,716.47	13,656.17	10	a2	1						
41	4021	0	IS	Activities	Supervisor(S)	-	23,014.99	50,284.53	73,299.52	10	a2	1						
49	4251	0	IS	Other Resident Benefits	Other	-	4,683.04	10,139.12	14,822.16	10	a2	1						
41	4261	0	IS	Activities	Pto Obligations Expense	-	482.45	1,580.73	2,063.18	10	a2	1						
49	4261	0	IS	Other Resident Benefits	Pto Obligations Expense	-	(94.11)	(753.38)	(847.49)	10	a2	1						
43	4001	0	IS	Social Services	Direct Labor	-	-	37,088.90	37,088.90	10	a2	1						
43	4011	0	IS	Social Services	Director	-	-	-	-	10	a2	1						
43	4251	0	IS	Social Services	Other	-	33,133.32	34,253.58	67,386.90	10	a2	1						
43	4261	0	IS	Social Services	Pto Obligations Expense	-	4,013.09	748.83	4,761.92	10	a2	1						
44	4002	0	IS	Transportation	Indirect Labor	-	-	463.30	463.30	10	a2	1						
42	4002	0	IS	Chaplains	Indirect Labor	-	-	17,910.60	17,910.60	10	a2	1						
42	4003	0	IS	Chaplains	Administration Labor	-	-	1,685.88	1,685.88	10	a2	1						
42	4011	0	IS	Chaplains	Director	-	6,623.61	9,229.52	15,853.13	10	a2	1						
40	4061	0	IS	Nursing	Ward Clerk	-	28,377.04	37,953.41	66,330.45	10	a2	1						
40	4081	0	IS	Nursing	In-Service Education	-	28,046.67	31,837.63	59,884.30	10	a2	1						
40	4091	0	IS	Nursing	Training Classes	-	280.00	350.00	630.00	10	a2	1						
44	4251	0	IS	Transportation	Other	-	2,155.36	1,119.71	3,275.07	10	a2	1						
42	4261	0	IS	Chaplains	Pto Obligations Expense	-	321.34	1,460.50	1,781.84	10	a2	1						
44	4261	0	IS	Transportation	Pto Obligations Expense	-	(12.26)	(21.60)	(33.86)	10	a2	1						
50	4002	0	IS	Dining Services	Indirect Labor	-	-	122,979.65	122,979.65	10	a2	1						
50	4141	0	IS	Dining Services	Cooks	-	49,183.47	51,190.45	100,373.92	10	a2	1						
50	4161	0	IS	Dining Services	Wait Staff	-	47,827.09	68,398.82	116,225.91	10	a2	1						
50	4251	0	IS	Dining Services	Other	-	16,489.40	22,436.13	38,925.53	10	a2	1						
50	4261	0	IS	Dining Services	Pto Obligations Expense	-	3,029.10	5,577.95	8,607.05	10	a2	1						
61	4002	0	IS	Housekeeping	Indirect Labor	-	-	25,868.36	25,868.36	10	a2	1						
61	4021	0	IS	Housekeeping	Supervisor(S)	-	4,070.32	4,586.28	8,656.60	10	a2	1						
61	4251	0	IS	Housekeeping	Other	-	28,527.04	34,267.92	62,794.96	10	a2	1						
61	4261	0	IS	Housekeeping	Pto Obligations Expense	-	1,706.23	(395.71)	1,310.52	10	a2	1						
70	4002	0	IS	Maintenance	Indirect Labor	-	-	16,739.27	16,739.27	10	a2	1						
70	4003	0	IS	Maintenance	Administration Labor	-	-	1,697.90	1,697.90	10	a2	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
70	4011	0	IS	Maintenance	Director	-	4,041.14	3,729.28	7,770.42	10	a2	1						
70	4021	0	IS	Maintenance	Supervisor(S)	-	2,666.43	2,976.87	5,643.30	10	a2	1						
70	4171	0	IS	Maintenance	Grounds Maintenance	-	3,563.92	3,008.51	6,572.43	10	a2	1						
70	4251	0	IS	Maintenance	Other	-	19,226.88	13,856.84	33,083.72	10	a2	1						
70	4261	0	IS	Maintenance	Pto Obligations Expense	-	127.69	(2,358.25)	(2,230.56)	10	a2	1						
60	4002	0	IS	Laundry	Indirect Labor	-	-	2,734.89	2,734.89	10	a2	1						
60	4251	0	IS	Laundry	Other	-	8,664.26	4,897.71	13,561.97	10	a2	1						
60	4261	0	IS	Laundry	Pto Obligations Expense	-	484.29	(754.46)	(270.17)	10	a2	1		3,298,742.10	1	A	(3,234,835.48)	63,906.62
			IS	Administrative And General	Other Administrative Salaries	-	-	-	-	10	a4	1		-	1	A	300,078.58	300,078.58
			IS	Dietary	Dietary Supervisor	-	-	-	-	10	a5b	1		-	1	A	47,298.44	47,298.44
			IS	Dietary	Dietary Workers	-	-	-	-	10	a5c	1		-	1	A	535,446.96	535,446.96
			IS	Housekeeping	Head Housekeeper	-	-	-	-	10	a6a	1		-	1	A	26,932.10	26,932.10
			IS	Housekeeping	Housekeeping Worker	-	-	-	-	10	a6b	1		-	1	A	191,636.30	191,636.30
			IS	Maintenance	Maintenance Supervisor	-	-	-	-	10	a7a	1		-	1	A	81,689.75	81,689.75
			IS	Maintenance	Maintenance Worker	-	-	-	-	10	a7b	1		-	1	A	207,028.30	207,028.30
			IS	Laundry	Laundry Aide	-	-	-	-	10	a8b	1		-	1	A	21,943.60	21,943.60
			IS	Administrative And General	Accounting Services - Head	-	-	-	-	10	a11a	1		-	1	A	42,213.27	42,213.27
			IS	Administrative And General	Accounting Services - Other	-	-	-	-	10	a11b	1		-	1	A	48,633.84	48,633.84
			IS	Nursing	Director of Nursing	-	-	-	-	10	a12a	1		-	1	A	53,322.18	53,322.18
			IS	Nursing	Registered Nurses - Direct Care	-	-	-	-	10	a12b1	1		-	1	A	244,748.41	244,748.41
			IS	Nursing	Registered Nurses - Administration	-	-	-	-	10	a12b2	1		-	1	A	166,520.12	166,520.12
			IS	Nursing	Licensed Practical Nurses - Direct Care	-	-	-	-	10	a12c1	1		-	1	A	271,711.34	271,711.34
			IS	Nursing	Licensed Practical Nurses - Administration	-	-	-	-	10	a12c2	1		-	1	A	50,878.11	50,878.11
			IS	Nursing	Certified Nursing Assistants	-	-	-	-	10	a12d	1		-	1	A	599,324.08	599,324.08
			IS	Activities	Recreation Workers	-	-	-	-	10	a12h	1		-	1	A	94,715.00	94,715.00
			IS	Social Services	Social Worker	-	-	-	-	10	a12m	1		-	1	A	36,216.85	36,216.85
			IS	Marketing	Marketing	-	-	-	-	10	a12n	1	ADJ	-	1	A	109,493.40	109,493.40
			IS	Other	See Attached Schedule	-	-	-	-	10	a12o	1		-	1	A	105,004.85	105,004.85
			IS		Dietician	-	-	-	-	13	b1	1		-	4	D	3,401.76	3,401.76
			IS		Dentist	-	-	-	-	13	b2	1		-	7	G	6,516.00	6,516.00
			IS		Pharmacist	-	-	-	-	13	b3	1		-	4	D	5,286.90	5,286.90
34	5101	0	IS	Therapy	Physical Therapy (Pt) Expense	-	119,843.26	181,258.92	301,102.18	13	b5a	1		301,102.18			301,102.18	
41	4711	0	IS	Activities	Consultant Services	-	-	1,870.00	1,870.00	13	b7	1		1,870.00			1,870.00	
40	5011	0	IS	Nursing	Medical Director	-	14,450.01	17,340.00	31,790.01	13	b8a	1		31,790.01			31,790.01	
34	5103	0	IS	Therapy	Speech Therapy (St) Expense	-	12,759.37	34,816.98	47,576.35	13	b9a	1		47,576.35			47,576.35	
34	5105	0	IS	Therapy	Occupational Therapy (Ot) Expe	-	76,727.49	141,980.27	218,707.76	13	b10a	1		218,707.76			218,707.76	
40	4281	0	IS	Nursing	Contracted Services	-	6,357.50	29,744.39	36,101.89	13	b11b1	1						
40	4751	0	IS	Nursing	Purchased Services	-	9,915.36	1,466.76	11,382.12	13	b11b1	1			4	D	(11,382.12)	
40	4711	0	IS	Nursing	Consultant Services	-	(4,885.60)	3,785.50	(1,100.10)	13	b11b1	1		46,383.91	4	D	1,100.10	36,101.89
			IS		Other	-	-	-	-	13	b12	1		-	4	D	1,593.36	1,593.36
40	4331	0	IS	Nursing	Workers Compensation Insurance	-	19,549.44	50,278.27	69,827.71	15	1a1	1						
41	4331	0	IS	Activities	Workers Compensation Insurance	-	573.67	2,788.73	3,362.40	15	1a1	1						
42	4331	0	IS	Chaplains	Workers Compensation Insurance	-	170.86	560.69	731.55	15	1a1	1						
43	4331	0	IS	Social Services	Workers Compensation Insurance	-	792.34	1,847.31	2,639.65	15	1a1	1						
44	4331	0	IS	Transportation	Workers Compensation Insurance	-	51.23	57.45	108.68	15	1a1	1						
49	4331	0	IS	Other Resident Benefits	Workers Compensation Insurance	-	209.76	1,250.42	1,460.18	15	1a1	1						
50	4331	0	IS	Dining Services	Workers Compensation Insurance	-	2,748.72	8,535.51	11,284.23	15	1a1	1						
60	4331	0	IS	Laundry	Workers Compensation Insurance	-	193.43	291.38	484.81	15	1a1	1						
61	4331	0	IS	Housekeeping	Workers Compensation Insurance	-	760.81	2,124.30	2,885.11	15	1a1	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16	02/01/17	09/30/17						#	Ref	Amount	
						10/01/16	01/31/17	09/30/17	09/30/17									
70	4331	0	IS	Maintenance	Workers Compensation Insurance	-	709.01	1,341.06	2,050.07	15	1a1	1						
80	4331	0	IS	Administrative And General	Workers Compensation Insurance	-	2,602.57	8,460.52	11,063.09	15	1a1	1	105,897.48				105,897.48	
40	4311	0	IS	Nursing	Fica Taxes-Employer	-	51,454.73	100,369.82	151,824.55	15	1a4	1						
41	4311	0	IS	Activities	Fica Taxes-Employer	-	1,703.13	6,384.57	8,087.70	15	1a4	1						
42	4311	0	IS	Chaplains	Fica Taxes-Employer	-	493.83	706.05	1,199.88	15	1a4	1						
43	4311	0	IS	Social Services	Fica Taxes-Employer	-	2,311.49	5,000.24	7,311.73	15	1a4	1						
44	4311	0	IS	Transportation	Fica Taxes-Employer	-	153.44	119.63	273.07	15	1a4	1						
49	4311	0	IS	Other Resident Benefits	Fica Taxes-Employer	-	522.12	2,716.68	3,238.80	15	1a4	1						
50	4311	0	IS	Dining Services	Fica Taxes-Employer	-	8,269.60	19,231.31	27,500.91	15	1a4	1						
60	4311	0	IS	Laundry	Fica Taxes-Employer	-	658.07	583.91	1,241.98	15	1a4	1						
61	4311	0	IS	Housekeeping	Fica Taxes-Employer	-	2,223.60	4,548.36	6,771.96	15	1a4	1						
70	4311	0	IS	Maintenance	Fica Taxes-Employer	-	2,070.81	2,993.34	5,064.15	15	1a4	1						
80	4311	0	IS	Administrative And General	Fica Taxes-Employer	-	6,209.51	16,672.92	22,882.43	15	1a4	1	235,397.16				235,397.16	
40	4361	0	IS	Nursing	Group Medical Insurance	-	76,850.17	133,875.45	210,725.62	15	1a5	1						
41	4361	0	IS	Activities	Group Medical Insurance	-	2,988.63	12,906.36	15,894.99	15	1a5	1						
42	4361	0	IS	Chaplains	Group Medical Insurance	-	229.49	3,331.86	3,561.35	15	1a5	1						
43	4361	0	IS	Social Services	Group Medical Insurance	-	5,192.16	9,562.08	14,754.24	15	1a5	1						
44	4361	0	IS	Transportation	Group Medical Insurance	-	(387.27)	38.37	(348.90)	15	1a5	1						
49	4361	0	IS	Other Resident Benefits	Group Medical Insurance	-	1,373.68	4,191.41	5,565.09	15	1a5	1						
50	4361	0	IS	Dining Services	Group Medical Insurance	-	11,689.16	27,658.75	39,347.91	15	1a5	1						
60	4361	0	IS	Laundry	Group Medical Insurance	-	215.81	-	215.81	15	1a5	1						
61	4361	0	IS	Housekeeping	Group Medical Insurance	-	7,003.57	10,131.73	17,135.30	15	1a5	1						
70	4361	0	IS	Maintenance	Group Medical Insurance	-	5,054.63	4,866.98	9,921.61	15	1a5	1						
80	4361	0	IS	Administrative And General	Group Medical Insurance	-	6,088.60	13,749.40	19,838.00	15	1a5	1	336,611.02				336,611.02	
40	4371	0	IS	Nursing	Group Life Disability Insuranc	-	1,296.77	1,979.67	3,276.44	15	1a6	1						
41	4371	0	IS	Activities	Group Life Disability Insuranc	-	52.69	165.70	218.39	15	1a6	1						
42	4371	0	IS	Chaplains	Group Life Disability Insuranc	-	31.00	40.84	71.84	15	1a6	1						
43	4371	0	IS	Social Services	Group Life Disability Insuranc	-	59.12	78.17	137.29	15	1a6	1						
44	4371	0	IS	Transportation	Group Life Disability Insuranc	-	4.57	0.69	5.26	15	1a6	1						
49	4371	0	IS	Other Resident Benefits	Group Life Disability Insuranc	-	25.88	96.22	122.10	15	1a6	1						
50	4371	0	IS	Dining Services	Group Life Disability Insuranc	-	196.94	427.56	624.50	15	1a6	1						
60	4371	0	IS	Laundry	Group Life Disability Insuranc	-	27.84	18.78	46.62	15	1a6	1						
61	4371	0	IS	Housekeeping	Group Life Disability Insuranc	-	93.56	144.11	237.67	15	1a6	1						
70	4371	0	IS	Maintenance	Group Life Disability Insuranc	-	75.52	83.40	158.92	15	1a6	1						
80	4371	0	IS	Administrative And General	Group Life Disability Insuranc	-	377.50	582.73	960.23	15	1a6	1	5,859.26				5,859.26	
34	4381	0	IS	Therapy	Pension Plan Expense	-	2,003.60	-	2,003.60	15	1a7	1						
40	4381	0	IS	Nursing	Pension Plan Expense	-	10,939.80	24,209.04	35,148.84	15	1a7	1						
41	4381	0	IS	Activities	Pension Plan Expense	-	489.28	1,655.52	2,144.80	15	1a7	1						
42	4381	0	IS	Chaplains	Pension Plan Expense	-	197.00	293.28	490.28	15	1a7	1						
43	4381	0	IS	Social Services	Pension Plan Expense	-	195.96	1,310.16	1,506.12	15	1a7	1						
44	4381	0	IS	Transportation	Pension Plan Expense	-	72.28	88.96	161.24	15	1a7	1						
49	4381	0	IS	Other Resident Benefits	Pension Plan Expense	-	98.88	644.48	743.36	15	1a7	1						
50	4381	0	IS	Dining Services	Pension Plan Expense	-	1,978.16	4,925.44	6,903.60	15	1a7	1						
60	4381	0	IS	Laundry	Pension Plan Expense	-	185.92	205.68	391.60	15	1a7	1						
61	4381	0	IS	Housekeeping	Pension Plan Expense	-	521.76	1,236.16	1,757.92	15	1a7	1						
70	4381	0	IS	Maintenance	Pension Plan Expense	-	437.00	671.12	1,108.12	15	1a7	1						
80	4381	0	IS	Administrative And General	Pension Plan Expense	-	2,061.00	3,601.12	5,662.12	15	1a7	1						
40	4386	0	IS	Nursing	403(B) Matching Contribution	-	8,760.91	13,332.02	22,092.93	15	1a7	1						
41	4386	0	IS	Activities	403(B) Matching Contribution	-	368.70	1,345.49	1,714.19	15	1a7	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
43	4386	0	IS	Social Services	403(B) Matching Contribution	-	979.04	1,440.83	2,419.87	15	1a7	1						
49	4386	0	IS	Other Resident Benefits	403(B) Matching Contribution	-	228.69	1,132.58	1,361.27	15	1a7	1						
50	4386	0	IS	Dining Services	403(B) Matching Contribution	-	1,153.75	2,339.02	3,492.77	15	1a7	1						
60	4386	0	IS	Laundry	403(B) Matching Contribution	-	121.46	142.27	263.73	15	1a7	1						
61	4386	0	IS	Housekeeping	403(B) Matching Contribution	-	716.64	967.47	1,684.11	15	1a7	1						
70	4386	0	IS	Maintenance	403(B) Matching Contribution	-	449.95	912.78	1,362.73	15	1a7	1						
80	4386	0	IS	Administrative And General	403(B) Matching Contribution	-	2,646.87	4,668.48	7,315.35	15	1a7	1		99,728.55			99,728.55	
50	4621	0	IS	Dining Services	Uniforms	-	252.87	1,578.31	1,831.18	15	1a8	1						
60	4621	0	IS	Laundry	Uniforms	-	105.54	-	105.54	15	1a8	1						
61	4621	0	IS	Housekeeping	Uniforms	-	287.92	-	287.92	15	1a8	1						
70	4621	0	IS	Maintenance	Uniforms	-	177.27	47.90	225.17	15	1a8	1		2,449.81			2,449.81	
80	4391	0	IS	Administrative And General	Employee Benefits-Other	-	1,866.85	3,952.00	5,818.85	15	1a9	1						
80	4681	0	IS	Administrative And General	Employ Screening & Annual Phys	-	-	222.90	222.90	15	1a9	1						
40	4691	0	IS	Nursing	Employee Recognition	-	115.24	-	115.24	15	1a9	1						
80	4691	0	IS	Administrative And General	Employee Recognition	-	165.36	-	165.36	15	1a9	1		6,322.35			6,322.35	
80	6166	0	IS	Administrative And General	Bad Debt	-	35,337.51	19,200.00	54,537.51	15	1c	1	ADJ	54,537.51			54,537.51	
80	6111	0	IS	Administrative And General	Audit Services	-	1,364.00	2,424.00	3,788.00	15	1d	1		3,788.00	6	F	9,629.00	13,417.00
40	4611	0	IS	Nursing	Supplies - Office	-	690.09	1,708.68	2,398.77	15	1g	1						
41	4611	0	IS	Activities	Supplies - Office	-	-	252.14	252.14	15	1g	1						
42	4611	0	IS	Chaplains	Supplies - Office	-	37.17	-	37.17	15	1g	1						
50	5625	0	IS	Dining Services	Office Supplies	-	-	264.00	264.00	15	1g	1						
50	4611	0	IS	Dining Services	Supplies - Office	-	168.85	-	168.85	15	1g	1						
80	4611	0	IS	Administrative And General	Supplies - Office	-	1,337.93	2,505.71	3,843.64	15	1g	1						
80	4616	0	IS	Administrative And General	Supplies - Is	-	-	4.98	4.98	15	1g	1		6,969.55			6,969.55	
50	5646	0	IS	Dining Services	Telephone	-	30.25	96.80	127.05	15	1h	1						
80	6151	0	IS	Administrative And General	Telephone	-	6,241.12	11,901.40	18,142.52	15	1h	1		18,269.57			18,269.57	
41	5321	0	IS	Activities	Program Expenses-On Campus	-	6,085.12	9,962.36	16,047.48	16	1i1	1		16,047.48			16,047.48	
40	4701	0	IS	Nursing	Travel And Auto	-	82.40	58.22	140.62	16	1i4	1						
41	4701	0	IS	Activities	Travel And Auto	-	204.39	202.01	406.40	16	1i4	1						
42	4701	0	IS	Chaplains	Travel And Auto	-	249.94	2,925.38	3,175.32	16	1i4	1						
43	4701	0	IS	Social Services	Travel And Auto	-	-	77.31	77.31	16	1i4	1						
44	4701	0	IS	Transportation	Travel And Auto	-	7.25	0.74	7.99	16	1i4	1						
49	4701	0	IS	Other Resident Benefits	Travel And Auto	-	32.28	23.16	55.44	16	1i4	1						
70	4701	0	IS	Maintenance	Travel And Auto	-	-	5.73	5.73	16	1i4	1						
80	4701	0	IS	Administrative And General	Travel And Auto	-	-	133.68	133.68	16	1i4	1						
90	4701	0	IS	Marketing	Travel And Auto	-	-	96.63	96.63	16	1i4	1		4,099.12			4,099.12	
40	4641	0	IS	Nursing	Conferences And Seminars	-	50.00	300.00	350.00	16	1i5	1						
41	4641	0	IS	Activities	Conferences And Seminars	-	-	260.00	260.00	16	1i5	1						
42	4641	0	IS	Chaplains	Conferences And Seminars	-	80.10	-	80.10	16	1i5	1						
70	4641	0	IS	Maintenance	Conferences And Seminars	-	-	75.00	75.00	16	1i5	1						
80	4641	0	IS	Administrative And General	Conferences And Seminars	-	250.00	661.00	911.00	16	1i5	1						
40	4651	0	IS	Nursing	Training	-	-	450.00	450.00	16	1i5	1						
50	4651	0	IS	Dining Services	Training	-	26.95	93.50	120.45	16	1i5	1						
70	4651	0	IS	Maintenance	Training	-	25.24	73.91	99.15	16	1i5	1				6	F	5,336.21
80	4651	0	IS	Administrative And General	Training	-	-	335.00	335.00	16	1i5	1		2,680.70	5	E	3,515.78	11,532.69
40	4671	0	IS	Nursing	Recruiting	-	-	1,250.00	1,250.00	16	1m1	1		1,250.00			1,250.00	
90	4771	0	IS	Marketing	Other Department Expenses	-	-	11,443.82	11,443.82	16	1m3	1						
90	6926	0	IS	Marketing	Advertising	-	2,137.74	3,977.44	6,115.18	16	1m3	1						
90	6931	0	IS	Marketing	Promotion	-	1,500.00	47.25	1,547.25	16	1m3	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
90	6936	0	IS	Marketing	Public Relations	-	-	(3,340.96)	(3,340.96)	16	1m3	1		15,765.29				15,765.29
50	5645	0	IS	Dining Services	Postage	-	17.51	4.17	21.68	16	1m7	1						
80	6146	0	IS	Administrative And General	Postage	-	544.21	2,305.24	2,849.45	16	1m7	1		2,871.13				2,871.13
40	4721	0	IS	Nursing	Dues And Subscriptions	-	-	350.00	350.00	16	1m8	1						
41	4721	0	IS	Activities	Dues And Subscriptions	-	117.57	45.87	163.44	16	1m8	1						
50	4721	0	IS	Dining Services	Dues And Subscriptions	-	163.58	-	163.58	16	1m8	1						
80	4721	0	IS	Administrative And General	Dues And Subscriptions	-	465.50	4,021.84	4,487.34	16	1m8	1		5,164.36	5	E	(3,515.78)	1,648.58
40	6116	0	IS	Nursing	Payroll Services	-	4,437.11	3,102.03	7,539.14	16	1m12	1						
41	6116	0	IS	Activities	Payroll Services	-	174.09	239.02	413.11	16	1m12	1						
42	6116	0	IS	Chaplains	Payroll Services	-	22.73	25.07	47.80	16	1m12	1						
43	6116	0	IS	Social Services	Payroll Services	-	210.90	82.11	293.01	16	1m12	1						
44	6116	0	IS	Transportation	Payroll Services	-	23.41	9.54	32.95	16	1m12	1						
49	6116	0	IS	Other Resident Benefits	Payroll Services	-	40.98	72.84	113.82	16	1m12	1						
50	6116	0	IS	Dining Services	Payroll Services	-	955.11	984.55	1,939.66	16	1m12	1						
60	6116	0	IS	Laundry	Payroll Services	-	95.46	51.16	146.62	16	1m12	1						
61	6116	0	IS	Housekeeping	Payroll Services	-	323.47	279.17	602.64	16	1m12	1						
70	6116	0	IS	Maintenance	Payroll Services	-	168.21	97.99	266.20	16	1m12	1						
80	6116	0	IS	Administrative And General	Payroll Services	-	318.04	392.65	710.69	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	-	128,192.00	253,912.00	382,104.00	16	1m12	1						
90	6928	0	IS	Marketing	Digital Services Assessment	-	-	6,664.00	6,664.00	16	1m12	1						
34	6302	0	IS	Therapy	Centralized Billing And Therap	-	(1,283.22)	-	(1,283.22)	16	1m12	1						
11	7191	0	IS	Other	Other Operating Expense	-	3,736.00	-	3,736.00	16	1m12	1						
80	6302	0	IS	Administrative And General	Centralized Billing And Therap	-	13,250.12	27,878.12	41,128.24	16	1m12	1						
11	6326	0	IS	Other	Financing Assessment	-	4,168.00	8,336.00	12,504.00	16	1m12	1						
80	6331	0	IS	Administrative And General	Is Service Fees-Software Licen	-	28,372.00	(6,472.00)	21,900.00	16	1m12	1		483,858.70				483,858.70
80	4711	0	IS	Administrative And General	Consultant Services	-	4,850.00	23,370.97	28,220.97	16	1m13	1			6	F	(14,965.21)	
80	4731	0	IS	Administrative And General	Equipment Rental / Repairs	-	116.72	85.29	202.01	16	1m13	1						
31	4751	0	IS	Beauty And Barber	Purchased Services	-	8,109.50	18,122.25	26,231.75	16	1m13	1						
42	5311	0	IS	Chaplains	Chaplain Allowances	-	1,046.78	4,265.15	5,311.93	16	1m13	1						
42	4711	0	IS	Chaplains	Consultant Services	-	745.00	3,943.08	4,688.08	16	1m13	1						
50	4741	0	IS	Dining Services	Licenses And Permits	-	264.00	638.00	902.00	16	1m13	1						
70	4741	0	IS	Maintenance	Licenses And Permits	-	81.20	254.46	335.66	16	1m13	1						
80	4741	0	IS	Administrative And General	Licenses And Permits	-	-	174.50	174.50	16	1m13	1						
80	4751	0	IS	Administrative And General	Purchased Services	-	2,201.53	564.15	2,765.68	16	1m13	1						
80	4771	0	IS	Administrative And General	Other Department Expenses	-	275.58	300.44	576.02	16	1m13	1						
80	4791	0	IS	Administrative And General	Internal Cost Allocation	-	-	45.34	45.34	16	1m13	1						
41	5341	0	IS	Activities	Media Access	-	8,461.84	14,044.45	22,506.29	16	1m13	1	ADJ					
11	7141	0	IS	Other	Gain (Loss)-Disp Of Fixed Asse	-	3,561.20	-	3,561.20	16	1m13	1	ADJ	95,521.43				80,556.22
50	4766	0	IS	Dining Services	Procurement Rebates	-	(1,712.49)	(5,433.28)	(7,145.77)	18	2a1	1						
50	5601	0	IS	Dining Services	Baked Goods	-	6,591.46	11,788.36	18,379.82	18	2a1	1						
50	5602	0	IS	Dining Services	Beverage	-	8,490.63	17,190.68	25,681.31	18	2a1	1						
50	5603	0	IS	Dining Services	Milk & Ice Cream	-	5,668.83	14,335.20	20,004.03	18	2a1	1						
50	5604	0	IS	Dining Services	Groceries	-	13,341.64	26,777.93	40,119.57	18	2a1	1						
50	5606	0	IS	Dining Services	Meat, Seafood, Eggs, Cheese	-	15,347.75	28,360.80	43,708.55	18	2a1	1						
50	5607	0	IS	Dining Services	Produce	-	6,942.09	13,721.09	20,663.18	18	2a1	1		161,410.69				161,410.69
50	5611	0	IS	Dining Services	Paper Supplies Non-Taxable	-	5,495.01	10,554.38	16,049.39	18	2a2	1		16,049.39				16,049.39
50	4751	0	IS	Dining Services	Purchased Services	-	17,000.67	47,840.12	64,840.79	18	2b	1						
50	4761	0	IS	Dining Services	External Mngmnt Fees	-	7,487.30	15,393.61	22,880.91	18	2b	1		87,721.70				87,721.70

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
50	4612	0	IS	Dining Services	Supplies - Other	-	2.20	65.60	67.80	18	2d	1						
50	4726	0	IS	Dining Services	Small Equipment Purchases	-	419.31	562.22	981.53	18	2d	1						
50	4731	0	IS	Dining Services	Equipment Rental / Repairs	-	2,874.68	8,266.96	11,141.64	18	2d	1						
50	4771	0	IS	Dining Services	Other Department Expenses	-	292.46	760.40	1,052.86	18	2d	1						
50	4791	0	IS	Dining Services	Internal Cost Allocation	-	252.60	705.45	958.05	18	2d	1						
50	5632	0	IS	Dining Services	Rentals	-	138.60	269.50	408.10	18	2d	1						
50	5639	0	IS	Dining Services	Freight	-	272.54	1,108.49	1,381.03	18	2d	1						
50	5647	0	IS	Dining Services	Flowers & Decorations	-	-	337.18	337.18	18	2d	1		16,328.19				16,328.19
60	4612	0	IS	Laundry	Supplies - Other	-	8,439.66	4,114.70	12,554.36	19	3a1	1		12,554.36				12,554.36
50	4631	0	IS	Dining Services	Linens	-	-	(940.20)	(940.20)	19	3a4	1						
60	4631	0	IS	Laundry	Linens	-	1,659.29	3,949.39	5,608.68	19	3a4	1		4,668.48				4,668.48
60	4731	0	IS	Laundry	Equipment Rental / Repairs	-	93.16	367.68	460.84	19	3d	1						
50	5631	0	IS	Dining Services	Linen & Uniform Rentals	-	5,230.32	11,131.15	16,361.47	19	3d	1		16,822.31				16,822.31
50	5610	0	IS	Dining Services	Cleaning Supplies	-	2,496.39	4,345.83	6,842.22	20	4a1	1						
61	4612	0	IS	Housekeeping	Supplies - Other	-	16,206.27	12,370.41	28,576.68	20	4a1	1		35,418.90				35,418.90
61	4751	0	IS	Housekeeping	Purchased Services	-	-	6,115.71	6,115.71	20	4b	1		6,115.71				6,115.71
61	4726	0	IS	Housekeeping	Small Equipment Purchases	-	3,059.56	212.20	3,271.76	20	4d	1						
61	4731	0	IS	Housekeeping	Equipment Rental / Repairs	-	237.71	392.75	630.46	20	4d	1		3,902.22				3,902.22
35	5111	0	IS	Resident Ancillary Services	Pharmacy & Drugs (Pad) Expense	-	23,299.72	37,015.17	60,314.89	20	5a2	1		60,314.89				60,314.89
40	4612	0	IS	Nursing	Supplies - Other	-	483.63	-	483.63	20	5c	1						
40	4766	0	IS	Nursing	Procurement Rebates	-	(822.34)	(1,330.58)	(2,152.92)	20	5c	1						
34	5131	0	IS	Therapy	Nursing & Med Supp (Nmsb) Bill	-	-	172.90	172.90	20	5c	1						
35	5131	0	IS	Resident Ancillary Services	Nursing & Med Supp (Nmsb) Bill	-	12,653.45	22,994.74	35,648.19	20	5c	1						
34	5132	0	IS	Therapy	Nursing & Med Supp (Nmsn) Non-	-	36.54	229.07	265.61	20	5c	1						
40	5132	0	IS	Nursing	Nursing & Med Supp (Nmsn) Non-	-	4,721.34	9,015.21	13,736.55	20	5c	1						
35	5141	0	IS	Resident Ancillary Services	Incontinence Supplies (Ics) Ex	-	8,171.96	18,238.40	26,410.36	20	5c	1						
35	5146	0	IS	Resident Ancillary Services	Nutritional Supplement (Nts) E	-	1,818.21	3,310.68	5,128.89	20	5c	1		79,693.21				79,693.21
			IS		Ambulance	-	-	-	-	20	5d	1		-	7	G	1,258.00	1,258.00
35	5161	0	IS	Resident Ancillary Services	Oxygen (Oxy) Expense	-	3,291.19	7,293.66	10,584.85	20	5e	1		10,584.85				10,584.85
35	5121	0	IS	Resident Ancillary Services	Laboratory And X-Ray (Lax) Exp	-	7,335.07	9,746.89	17,081.96	20	5h	1		17,081.96				17,081.96
41	4612	0	IS	Activities	Supplies - Other	-	-	726.82	726.82	20	5i	1		726.82				726.82
34	4726	0	IS	Therapy	Small Equipment Purchases	-	268.82	-	268.82	20	5j	1						
40	4726	0	IS	Nursing	Small Equipment Purchases	-	3,065.64	550.87	3,616.51	20	5j	1						
41	4726	0	IS	Activities	Small Equipment Purchases	-	-	140.22	140.22	20	5j	1						
40	4731	0	IS	Nursing	Equipment Rental / Repairs	-	2,173.69	6,759.00	8,932.69	20	5j	1						
41	4731	0	IS	Activities	Equipment Rental / Repairs	-	30.00	465.16	495.16	20	5j	1						
40	4771	0	IS	Nursing	Other Department Expenses	-	2,867.50	16,751.17	19,618.67	20	5j	1	ADJ					
42	4771	0	IS	Chaplains	Other Department Expenses	-	312.50	100.00	412.50	20	5j	1						
40	4791	0	IS	Nursing	Internal Cost Allocation	-	-	104.10	104.10	20	5j	1						
41	4791	0	IS	Activities	Internal Cost Allocation	-	549.05	730.06	1,279.11	20	5j	1						
40	4799	0	IS	Nursing	Procurement Suspense Account	-	-	0.41	0.41	20	5j	1						
35	5151	0	IS	Resident Ancillary Services	Physician & Profess Ser (Phy)	-	4,077.00	7,402.26	11,479.26	20	5j	1			7	G	(7,774.00)	
35	4731	0	IS	Resident Ancillary Services	Equipment Rental / Repairs	-	1,120.00	-	1,120.00	20	5j	1		47,467.45				39,693.45
70	5811	0	IS	Maintenance	Building Maintenance	-	698.32	11,364.68	12,063.00	22	6a	1						
70	5821	0	IS	Maintenance	Equipment Maintenance	-	6,897.58	20,259.96	27,157.54	22	6a	1						
70	5831	0	IS	Maintenance	Grounds Maintenance	-	2,557.42	6,868.69	9,426.11	22	6a	1						
70	4612	0	IS	Maintenance	Supplies - Other	-	983.65	2,443.79	3,427.44	22	6a	1						
70	4711	0	IS	Maintenance	Consultant Services	-	-	1,153.93	1,153.93	22	6a	1						
70	4726	0	IS	Maintenance	Small Equipment Purchases	-	(1,752.35)	-	(1,752.35)	22	6a	1						

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
70	4731	0	IS	Maintenance	Equipment Rental / Repairs	-	376.92	848.07	1,224.99	22	6a	1						
70	4751	0	IS	Maintenance	Purchased Services	-	15,385.76	32,510.18	47,895.94	22	6a	1						
70	4771	0	IS	Maintenance	Other Department Expenses	-	-	9.16	9.16	22	6a	1						
70	5841	0	IS	Maintenance	Motor Vehicle Maintenance	-	1,593.37	1,625.35	3,218.72	22	6a	1		103,824.48			103,824.48	
11	6011	0	IS	Other	Fuel Oil	-	-	466.94	466.94	22	6b	1						
11	6021	0	IS	Other	Natural Gas	-	4,834.36	5,486.56	10,320.92	22	6b	1		10,787.86			10,787.86	
11	6031	0	IS	Other	Electricity	-	43,576.41	66,961.47	110,537.88	22	6c	1		110,537.88			110,537.88	
11	6041	0	IS	Other	Water	-	3,665.30	3,985.90	7,651.20	22	6d	1						
11	6051	0	IS	Other	Sewer	-	2,569.24	5,333.60	7,902.84	22	6d	1		15,554.04			15,554.04	
40	5021	0	IS	Nursing	Medical Waste Disposal	-	759.14	2,115.18	2,874.32	22	6f	1						
70	5851	0	IS	Maintenance	Snow Removal	-	1,440.04	1,965.79	3,405.83	22	6f	1						
11	6061	0	IS	Other	Disposal Services	-	4,345.36	6,549.00	10,894.36	22	6f	1		17,174.51			17,174.51	
11	7021	0	IS	Other	Depr Exp-Land Improvements	-	507.88	1,015.69	1,523.57	22	7a	1		1,523.57			1,523.57	
11	7031	0	IS	Other	Depr Exp-Buildings And Improve	-	104,832.98	200,462.84	305,295.82	22	7b	1		305,295.82			305,295.82	
11	7043	0	IS	Other	Depr Exp-Furnishings	-	7,439.80	13,590.32	21,030.12	22	7c	1		21,030.12			21,030.12	
11	7041	0	IS	Other	Depr Exp-Equipment	-	14,377.67	23,085.39	37,463.06	22	7d	1		37,463.06			37,463.06	
80	6811	0	IS	Administrative And General	Property Taxes	-	35,082.59	59,756.16	94,838.75	22	10a	1		94,838.75			94,838.75	
11	6861	0	IS	Other	Property Insurance	-	2,946.45	6,281.59	9,228.04	27	14a	1		9,228.04			9,228.04	
11	6871	0	IS	Other	Auto Insurance	-	1,216.38	2,305.67	3,522.05	27	14b	1		3,522.05			3,522.05	
11	6866	0	IS	Other	Umbrella Liability Insurance	-	4,197.12	9,672.40	13,869.52	27	14c1	1		13,869.52			13,869.52	
11	6864	0	IS	Other	Liability Insurance	-	3,820.31	6,670.09	10,490.40	27	14c3	1						
11	6876	0	IS	Other	Crime And Fiduciary Insurance	-	575.31	2,007.88	2,583.19	27	14c3	1						
11	6881	0	IS	Other	Directors & Officers Liab Insu	-	1,484.89	3,799.04	5,283.93	27	14c3	1						
11	6891	0	IS	Other	Other Insurance	-	4,966.98	7,850.98	12,817.96	27	14c3	1		31,175.48			31,175.48	
11	3110	0	IS	Other	Rrs Rev Medicaid-Semi-Private	-	(1,486,075.00)	(3,046,301.00)	(4,532,376.00)	30	11a	1						
11	3112	0	IS	Other	Rrs Rev Medicaid-Private	-	-	(123,606.00)	(123,606.00)	30	11a	1		(4,655,982.00)			(4,655,982.00)	
11	3271	0	IS	Other	Medicaid Rm & Board Contrl Adj	-	788,679.77	1,755,553.42	2,544,233.19	30	11b	1						
11	3560	300	IS	Other	Medicaid/Medi-Cal Res (Asca)	-	23,644.80	51,023.21	74,668.01	30	11b	1		2,618,901.20	3	C	(74,553.28)	2,544,347.92
11	3100	0	IS	Other	Rrs Rev Medicare-Semi-Private	-	(313,686.00)	(773,346.00)	(1,087,032.00)	30	13a	1		(1,087,032.00)			(1,087,032.00)	
11	3261	0	IS	Other	Medicare Rm & Board Contrl Adj	-	(25,660.62)	(129,749.73)	(155,410.35)	30	13b	1						
11	3560	400	IS	Other	Medicare Part A Res (Asca)	-	160,228.81	397,352.58	557,581.39	30	13b	1			3	C	(557,900.55)	
11	3560	500	IS	Other	Medicare Part B Res (Asca)	-	39,297.33	45,869.11	85,166.44	30	13b	1		487,337.48	3	C	(85,166.44)	(155,729.51)
11	3030	0	IS	Other	Rrs Rev Contr 1 Per-Semi-Priv	-	(598,170.00)	(833,197.00)	(1,431,367.00)	30	14a	1						
11	3032	0	IS	Other	Rrs Rev Contr 1 Per-Private	-	(24,948.00)	(9,639.00)	(34,587.00)	30	14a	1						
11	3070	0	IS	Other	Rrs Rev Pri Pay 1 Per-Semi-Pri	-	(608,065.00)	(1,298,325.00)	(1,906,590.00)	30	14a	1						
11	3072	0	IS	Other	Rrs Rev Pri Pay 1 Per-Pri	-	(131,343.00)	(167,814.00)	(299,157.00)	30	14a	1						
11	3120	0	IS	Other	Rrs Rev Man Care-Semi-Priv	-	(21,793.00)	(89,724.00)	(111,517.00)	30	14a	1		(3,783,218.00)			(3,783,218.00)	
11	3281	0	IS	Other	Hmo/Mgd Care Rm & Board Contrl	-	4,553.56	19,703.36	24,256.92	30	14b	1						
11	3291	0	IS	Other	Other Rm & Board Contrl Adj	-	(42,568.52)	70,844.71	28,276.19	30	14b	1						
11	3560	600	IS	Other	Hmo/Managed Care A Res(Asca)	-	6,572.65	43,000.40	49,573.05	30	14b	1			3	C	(48,931.33)	
11	3560	700	IS	Other	Hmo/Managed Care B Res(Asca)	-	5,684.19	12,550.91	18,235.10	30	14b	1		120,341.26	3	C	(18,235.10)	53,174.83
11	3461	400	IS	Other	Medicare Part A Res Pad Rev	-	(19,854.48)	(30,542.49)	(50,396.97)	30	21a	1		(50,396.97)			(50,396.97)	
					Contractual Allowance - Medicare Part A	-	-	-	-	30	21b	1		-	3	C	50,396.97	50,396.97
11	3461	100	IS	Other	Pri Pay Contractl Res Pad Rev	-	(54.21)	(14.88)	(69.09)	30	21c	1						
11	3461	200	IS	Other	Pri Pay Non-Contl Res Pad Rev	-	49.63	(6.75)	42.88	30	21c	1						
11	3461	300	IS	Other	Medicaid/Medi-Cal Res Pad Rev	-	(2,063.64)	(2,132.90)	(4,196.54)	30	21c	1						
11	3461	600	IS	Other	Hmo/Mgd Care A Res Pad Rev	-	(1,380.07)	(4,170.22)	(5,550.29)	30	21c	1		(9,773.04)			(9,773.04)	
					Contractual Allowance - Medicaid	-	-	-	-	30	21d	1			3	C	4,196.54	
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	21d	1		-	3	C	5,550.29	9,746.83

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
11	3465	400	IS	Other	Medicare Part A Res Nmsb Rev	-	(6,959.51)	(5,266.24)	(12,225.75)	30	22a	1						
11	3467	400	IS	Other	Medicare Part A Res Ics Rev	-	(1,750.98)	(3,876.66)	(5,627.64)	30	22a	1						
11	3468	400	IS	Other	Medicare Part A Res Nts Rev	-	(398.41)	(720.78)	(1,119.19)	30	22a	1						
11	3471	400	IS	Other	Medicare Part A Res Oxy Rev	-	(742.00)	(2,824.95)	(3,566.95)	30	22a	1		(22,539.53)				(22,539.53)
					Contractual Allowance - Medicare Part A	-	-	-	-	30	22b	1		-	3	C	22,539.53	22,539.53
11	3465	100	IS	Other	Pri Pay Contractl Res Nmsb Rev	-	(2,998.46)	(3,923.19)	(6,921.65)	30	22c	1						
11	3465	200	IS	Other	Pri Pay Non-Contl Res Nmsb Rev	-	(9,944.60)	(15,656.96)	(25,601.56)	30	22c	1						
11	3465	300	IS	Other	Medicaid/Medi-Cal Res Nmsb Rev	-	(9,095.68)	(18,791.00)	(27,886.68)	30	22c	1						
11	3465	600	IS	Other	Hmo/Mgd Care A Res Nmsb Rev	-	(208.12)	(624.57)	(832.69)	30	22c	1						
11	3467	100	IS	Other	Pri Pay Contractl Res Ics Rev	-	(3,068.22)	(4,346.98)	(7,415.20)	30	22c	1						
11	3467	200	IS	Other	Pri Pay Non-Contl Res Ics Rev	-	(3,984.28)	(6,442.63)	(10,426.91)	30	22c	1						
11	3467	300	IS	Other	Medicaid/Medi-Cal Res Ics Rev	-	(8,420.85)	(22,414.04)	(30,834.89)	30	22c	1						
11	3467	600	IS	Other	Hmo/Mgd Care A Res Ics Rev	-	(64.75)	(413.22)	(477.97)	30	22c	1						
11	3468	100	IS	Other	Pri Pay Contractl Res Nts Rev	-	(809.27)	(102.70)	(911.97)	30	22c	1						
11	3468	200	IS	Other	Pri Pay Non-Contl Res Nts Rev	-	(1,354.74)	(1,346.59)	(2,901.33)	30	22c	1						
11	3468	300	IS	Other	Medicaid/Medi-Cal Res Nts Rev	-	(3,554.60)	(6,904.68)	(10,459.28)	30	22c	1						
11	3468	600	IS	Other	Hmo/Mgd Care A Res Nts Rev	-	-	(7.59)	(7.59)	30	22c	1						
11	3471	100	IS	Other	Pri Pay Contractl Res Oxy Rev	-	164.35	(1,028.20)	(863.85)	30	22c	1						
11	3471	200	IS	Other	Pri Pay Non-Contl Res Oxy Rev	-	(1,277.50)	(2,898.15)	(4,175.65)	30	22c	1						
11	3471	300	IS	Other	Medicaid/Medi-Cal Res Oxy Rev	-	(302.85)	(495.15)	(798.00)	30	22c	1		(130,515.22)				(130,515.22)
					Contractual Allowance - Medicaid	-	-	-	-	30	22d	1		-	3	C	69,978.85	
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	22d	1		-	3	C	1,318.25	71,297.10
11	3440	400	IS	Other	Medicare Part A Res Pt Rev	-	(61,058.79)	(153,035.26)	(214,094.05)	30	23a	1						
11	3440	500	IS	Other	Medicare Part B Res Pt Rev	-	(115,069.11)	(117,870.59)	(232,939.70)	30	23a	1		(447,033.75)				(447,033.75)
					Contractual Allowance - Medicare Part A	-	-	-	-	30	23b	1		-	3	C	214,094.05	
					Contractual Allowance - Medicare Part B	-	-	-	-	30	23b	1		-	3	C	48,084.68	262,178.73
11	3440	200	IS	Other	Pri Pay Non-Contl Res Pt Rev	-	850.03	(2,465.43)	(1,615.40)	30	23c	1						
11	3440	300	IS	Other	Medicaid/Medi-Cal Res Pt Rev	-	-	61.32	61.32	30	23c	1						
11	3440	600	IS	Other	Hmo/Mgd Care A Res Pt Rev	-	(2,153.53)	(17,278.46)	(19,431.99)	30	23c	1						
11	3440	700	IS	Other	Hmo/Mgd Care B Res Pt Rev	-	(6,309.40)	(21,442.39)	(27,751.79)	30	23c	1		(48,737.86)				(48,737.86)
					Contractual Allowance - Medicaid	-	-	-	-	30	23d	1		-	3	C	(61.32)	
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	23d	1		-	3	C	19,431.99	
					Contractual Allowance - HMO / MGD Care B	-	-	-	-	30	23d	1		-	3	C	8,876.97	28,247.64
11	3450	400	IS	Other	Medicare Part A Res St Rev	-	(10,041.79)	(38,449.53)	(48,491.32)	30	24a	1						
11	3450	500	IS	Other	Medicare Part B Res St Rev	-	(11,473.76)	(26,489.56)	(37,963.32)	30	24a	1		(86,454.64)				(86,454.64)
					Contractual Allowance - Medicare Part A	-	-	-	-	30	24b	1		-	3	C	48,491.32	
					Contractual Allowance - Medicare Part B	-	-	-	-	30	24b	1		-	3	C	7,836.60	56,327.92
11	3450	600	IS	Other	Hmo/Mgd Care A Res St Rev	-	(298.15)	(1,023.25)	(1,321.40)	30	24c	1						
11	3450	700	IS	Other	Hmo/Mgd Care B Res St Rev	-	(1,302.49)	(2,794.14)	(4,096.63)	30	24c	1		(5,418.03)				(5,418.03)
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	24d	1		-	3	C	1,321.40	
					Contractual Allowance - HMO / MGD Care B	-	-	-	-	30	24d	1		-	3	C	1,310.39	2,631.79
11	3445	400	IS	Other	Medicare Part A Res Ot Rev	-	(53,492.18)	(152,062.26)	(205,554.44)	30	25a	1						
11	3445	500	IS	Other	Medicare Part B Res Ot Rev	-	(75,838.93)	(65,835.27)	(141,674.20)	30	25a	1		(347,228.64)				(347,228.64)
					Contractual Allowance - Medicare Part A	-	-	-	-	30	25b	1		-	3	C	205,554.44	
					Contractual Allowance - Medicare Part B	-	-	-	-	30	25b	1		-	3	C	29,245.16	234,799.60
11	3445	200	IS	Other	Pri Pay Non-Contl Res Ot Rev	-	759.62	(216.19)	543.43	30	25c	1						
11	3445	600	IS	Other	Hmo/Mgd Care A Res Ot Rev	-	(2,447.17)	(17,511.65)	(19,958.82)	30	25c	1						
11	3445	700	IS	Other	Hmo/Mgd Care B Res Ot Rev	-	(4,799.19)	(20,360.19)	(25,159.38)	30	25c	1		(44,574.77)				(44,574.77)
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	25d	1		-	3	C	19,958.82	

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
					Contractual Allowance - HMO / MGD Care B	-	-	-	-	30	25d	1		-	3	C	8,047.74	28,006.56
11	3463	400	IS	Other	Medicare Part A Res Lax Rev	-	(5,893.89)	(10,930.35)	(16,824.24)	30	26a	1		(16,824.24)				(16,824.24)
					Contractual Allowance - Medicare Part A	-	-	-	-	30	26b	1		-	3	C	16,824.24	16,824.24
11	3431	100	IS	Other	Pri Pay Contractl Res Per Rev	-	-	(30.00)	(30.00)	30	26c	1						
11	3431	200	IS	Other	Pri Pay Non-Contl Res Per Rev	-	173.25	-	173.25	30	26c	1						
11	3463	100	IS	Other	Pri Pay Contractl Res Lax Rev	-	157.02	429.12	586.14	30	26c	1						
11	3463	200	IS	Other	Pri Pay Non-Contl Res Lax Rev	-	(214.73)	(564.97)	(779.70)	30	26c	1						
11	3463	300	IS	Other	Medicaid/Medi-Cal Res Lax Rev	-	-	(439.21)	(439.21)	30	26c	1						
11	3463	600	IS	Other	Hmo/Mgd Care A Res Lax Rev	-	(242.57)	(1,108.01)	(1,350.58)	30	26c	1		(1,840.10)				(1,840.10)
					Contractual Allowance - Medicaid	-	-	-	-	30	26d	1		-	3	C	439.21	
					Contractual Allowance - HMO / MGD Care A	-	-	-	-	30	26d	1		-	3	C	1,350.58	1,789.79
50	3406	0	IS	Dining Services	Dining Services-Resident Meals	-	(314.00)	(897.20)	(1,211.20)	30	41	1	ADJ	(1,211.20)				(1,211.20)
11	3871	0	IS	Other	Guest Apartment Revenue	-	-	(935.00)	(935.00)	30	42	1	ADJ	(935.00)				(935.00)
11	3886	0	IS	Other	Media Access Revenue	-	(3,272.18)	(6,779.42)	(10,051.60)	30	44	1	ADJ	(10,051.60)				(10,051.60)
11	7461	0	IS	Other	Unre Gains(Losses)On Investmen	-	3,118.00	1,751.00	4,869.00	30	45	1						
11	7511	0	IS	Other	Real Gains (Losses) On Invest	-	(917.07)	(2,723.99)	(3,641.06)	30	45	1						
11	7601	0	IS	Other	Inc On Benevolent Care Fund	-	(812.57)	(1,289.73)	(2,102.30)	30	45	1						
11	7644	0	IS	Other	Inc On State Required Reserves	-	(1,734.91)	(3,657.11)	(5,392.02)	30	45	1						
11	7659	0	IS	Other	Inc On Other	-	(0.97)	(0.24)	(1.21)	30	45	1						
11	7681	0	IS	Other	Advances From Crc Int Inc	-	(63,442.11)	(142,127.83)	(205,569.94)	30	45	1		(211,837.53)				(211,837.53)
11	3401	100	IS	Other	Pri Pay Contractl Res Bbr Rev	-	(2,537.00)	(4,680.00)	(7,217.00)	30	47	1						
11	3401	200	IS	Other	Pri Pay Non-Contl Res Bbr Rev	-	(3,383.00)	(7,922.00)	(11,305.00)	30	47	1		(18,522.00)				(18,522.00)
11	3181	0	IS	Other	Rrs Rev Other	-	(4.00)	-	(4.00)	30	48	1	ADJ					
11	3201	0	IS	Other	Rrs Rev Billing Adjustments	-	27.00	-	27.00	30	48	1	ADJ					
11	3403	0	IS	Other	Transportation Revenue	-	(703.30)	(763.60)	(1,466.90)	30	48	1	ADJ					
11	3421	0	IS	Other	Maintenance Services	-	(80.00)	-	(80.00)	30	48	1	ADJ					
11	3881	0	IS	Other	Property Tax Revenue	-	(4,500.96)	(9,992.08)	(14,493.04)	30	48	1	ADJ					
11	3891	0	IS	Other	Other Operating Income	-	(22.36)	(56.25)	(78.61)	30	48	1	ADJ					
11	3894	0	IS	Other	Investment Property Revenue	-	-	(964.80)	(964.80)	30	48	1	ADJ	(17,060.35)				(17,060.35)
11	303	0	BS	Other	Resident Trust Accounts	9,946.90	-	-	9,946.90	31	a1	1		9,946.90				9,946.90
11	1041	0	BS	Other	Ar Contract Residents	183,474.55	112,269.85	(91,911.69)	203,832.71	31	a2	1						
11	1051	0	BS	Other	Ar Private Pay Residents	274,655.87	(199,187.36)	126,092.91	201,561.42	31	a2	1						
11	1061	0	BS	Other	Ar Medicare	171,982.59	(121,599.91)	14,813.38	65,196.06	31	a2	1						
11	1071	0	BS	Other	Ar Medicaid	309,214.55	103,870.86	(34,917.29)	378,168.12	31	a2	1						
11	1081	0	BS	Other	Ar Managed Care	12,090.24	4,910.63	8,146.36	25,147.23	31	a2	1						
11	1099	0	BS	Other	Allow Doubtful Accts-Residents	(82,301.31)	(3,014.85)	37,004.92	(48,311.24)	31	a2	1		825,594.30				825,594.30
11	1211	0	BS	Other	Prepaid Taxes	34,978.48	8,567.55	(10,200.66)	33,345.37	31	a5	1						
11	1221	0	BS	Other	Other Prepaid Expenses	1,887.48	(1,909.98)	2,865.94	2,843.44	31	a5	1		36,188.81				36,188.81
11	1144	0	BS	Other	Acc Int State Required Res	2,834.23	1,916.62	(1,658.06)	3,092.79	31	a6	1		3,092.79				3,092.79
11	1611	0	BS	Other	Land	32,000.00	-	-	32,000.00	31	b1	1		32,000.00				32,000.00
11	1621	0	BS	Other	Land Improvements	15,235.67	(165,777.06)	-	(150,541.39)	31	b2a	1		(150,541.39)	2	B	165,777.06	15,235.67
11	1721	0	BS	Other	Accum Depr-Land Improvements	(6,947.25)	165,269.17	(1,015.69)	157,306.23	31	b2b	1		157,306.23	2	B	(165,269.17)	(7,962.94)
11	1631	0	BS	Other	Buildings And Improvements	6,860,964.51	437,821.51	22,066.60	7,320,852.62	31	b3a	1		7,320,852.62	7	G	(437,821.51)	6,883,031.11
11	1731	0	BS	Other	Accum Depr-Buildings And Imp.	(3,228,597.00)	64,266.90	(200,462.84)	(3,364,792.94)	31	b3b	1		(3,364,792.94)	7	G	(64,266.90)	(3,429,059.84)
11	1643	0	BS	Other	Furnishings	200,271.00	(7,739.09)	-	192,531.91	31	b5a	1		192,531.91	7	G	7,739.09	200,271.00
11	1743	0	BS	Other	Accum Depr-Furnishings	(145,359.69)	299.29	(13,590.32)	(158,650.72)	31	b5b	1		(158,650.72)	7	G	(299.29)	(158,950.01)
11	1641	0	BS	Other	Equipment	404,302.84	(121,528.08)	-	282,774.76	31	b6a	1			7	G	121,528.08	
11	1647	0	BS	Other	Computer Hardware	72,763.62	-	-	72,763.62	31	b6a	1		355,538.38				477,066.46
11	1741	0	BS	Other	Accum Depr-Equipment	(313,187.26)	103,589.22	(23,085.39)	(232,683.43)	31	b6b	1			7	G	(103,589.22)	

Covenant Village of Cromwell (Pilgrim Manor)

Trial Balance - Coded

10/01/16 - 09/30/17

Cost Center	Account Number	Sub-Acct. Number	FS Group	Department	Description	BB	CY Activity		EB	P	L	C	ADJ	Sub-Total	Reclass			CR Total
						10/01/16	10/01/16 01/31/17	02/01/17 09/30/17	09/30/17						#	Ref	Amount	
11	1747	0	BS	Other	Accum Depr-Computer Hardware	(72,763.62)	-	-	(72,763.62)	31	b6b	1		(305,447.05)				(409,036.27)
11	1679	0	BS	Other	Construction In Progress-Other	(606,921.39)	(606,921.39)	(22,066.60)	(1,235,909.38)	31	b9	1			7	G	606,921.39	
11	1799	0	BS	Other	Asset Clearing	337,703.53	134,159.20	(307,943.35)	163,919.38	31	b9	1		(1,071,990.00)	7	G	(130,719.53)	(595,788.14)
11	8991	0	BS	Other	Admin - Zone 91	6,522,448.94	518,489.95	889,633.87	7,930,572.76	32	d6	1		7,930,572.76				7,930,572.76
11	1301	0	BS	Other	Benevolent Care Fund	128,211.11	(864.81)	856.17	128,202.47	32	d7	1						
11	1354	0	BS	Other	State-Required Reserves	954,987.97	(3,299.71)	4,136.03	955,824.29	32	d7	1		1,084,026.76				1,084,026.76
11	2103	0	BS	Other	Accounts Payable - Accrual	2,225.01	73,670.77	(56,005.03)	19,890.75	33	a1	1						
11	2141	0	BS	Other	Fica Withholdings	(8,432.52)	(8,454.64)	8,432.51	(8,454.65)	33	a1	1						
11	2142	0	BS	Other	Federal Income Tax Withholding	(11,651.20)	(11,651.20)	11,651.20	(11,651.20)	33	a1	1						
11	2143	0	BS	Other	State Income Tax Withholdings	(4,127.63)	(4,127.62)	4,127.62	(4,127.63)	33	a1	1						
11	2153	0	BS	Other	Variable Annuity Withholding	(7,729.42)	(6,878.49)	7,729.42	(6,878.49)	33	a1	1						
11	2155	0	BS	Other	Garnishment Withholding	(182.41)	(182.41)	182.41	(182.41)	33	a1	1						
11	2389	0	BS	Other	Accrued Other Expense	(0.04)	26,288.91	(25,893.14)	395.73	33	a1	1		(11,007.90)				(11,007.90)
11	2131	0	BS	Other	Accrued Salaries And Wages	(122,792.09)	(58,237.53)	122,792.09	(58,237.53)	33	a4	1						
11	2132	0	BS	Other	Accrued Pto Pay	(122,927.32)	(28,675.64)	122,927.32	(28,675.64)	33	a4	1						
11	2133	0	BS	Other	Accrued Fica Taxes (Employer)	(11,530.17)	(6,934.87)	11,530.16	(6,934.88)	33	a4	1		(93,848.05)				(93,848.05)
11	2391	0	BS	Other	Resident Trust Funds	(9,946.90)	-	-	(9,946.90)	33	a12	1						
11	2399	0	BS	Other	Other Current Liabilities	(21,909.03)	5,274.74	(41,259.94)	(57,894.23)	33	a12	1		(67,841.13)				(67,841.13)
11	2801	0	BS	Other	Unrest Net Assets-Beg Balance	(11,754,872.84)	-	-	(11,754,872.84)	35	b5	1		(11,754,872.84)				(11,754,872.84)
Total						-	0.00	0.00	-					-				-
Net (Income) / Loss						-	(403,680.53)	(564,978.91)	(968,659.44)					(968,659.44)				(968,659.44)

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

Balances as of June 30, 2017

(end of month date)

Facility Name <u>Pilgrim Manor</u> Street <u>52 Missionary Road</u> City/Town <u>Cromwell</u> State <u>CN</u> Zip <u>06416</u> Phone No. <u>(860) 635 - 5511</u> Personal Funds Custodian <u>Pauline Sardo</u>	Administrator <u>Maria Christoforo</u> Administrator's Signature <u><i>Maria Christoforo</i></u> Date <u>02/15/18</u> Bank Name <u>Citizens Bank</u> Aggregate Bank Account No. <u>2210024476</u> (if applicable) (Bank Statement enclosed)
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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
Doris Larson	002420228		458.69	Citizens Bank 2210024476		
Mary Hughes	002602600		97.10	Citizens Bank 2210024476		
Charles Dagle	002728009		1,403.67	Citizens Bank 2210024476		
Frances E Brainard	003184565		40.08	Citizens Bank 2210024476		
Ralph DeFelice	003332915		1,304.18	Citizens Bank 2210024476		
Ann DeFelice	003335982		819.85	Citizens Bank 2210024476		
Katherine Lesi	003622414		59.72	Citizens Bank 2210024476		
Esther Pollans	003701153		108.00	Citizens Bank 2210024476		
Faye Dieffenbach	003755059		1,780.25	Citizens Bank 2210024476		
Margaret Carlson	003787236		1,435.54	Citizens Bank 2210024476		
Paul Morello	003916789		1,265.47	Citizens Bank 2210024476		
Jane Bourgeois	003920492		10,535.69	Citizens Bank 2210024476		
Jean Malaquias	004317850		7.21	Citizens Bank 2210024476		

