		FOR BHF USE					

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2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2008)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0042168

Facility Name: Colonial Manor

Address: 620 Warrington Avenue (Number) Danville (City) 61832 (Zip Code)

County: Vermillion

Telephone Number: (217) 446-0660 **Fax #** ( )

HFS ID Number: 371357323001

Date of Initial License for Current Owners: 1996

Type of Ownership:

	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
		xx			
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		xx	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** (309)823-7135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/08 to 12/31/08 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	Craig L. Ater
	(Title)	Exec V.P. & CFO
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	Craig L. Ater Exec V.P. & CFO
	(Firm Name & Address)	Heritage Operations Group, LLC.
	(Telephone)	( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	83	Skilled (SNF)	83	30,295	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	83	TOTALS	83	30,295	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	10,219	10,208	6,154	26,581	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,219	10,208	6,154	26,581	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.74%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 1996

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 1996 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified _____ and days of care provided 6,154

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [xx] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	227,648	26,359		254,007		254,007	4,568	258,575			1
2	Food Purchase		153,240		153,240		153,240		153,240			2
3	Housekeeping	102,029	25,806		127,835		127,835	17	127,852			3
4	Laundry	87,900	15,002		102,902		102,902		102,902			4
5	Heat and Other Utilities			120,630	120,630		120,630	1,608	122,238			5
6	Maintenance	82,337	107,299	74,532	264,168		264,168	11,441	275,609			6
7	Other (specify):*											7
8	TOTAL General Services	499,914	327,706	195,162	1,022,782		1,022,782	17,634	1,040,416			8
	B. Health Care and Programs											
9	Medical Director			8,400	8,400		8,400	1,865	10,265			9
10	Nursing and Medical Records	1,679,224	153,795	5,853	1,838,872		1,838,872		1,838,872			10
10a	Therapy		441,351	639,115	1,080,466	(488,107)	592,359	(38,056)	554,303			10a
11	Activities	83,029	9,488		92,517		92,517	1,201	93,718			11
12	Social Services	3,068		4,835	7,903		7,903		7,903			12
13	CNA Training							950	950			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,765,321	604,634	658,203	3,028,158	(488,107)	2,540,051	(34,040)	2,506,011			16
	C. General Administration											
17	Administrative	81,704			81,704		81,704	57,850	139,554			17
18	Directors Fees							6,162	6,162			18
19	Professional Services			251,218	251,218		251,218	(233,290)	17,928			19
20	Dues, Fees, Subscriptions & Promotions			62,359	62,359	(45,443)	16,916	(302)	16,614			20
21	Clerical & General Office Expenses	135,976	25,237	10,344	171,557		171,557	129,806	301,363			21
22	Employee Benefits & Payroll Taxes			443,779	443,779		443,779	26,528	470,307			22
23	Inservice Training & Education			3,713	3,713		3,713	(1,714)	1,999			23
24	Travel and Seminar			6,475	6,475		6,475	(4,476)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			84,279	84,279		84,279	9,223	93,502			26
27	Other (specify):*			7,876	7,876		7,876	(7,585)	291			27
28	TOTAL General Administration	217,680	25,237	870,043	1,112,960	(45,443)	1,067,517	(17,798)	1,049,719			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,482,915	957,577	1,723,408	5,163,900	(533,550)	4,630,350	(34,204)	4,596,146			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Colonial Manor #0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			114,433	114,433		114,433	8,869	123,302			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			96,003	96,003		96,003	1,969	97,972			32
33	Real Estate Taxes			107,826	107,826		107,826		107,826			33
34	Rent-Facility & Grounds			7,333	7,333		7,333	8,047	15,380			34
35	Rent-Equipment & Vehicles			5,858	5,858		5,858	1,535	7,393			35
36	Other (specify):*											36
37	TOTAL Ownership			331,453	331,453		331,453	20,420	351,873			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					488,107	488,107		488,107			39
40	Barber and Beauty Shops			5,390	5,390		5,390		5,390			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					45,443	45,443		45,443			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			5,390	5,390	533,550	538,940		538,940			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,482,915	957,577	2,060,251	5,500,743		5,500,743	(13,784)	5,486,959			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms		35		5
6	Rented Facility Space	(955)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income	(3,368)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)	(2,281)	23		16
17	Non-Care Related Fees	(396)	20		17
18	Fines and Penalties				18
19	Entertainment	(12,782)	24		19
20	Contributions	(1,585)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,285)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(6,000)	27		24
25	Fund Raising, Advertising and Promotional	(5,491)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule		33		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (35,143)		$	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	21,359		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 21,359		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (13,784)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Colonial Manor

ID# 0042168

Report Period Beginning: 01/01/08

Ending: 12/31/08

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5		0	35	5
6		(955)	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16		(2,281)	23	16
17		(396)	20	17
18				18
19			24	19
20		(1,585)	27	20
21				21
22		(2,285)	19	22
23				23
24		(6,000)	27	24
25		(5,491)	20	25
26				26
27				27
28				28
29		0	33	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(18,993)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,568	0	0	0	0	0	0	0	0	4,568	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	17	0	0	0	0	0	0	0	0	17	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,608	0	0	0	0	0	0	0	0	1,608	5
6	Maintenance	0	0	11,441	0	0	0	0	0	0	0	0	11,441	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	17,634	0	0	0	0	0	0	0	0	17,634	8
	B. Health Care and Programs													
9	Medical Director	0	0	1,865	0	0	0	0	0	0	0	0	1,865	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	(38,056)	0	0	0	0	0	0	0	0	0	(38,056)	10a
11	Activities	0	0	1,201	0	0	0	0	0	0	0	0	1,201	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	950	0	0	0	0	0	0	0	0	950	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	(38,056)	4,016	0	0	0	0	0	0	0	0	(34,040)	16
	C. General Administration													
17	Administrative	0	0	57,850	0	0	0	0	0	0	0	0	57,850	17
18	Directors Fees	0	0	6,162	0	0	0	0	0	0	0	0	6,162	18
19	Professional Services	(2,285)	(237,283)	6,278	0	0	0	0	0	0	0	0	(233,290)	19
20	Fees, Subscriptions & Promotions	(5,887)	0	5,585	0	0	0	0	0	0	0	0	(302)	20
21	Clerical & General Office Expenses	0	0	129,806	0	0	0	0	0	0	0	0	129,806	21
22	Employee Benefits & Payroll Taxes	0	0	26,528	0	0	0	0	0	0	0	0	26,528	22
23	Inservice Training & Education	(2,281)	0	567	0	0	0	0	0	0	0	0	(1,714)	23
24	Travel and Seminar	(12,782)	0	8,306	0	0	0	0	0	0	0	0	(4,476)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	9,223	0	0	0	0	0	0	0	0	9,223	26
27	Other (specify):*	(7,585)	0	0	0	0	0	0	0	0	0	0	(7,585)	27
28	**TOTAL General Administration**	(30,820)	(237,283)	250,305	0	0	0	0	0	0	0	0	(17,798)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(30,820)	(275,339)	271,955	0	0	0	0	0	0	0	0	(34,204)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	8,869	0	0	0	0	0	0	0	8,869	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,368)	0	0	5,337	0	0	0	0	0	0	0	1,969	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(955)	0	0	9,002	0	0	0	0	0	0	0	8,047	34
35	Rent-Equipment & Vehicles	0	0	0	1,535	0	0	0	0	0	0	0	1,535	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(4,323)	0	0	24,743	0	0	0	0	0	0	0	20,420	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(35,143)	(275,339)	271,955	24,743	0	0	0	0	0	0	0	(13,784)	45

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization		GreenTree Pharmacy		(38,056)	(38,056)	2
3	V								3
4	V	19	Adjustment for Related Organization	237,283	Heritage Operations Group, LLC	0.00%		(237,283)	4
5	V								5
6	V	34	Adjustment for Related Organization		Heritage Manor Real Estate, LLC	0.00%			6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				10
11	V								11
12	V								12
13	V								13
14	Total			$ 237,283			$ (38,056)	$ * (275,339)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	0.00%	$ 4,568	$ 4,568	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				17	17	17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,608	1,608	19
20	V	6	Maintenance				11,441	11,441	20
21	V	7	Other				0		21
22	V	9	Medical Director				1,865	1,865	22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				1,201	1,201	24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				950	950	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				57,850	57,850	29
30	V	18	Directors Fees				6,162	6,162	30
31	V	19	Professional Services				6,278	6,278	31
32	V	20	Fees, Subscription, Promotions				5,585	5,585	32
33	V	21	Clerical & General Office Expenses				129,806	129,806	33
34	V	22	Employee Benefits & Payroll Taxes				26,528	26,528	34
35	V	23	Inservice Training & Education				567	567	35
36	V	24	Travel and Seminar				8,306	8,306	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				9,223	9,223	38
39	Total			$			$ 271,955	$ * 271,955	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$		0.00%	$ 0	$	15
16	V	30	Depreciation				8,869	8,869	16
17	V	31	Amortization of Pre-Op & Org				0		17
18	V	32	Interest				5,337	5,337	18
19	V	33	Real Estate Taxes				0		19
20	V	34	Rent-Facility & Grounds				9,002	9,002	20
21	V	35	Rent-Equipment & Vehicles				1,535	1,535	21
22	V	36	Other				0		22
23	V	38	Medically Nec Transportation				0		23
24	V	39	Ancillary Service Centers				0		24
25	V	40	Barber and Beauty Shops				0		25
26	V	41	Coffee and Gift Shops				0		26
27	V	42	Other				0		27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 24,743	$ * 24,743	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Heritage Enterprises Inc.	Member		100.00					$ 6,162	18/7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 6,162		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Operations Group
Street Address: box 3188
City / State / Zip Code: Bloomington, Il 61701
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,634	25	$ 144,981	$ 144,706	83	$ 4,568	1
2	2	Food Purchase	Beds	2,634	25	0	0	83	0	2
3	3	Housekeeping	Beds	2,634	25	537	537	83	17	3
4	4	Laundry	Beds	2,634	25	0	0	83	0	4
5	5	Heat & Other Utilities	Beds	2,634	25	51,027	0	83	1,608	5
6	6	Maintenance	Beds	2,634	25	363,089	68,949	83	11,441	6
7	7	Other	Beds	2,634	25	0	0	83	0	7
8	9	Medical Director	Beds	2,634	25	59,193	0	83	1,865	8
9	10	Nursing & Medical Records	Beds	2,634	25	0	59,193	83	0	9
10	11	Activities	Beds	2,634	25	38,116	37,880	83	1,201	10
11	12	Social Service	Beds	2,634	25	0	0	83	0	11
12	13	Nurse Aide Training	Beds	2,634	25	30,133	29,953	83	950	12
13	14	Program Transportation	Beds	2,634	25	0	0	83	0	13
14	15	Other	Beds	2,634	25	0	0	83	0	14
15	17	Administrative	Beds	2,634	25	1,835,880	1,835,880	83	57,850	15
16	18	Directors Fees	Beds	2,634	25	195,551	0	83	6,162	16
17	19	Professional Services	Beds	2,634	25	199,226	0	83	6,278	17
18	20	Fees, Subscription, Promotions	Beds	2,634	25	177,251	0	83	5,585	18
19	21	Clerical & General Office Expense	Beds	2,634	25	4,119,374	3,752,355	83	129,806	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,634	25	841,855	0	83	26,528	20
21	23	Inservice Training & Education	Beds	2,634	25	17,980	0	83	567	21
22	24	Travel and Seminar	Beds	2,634	25	263,598	0	83	8,306	22
23	25	Other Admin. Staff Transportatio	Beds	2,634	25	0	0	83	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,634	25	292,705	0	83	9,223	24
25	TOTALS					$ 8,630,496	$ 5,929,453		$ 271,955	25

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,634	83	$	$	83	$	1
2	30	Depreciation	Beds	2,634	83	281,453		83	8,869	2
3	31	Amortization of Pre-Op & Org	Beds	2,634	83			83		3
4	32	Interest	Beds	2,634	83	169,367		83	5,337	4
5	33	Real Estate Taxes	Beds	2,634	83			83		5
6	34	Rent-Facility & Grounds	Beds	2,634	83	285,687		83	9,002	6
7	35	Rent-Equipment & Vehicles	Beds	2,634	83	48,715		83	1,535	7
8	36	Other	Beds	2,634	83			83		8
9	38	Medically Nec Transportation	Beds	2,634	83			83		9
10	39	Ancillary Service Centers	Beds	2,634	83			83		10
11	40	Barber and Beauty Shops	Beds	2,634	83			83		11
12	41	Coffee and Gift Shops	Beds	2,634	83			83		12
13	42	Other	Beds	2,634	83			83		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 785,222	$		$ 24,743	25

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Busey Bank		xx	Mortgage			$	$ 2,913,594	11/15	variable	$ 95,703	1
2			xx	Loan Fees							300	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		xx	Accounts Receivable								6
7												7
8												8
9	TOTAL Facility Related						$	$ 2,913,594			$ 96,003	9
	B. Non-Facility Related*											
10	Interest Income										(3,368)	10
11	Allocated Corporate										5,337	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 1,969	14
15	TOTALS (line 9+line14)						$	$ 2,913,594			$ 97,972	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ none Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2007 report.	$ 104,841	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 103,740	2
3. Under or (over) accrual (line 2 minus line 1).	$ (1,101)	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 108,927	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 107,826	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2003	78,220	8
	2004	80,837	9
	2005	93,692	10
	2006	107,707	11
	2007	107,826	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2007	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Colonial Manor COUNTY Vermillion

FACILITY IDPH LICENSE NUMBER 0042168

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	23071020150060		$ 78,469.00	$ 78,469.00
2.	23071020250060		$ 25,075.00	$ 25,075.00
3.	23071020190030		$ 196.00	$ 196.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 103,740.00	$ 103,740.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 14,996 B. General Construction Type: Exterior brick Frame wood Number of Stories

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 111,000	1
2					2
3	TOTALS			$ 111,000	3

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	83				$ 1,709,475	$		$	$	$	4
5					33,000						5
6											6
7											7
8											8
	Improvement Type**										
9	Architect Fees			1997	46,312						9
10	Property @ 607 Cunningham			1997	50,000						10
11											11
12	Architect Fees			1998	15,039						12
13	Door Replacement			1998	6,993						13
14	Water Pump			1998	1,439						14
15	Generator Gaskets			1998	1,011						15
16	Hallway Door			1998	800						16
17	Canapy			1998	1,526						17
18	Dumpster Pad			1998	4,100						18
19	Iron Fence			1998	900						19
20	Floor Drain			1998	800						20
21	Railing			1998	900						21
22	Addition--Materials			1998	762,036						22
23	Addition--Labor			1998	48						23
24	Addition--Professional Fees			1998	7,546						24
25	Washer/Dryer Repair			1998	1,619						25
26	Addition--Materials			1999	181,865						26
27	Addition--Professional Fees			1999	3,782						27
28	WAN Building Materials			1999	4,698						28
29	Roof Repair			1999	1,783						29
30											30
31											31
32											32
33											33
34	C/O Allocation							8,869	8,869		34
35	Book Depreciation					89,183		89,183		944,364	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Window Replacements	2000	$ 3,005	$		$	$	$	37
38	Water Heater	2000	3,798						38
39									39
40	Nurse Call System	2001	24,949						40
41	Coax Cable	2001	945						41
42	Roof Sheathing	2001	1,314						42
43									43
44	Door Alarm	2002	2,383						44
45	Roof	2002	38,165						45
46	Water Heater	2002	3,656						46
47	Heater/Air Conditioning Unit	2002	1,843						47
48	Fire Dampers	2002	523						48
49	A/C Unit	2002	566						49
50	Security Door	2002	1,127						50
51	Dishwasher Motor	2002	1,129						51
52	Sealcoat Parking Lot	2002	1,955						52
53									53
54	Blackflow Prevention	2003	672						54
55	Repair/Replace Doors	2003	7,866						55
56	A/C Unit	2003	495						56
57	Fire Supression System	2003	1,286						57
58									58
59	Automatic Transfer Switch	2004	3,458						59
60	Aero Air Condensor	2004	1,508						60
61	Parking Lot Sealant	2004	2,379						61
62									62
63	Kitchen Air Handler	2005	2,855						63
64	Condensor	2005	2,086						64
65	A/C Unit	2005	995						65
66	Ramp and Rails	2005	808						66
67	A/C Condensor	2005	2,313						67
68	Concrete	2005	1,714						68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,949,465	$ 89,183		$ 98,052	$ 8,869	$ 944,364	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,949,465	$ 89,183		$ 98,052	$ 8,869	$ 944,364	1
2	Sprinkler	2006	11,094						2
3	Condensor	2006	2,324						3
4	A/C unit	2006	754						4
5	Roof	2006	1,900						5
6	Parking Lot	2006	2,379						6
7	Backflow preventer	2006	1,400						7
8	Sprinkler	2006	2,693						8
9	A/C unit	2006	1,161						9
10	Dry pendant	2006	1,010						10
11									11
12	Exhaust Fans	2007	674						12
13	Hot Water Liner	2007	700						13
14	HVAC	2007	9,599						14
15	Heat Coil	2007	2,776						15
16	HVAC condensor	2007	4,625						16
17	Fire Door	2007	600						17
18	Sprinkler system	2007	4,945						18
19	Front Pourch	2007	3,932						19
20	Room Repair	2007	980						20
21	Boiler	2007	5,257						21
22	Carpet	2007	615						22
23									23
24	Carpeting	2008	20,682						24
25	Basement Stairs	2008	2,694						25
26	Metal Doors	2008	2,510						26
27	A/C unit	2008	7,891						27
28	Air Handling Unit	2008	3,237						28
29	Fire System	2008	2,525						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,048,422	$ 89,183		$ 98,052	$ 8,869	$ 944,364	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 3,048,422	$ 89,183		$ 98,052	$ 8,869	$ 944,364	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,048,422	$ 89,183		$ 98,052	$ 8,869	$ 944,364	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 3,048,422	$ 89,183		$ 98,052	$ 8,869	$ 944,364	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,048,422	$ 89,183		$ 98,052	$ 8,869	$ 944,364	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 320,995	$ 25,250	$ 25,250	$		$ 246,228	71
72	Current Year Purchases	37,110						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 358,105	$ 25,250	$ 25,250	$		$ 246,228	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,517,527	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 114,433	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 123,302	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,869	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,190,592	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [ ] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease . **

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2009	$ 0
13.	/2010	$ 0
14.	/2011	$ 0

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO
16. Rental Amount for movable equipment: $ 5,858 Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2 Staff Units of Service	3 Staff Cost	4 Outside Practitioner (other than consultant) Units	5 Outside Practitioner (other than consultant) Cost	6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$ 260,294	$		$ 260,294	1
2	Licensed Speech and Language Development Therapist		hrs			9,123			9,123	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			319,529	3,413		322,942	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				437,938		437,938	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					50,169			50,169	13
14	TOTAL			$		$ 639,115	$ 441,351		$ 1,080,466	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/08 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 250,043	$	1
2	Cash-Patient Deposits	2,815		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	732,295		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,780		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	455,871		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,458,804	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	111,000		13
14	Buildings, at Historical Cost	3,051,856		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	358,104		16
17	Accumulated Depreciation (book methods)	(1,190,592)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Goodwill	1,111,645		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,442,013	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,900,817	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 183,981	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,815		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	299,802		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,991		31
32	Accrued Real Estate Taxes(Sch.IX-B)	108,927		32
33	Accrued Interest Payable	15,557		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	IPA Tax	11,454		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 625,527	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	2,913,594		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,913,594	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,539,121	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,361,696	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,900,817	$	48

*(See instructions.)

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 975,578	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 975,578	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	386,118	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 386,118	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,361,696	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,755,240	1
2	Discounts and Allowances for all Levels	(2,997,589)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,757,651	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,406,718	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,406,718	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	448	12
13	Barber and Beauty Care	5,232	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	955	16
17	Sale of Drugs	720,569	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(8,080)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 719,124	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,368	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,368	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,886,861	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,022,782	31
32	Health Care	3,028,158	32
33	General Administration	1,112,960	33
	B. Capital Expense		
34	Ownership	331,453	34
	C. Ancillary Expense		
35	Special Cost Centers	5,390	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,500,743	40
41	**Income before Income Taxes (line 30 minus line 40)****	386,118	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 386,118	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,960	2,080	$ 82,028	$ 39.44	1
2	Assistant Director of Nursing	1,792	2,080	47,513	22.84	2
3	Registered Nurses	13,037	13,959	352,178	25.23	3
4	Licensed Practical Nurses	23,692	25,237	505,679	20.04	4
5	CNAs & Orderlies	61,207	65,345	691,826	10.59	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			0		8
9	Activity Director					9
10	Activity Assistants	6,822	7,373	83,029	11.26	10
11	Social Service Workers	346	346	3,068	8.87	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,320	22,968	227,648	9.91	15
16	Dishwashers					16
17	Maintenance Workers	5,336	6,073	82,337	13.56	17
18	Housekeepers	10,153	11,036	102,029	9.25	18
19	Laundry	9,487	10,021	87,900	8.77	19
20	Administrator			81,704		20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,690	8,454	135,976	16.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	162,842	174,972	$ 2,482,915 *	$ 14.19	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		8,400		36
37	Medical Records Consultant		1,560		37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,490		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		4,835		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 17,285		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses		0		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Mark Black	admin	0	$ 81,704
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 81,704

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Mgt Fee	$ 237,283
Sulaski & Webb	audit	11,650
		0
		0
		0
legal		2,285
		0
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 251,218

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 35,840
Unemployment Compensation Insurance	29,011
FICA Taxes	189,943
Employee Health Insurance	158,471
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
	2,460
	28,054
	26,528
TOTAL (agree to Schedule V, line 22, col.8)	$ 470,307

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	2,459
Health Care Worker Background Check	
(Indicate # of checks performed)	2,350
Patient Background Checks	5,585
	13,600
	3,925
Dues & Subscriptions	5,460
License & Fees	1,156
Less: Public Relations Expense	(3,925)
Non-allowable advertising	(396)
Yellow page advertising	(13,600)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,614

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	3,398
	0
Seminar Expense	3,077
	(12,782)
Central Office	8,306
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Colonial Manor # 0042168 Report Period Beginning: 01/01/08 Ending: 12/31/08

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number **Colonial Manor** **#** **0042168** **Report Period Beginning:** **01/01/08** **Ending:** **12/31/08**

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **yes** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? ____ YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **45,443**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **2,269**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? **no**
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? ____ If no, please explain. **Not available at this date**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost/Rev Comparing	Sch Line Code	Ln Ref	Col Ref	Line Ref	Ln Adjustment Amount
1000	CASH-TRUIST	250,000						
1010	PETTY CASH							
1040	CASH-SUSQUEHANNA							
1060	CASH-MERCHANTS-PAYROLL	750,000						
1100	MERCHANDISE INVENTORIES							
1110	MERCHANDISE-SUPPLIES							
1115	PRE-PAYMENT-MERCHANDISE							
1120	ACCOUNTS RECEIVABLE-TRADE							
1125	ACCOUNTS RECEIVABLE-EC							
1130	A/R-NOTES RECEIVABLE							
1140	A/R-NOTHING RECEIVED							
1196	ACCRUED INTEREST REC							
1200	ALLOWANCE-DOUBTFUL	17,700						
1210	OTHER REPAIR EXPENSES							
1300	FOOD INVENTORY							
1310	BEVERAGE INVENTORY							
1400	LAND	313,000						
1410	FURNITURE & EQUIPMENT	356,164						
1420	LEASE-ACCT-MONITOR SYSTEM	1,011,056						
1475	BUILDING & IMPROVEMENTS	3,051,056						
1490	ACCUM DEPR-BUILDING	-944,568						
1500	LEASE-PRE-PAID	1,000,000						
1520	LOAN FEES	1,115,000						
1560	REAL ESTATE TAX DECNOW							
1570	ACCUMULATED AMORTIZATION							
1600	INTANGIBLES-GOOD	455,875						
2010	ACCOUNTS PAYABLE	-383,950						
2015	ACCOUNTS-OTHER							
2100	ACCRUED PAYROLL	-141,500						
2110	ACCRUED VACATION PAY	-258,410						
2120	ACCRUED-OTHER							
2125	FIC & TAXES PAYABLE	-2,991	-2,991					
2130	FIT PAYABLE							
2135	SIT PAYABLE-PAYABLE		0					
2145	EMPORIUM CREDIT CREDIT							
2150	EMPORIUM-CREDIT-TRADE							
2200	PAYROLL-NOTES							
2205	PR-W-WALLIRICA							
2210	PR-W-WALLIRICA							
2345	CHROP PROGRAM-PT PAYABLE							
2350	CHROP PROGRAM-PT PAYABLE-CAFETERIA							
2400	WAGE GARNISHMENTS							
2460	MISC PAYROLL DEDUCTIONS							
2470	ACCRUED-PAYROLL-PAYABLE	-15,517						
2500	SALES TAX PAYABLE							
2504	BUS PLANNED PAYABLE	-11,454						
2505	BUS PLANNED-PAYABLE	-100,913						
2800	ACTIVITY FUND	0						
2806	SECURITY DEPOSITS	0						
2810	DEPOSITS-OTHER							
2850	DEBIT STORAGE-SAGAR							
2901	DEFERRED-INC-TAXP & MEM							
2902	DEFERRED-INC-TAXP & MEM							
2905	INCOME TAXES PAYABLE							
2912	DUE TO DEPOSITS	-2,913						
2920	LEASE-ACCT-MONITOR SYSTEM	-1,011,056						
2930	EQUIPMENT LEASE PAYABLE							
2945	CURRENT PORTION LT DEBT							
2950	CURRENT-PORTION-LT-DEBT							
2970	COMMON STOCK							
2750	RETAINED EARNINGS	-872,728						
3000	RETAINED EARNINGS-PRIOR	-872,728						
3071	PAYDIST DAYS-PRIO-YTD	14,158						
3072	PAYDIST DAYS-PRI	14,158						
3073	PAYDIST DAYS-CURRENT							
3074	PAYDIST DAYS-CURRENTMON							
3075	PAYDIST DAYS-CURRMON							
3076	PAYDIST DAYS-CURRENT							
3010	1 BASIC CHARGE-PRIO-YTD-R	-13,352.04	0	0	0	0		
3011	1 PRIO-YTD AMENDMENT TAX-TRC DIST		0	0	0	0		
3012	1 BASIC CHARGE-PRI		0	0	0	0		
3050	1 BASIC CHARGE-MERC ARE	0	0	0	0	0		
3055	1 PAYT-1-MERCHARE CARE		0	0	0	0		
3060	1 MERCHANDISE-PRI	0	0	0	0	0		
3065	1 MERCHANDISE-CARE		0	0	0	0		
3070	1 MERCHANDISE-MERC ARE		0	0	0	0		
3080	1 MERCHANDISE-CARE		0	0	0	0		
3085	1 MERCHANDISE-MERC ARE		0	0	0	0		
3090	1 SUSPENSE-SUPPLIES-PRI-A	-2861.149	0	0	0	0		
3095	1 SUSPENSE-SUPPLIES-CARE		0	0	0	0		
3060	1 SUSPENSE-SUPPLIES-MERC-PT A		0	0	0	0		
3065	1 SUSPENSE-SUPPLIES-MERC-PT B		0	0	0	0		
3100	17 PRIO-YTD	7,763.06						
3101	17 PRIO-YTD-OTHER							
3110	17 PRI-OTHER	-2,482.748	0	0	0	0		
3111	17 PT-PRI		0	0	0	0		
3112	17 PT-MERCHARE-MERC PART A		0	0	0	0		
3113	17 PT-MERCHARE-MERC PART B		0	0	0	0		
3120	17 PRIO-ARE-ADJUSTMENT-INC		0	0	0	0		
3140	IN LABOR-DIST-PRI-CARE		0	0	0	0		
3150	6 PRIO-YTD-MERC-PART A		0	0	0	0		
3151	6 PRIO-MAT-PRI		0	0	0	0		
3152	6 PRIO-MAT-MERCHARE-PART A		0	0	0	0		
3153	6 PRIO-MAT-MERCHARE-PART B		0	0	0	0		
3160	2 PRI-DIRECTOS	-2,947.500	0	0	0	0		
3161	2 MERCHARE-PART B DIRECTOS		0	0	0	0		
3162	2 MERCHARE-PART A DIRECTOS		0	0	0	0		
3460	IN ASSESSMENT TAX-EXPENSE		0	0	0	0		
3524	IN RENT INCOME	-833	0	0	0	0	-833	
3525	IN RENT-CARE	-2,500	0	0	0	0		
3610	12 ACTIVITY-FUNDRAISING		0	0	0	0		
3574	12 VENDING INCOME-EXPENS	-600	0	0	0	0		
3575	12 VENDING-INCOME		0	0	0	0		
3580	1 EQUIPMENT-RENTAL	-2,457	0	0	0	0		
3585	20 RESIDENT TRANSPORTATI	9,380	0	0	0	0		
3590	20 TRIP-PRI	-2,100	0	0	0	0		
4110	GENERAL & ADMINISTRATI	110,147	110,476	23	1	17	0	
4111	ADMINISTRATOR SALARY	81,750	81,750	27	1	0	0	
4112	ADMIN-PAYROLL TAXES	6,253		27	1	0	0	
4114 (4071)	EMPLOYEE BENEFITS	14,644	443,776	23	1	17	0	
4115	EMPLOYEE BENEFITS-TAXP	2,400		23	1	0	0	
4116	EMPLOYEE BENEFITS-MEM	2,400		23	1	0	0	
4125	EMPLOYEE-TRAVEL-TAXP	5,734		23	1	0	0	
4126	EMPLOYEE-TRAVEL-MEM		0	23	1	0	0	
4150 (4151)	OFFICE SUPPLIES	15,137	15,137	23	1	0	0	
4160	PRINTING	2,500	2,500	23	1	0	0	
4171	TRAINING & DEPRECIATI	3,710	3,710	23	1	0	0	-3,688.77
4180	GENERAL TRAVEL	3,900	4,475	24	1	0	0	
4181	GENERAL-TRAVEL-MEM-TRAV			24	1	0	0	
4401	FEES-LEGAL & AUDIT	1,417		24	1	0	0	-41,750.77
4406	HELP WANTED-ADVERTISE	2,455	12,159	28	1	0	0	-45,445
4407	HELP WANTED-ADVERTISE-MEM	1,000		28	1	0	0	
4421	PUBLIC RELATIONS	2,921		28	1	17	-2,921	
4446	SALESMEN & PEDD	46,599		28	1	17	0	
4450	SALES-TRAVEL-EXPENSE	1,000		28	1	17	-1,000	
4451	CONTRIBUTIONS	1,385		27	1	18	-1,385	
4454	PROFESSIONAL FEES	15,950	151,230	19	1	15	-2,385	
4455	PROFESSIONAL FEES-MEM	8,400	8,400	19	1	0	0	
4456	COLLECTION-BUSINESS	0		19	1	0	0	
4461	CEMER INSTITCIAN FEES			19	1	0	0	
4462	PROFESSIONAL-MEM-CARE	1,500		19	1	0	0	
4463	PROMOCOST-FEES	1,400		19	1	0	0	
4464	SUC SERVICACT CONSULT	4,855	4,855	12	1	0	0	
4465	PAYROLL-FEES	3,891		12	1	0	0	
4468	INCOME TAXES		7,471	27	1	0	0	
4483	BACKGROUND CHECKS	2,350		29	1	0	0	
4484	PAYROLL-FEES	1,000		29	1	0	0	
4485	PAYROLL TAXES-MEMBER	8,481		29	1	0	0	
4489	CHROP PROGRAM-T	106,071		29	1	0	0	
4490	PROGRAM-EXPENSES	54,278	54,278	29	1	0	0	
4493	PROGRAMS-CHORES			29	1	0	0	
4499	NURSEMAID-CORP-TRICOS	35,000		29	1	0	0	
4500	TELEPHONE-LONG DISTANCE	12,000		23	1	17	-1,000	
4501	MAIL-SERVICE	4,000		27	1	24	-4,000	
4470	LAND TITEMP-DEPRECIATI	0		27	1	0	0	
4471	LAND-DEPRECIATION	0		27	1	0	0	
4510	REAL ESTATE TAXES	107,000	107,000	30	1	0	0	
4600	UNIFORMS-EXPENSE	6,750	6,850	31	1	0	0	
4610	UNIFORMS-PAYROLL-MEM	1,000		31	1	0	0	
5100	MAINTENANCE-VEH & W-TA	5,000	10,117	5	1	0	0	
5101	MAINTENANCE-VEH	5,117		5	1	0	0	
5150	GASOLINE-GAS	34,750		5	1	0	0	
5151	GASOLINE-DIESEL-OIL			5	1	0	0	
5152	WATER & SEWER	2,975		5	1	0	0	
5154	TRASH COLLECTION	38,114	74,550	5	1	0	0	
5155	TRASH-COLLECTION-MEM	36,436		5	1	0	0	
5160	GENERAL REPAIR & MAINT	12,000		5	1	0	0	
5165	MAINTENANCE-CONTRACT	36,417		5	1	0	0	
5170	UTILITIES-ELECTRICITY	103,000	177,648	5	1	0	0	
5180	CIRTARY REPL & TAC	2,075		5	1	15	0	
5200	SAGAN TAX			5	1	15	0	
5210	UTILITIES-PHONE	152,500	152,600	5	1	0	0	
5220	SUPPLIES-GENERAL	5,000	26,150	5	1	0	0	
5260	CIRTARY REPL-SUMMIT	2,150		5	1	0	0	
5261	CIRTARY REPL-SUPPLIES	2,000		5	1	0	0	
5265	MEAL CREDIT	2,200		5	1	0	0	
5310	LAUNDRY WAGES	83,000	87,968	6	1	0	0	
5315	LAUNDRY-PAYROLL TAC	4,968		6	1	0	0	
5320	LAUNDRY-SUPPLIES-DIRECT	7,475	15,010	6	1	0	0	
5360	LAUNDRY-REMMEDIEMEN			6	1	0	0	
5361	LAUNDRY-SUPPLIES	7,535		6	1	0	0	
5365	HOUSEKEEPING-WAGES	93,870	103,020	7	1	0	0	
5368	HOUSEKEEPING-SUC & VA	9,150		7	1	0	0	
5370	HOUSEKEEPING-SUPPLIES	15,000	15,006	7	1	0	0	
5371	HOUSEKEEPING-SUPPLIES	6,011		7	1	0	0	
5410	RN WAGES-MEDICARE		1,179,214	10	1	0	0	
5411	RN WAGES-MEDICARE-MEM	103,000		10	1	0	0	
5420	RN-VACATION	83,028		10	1	0	0	
5430	SIGNIN	47,725		10	1	0	0	
5440	RN-SUC & VACATION	56,117		10	1	0	0	
5510	LPN WAGES-MEDICARE			10	1	0	0	
5520	LPN WAGES-MEDICARE	473,415		10	1	0	0	
5530	LPN-SIGNIN-MEDICARE			10	1	0	0	
5540	LPN-SUC & VACATION	32,104		10	1	0	0	
5610	AIDE WAGES-MEDICARE			10	1	0	0	
5620	AIDE WAGES-MEDICARE-MEM	643,141		10	1	0	0	
5630	AIDE-SIGNIN			10	1	0	0	
5640	AIDE-VACATION-SUC & VA	69,026		10	1	0	0	
5645	CONTRACT NURSES-RN	0		10	1	0	0	
5650	CONTRACT NURSES-LPN	0		10	1	0	0	
5655	CONTRACT NURSES-AIDES	0		10	1	0	0	
5656	NURSE AIDE TRAINING-WA	0	0	13	1	0	0	
5657	NURSE AIDE TRAINING-SUC	0	0	13	1	0	0	
5658	NURSE AIDE TRAINING-MEM	0	0	13	1	0	0	
5670	REHAB WAGES	0		10	1	0	0	
5675	REHAB-SUC & VAC	0		10	1	0	0	
5680	NURSING-DIRT-EDUCATION	0		10	1	0	0	
5690	NURSING-SUPPLIES	104,117	132,792	10	1	0	0	
5691	NURSING-SUPPLIES-MEM	28,675		10	1	0	0	
5700	REPL-ALTARIST-NURSING	14,025		10	1	0	0	
5800	NURSING-LOTHER	1,883	7,853	10	1	0	0	
5710	PHYSICIAN-WAGES	60,000	60,375	10	1	0	0	-1,719
5740	DIRECT-PURCHASED-OTHER	147,000		10	1	0	0	
7300	LABORATORY SERVICES	50,100	128,115	10	1	0	0	
7301	LABORATORY-SUPPLIES			10	1	0	0	
7400	HOME HEALTH-SUC & VAC			10	1	0	0	
7410	HOME HEALTH-EXPENSES			10	1	0	0	
7500	ACTIVITIES-WAGES	77,944	83,029	10	1	0	0	
7505	ACTIVITIES-SUC & VAC	5,141		10	1	0	0	
7506	ACTIVITIES-SUPPLIES	9,400	9,400	11	1	0	0	
7510	ACTIVITIES-TRIPS	0	0	11	1	0	0	
7511	PT-WAGES			10	1	0	0	
7515	PT-SUC & VAC-OTHER			10	1	0	0	
7520	PT-SUPPLIES	319,528		10	1	0	0	
7560	PT-EXPENSES	5,415		10	1	0	0	
7750	SOCIAL SERVICE-WAGES	3,200	3,800	12	1	0	0	
7755	SOCIAL SERVICE-SUC & VA	600		12	1	0	0	
7760	SOCIAL SERVICE-EXPENSE	0		12	1	0	0	
7770	SOCIAL THERAPIST-WAGES	260,000	0	10	1	0	0	-260,000
7775	SOCIAL THERAPIST-FIC	0	0	10	1	0	0	0
7776	SOCIAL THERAPIST-SUC & VA	0,231	0	10	1	0	0	-0.769
7780	SOCIAL THERAPIST-EXPENSE		0	10	1	0	0	0
7785	RELIGIOUS-SUC & VAC			10	1	0	0	
7790	RELIGIOUS-EXPENSE	5,396	5,396	10	1	0	0	
7800	HEALTH SHOP-SUPPLIES	0	0	10	1	0	0	
7810	VOLUNTEER COORDINATOR			10	1	0	0	
7850	VOLUNTEER-EXPENSE			10	1	0	0	
7860	TOT COORDINATOR-WAGES	0		10	1	0	0	
8000	RENT	7,500	7,500	50	1	0	0	
8100	INTEREST EXPENSE	1,000,000	1,000,000	50	1	0	0	
8150	DEPRECIATION	316,658	316,658	50	1	0	0	
8154	LOAN FEE-AMORTIZATION	500		50	1	0	0	-16,775
8160	MISC NON-OPERATING	1,000		50	1	0	0	
9124	MISC NON-OPERATING-INC	0		0	0	0	0	
9784	INCOME TAXES	1,407,173	1,500,722	0	0	0	0	
			7,500					
GRAND TOTALS		200,130						-275,436
		200,130.00						
		0.00						
FACILITY NAME								
FACILITY ID		0						
FACILITY UNITS		89						
BALANCE SHEET TOTAL		0						

Account Number	Description	G/L Balance
1400	LAND-TITTY CASE	250,000
1405	LAND-ACCTS RECEIVE-PRIO-YTD	750,000
1410	LAND-ALLOW FOR UNCOLLECTIBLES	
1415	LAND-ACCTS RECEIVE-PRI	
1420	LAND-ACCTS RECEIVE-PRI	
1425	LAND-ACCTS RECEIVE-EC	
1430	LAND-ALLOW FOR UNCOLLECTIBLES	
1435	LAND-A/R-NOTHING RECEIVED	
1440	LAND-ALLOW FOR UNCOLLECTIBLES	17,700
1450	LAND-OTHER PREPAID EXPENSES	
1500	LAND-INVENTORY-INVENTORY	
1505	LAND-INVENTORY-OTHER	
1510	LAND-GOOD-INVENTORY	
1600	LAND-LAND	313,000
1605	LAND-FURNITURE & EQUIPMENT	356,164
1640	LAND	1,000,000
1675	LAND-LEASE-ACCT-MONITOR SYSTEM	1,011,056
1680	LAND-BUILDING & IMPROVEMENTS	3,051,056
1700	LAND-RESIDENT FUNDS	1,415
1720	LAND-LOAN FEES	1,000,415
1725	LAND-LOAN FEES-ACCRUED	114,585
1800	LAND-INTERIM-EMBASSY	455,875
1810	LAND-ACCOUNTS PAYABLE	-383,950
1815	LAND-ACCOUNTS-OTHER	
1900	LAND-ACCRUED PAYROLL	-141,500
1905	LAND-PR CLEARING-REMITTS	
1910	LAND-ACCRUED VACATION	
1915	LAND-ACCRUED-PAYGO	-258,410
1920	LAND-U.C. TAXES PAYABLE	-2,991
1925	LAND-FIC & TAXES PAYABLE	
1930	LAND-INTERNAL SER TAXES PAYABLE	
1940	LAND-STATE W/ TAX PAYABLE	
1945	LAND-EMPLOYEE MEDICAL	
1955	LAND-EMPLOYEE MEDICALE REFUND	
1960	LAND-UNITED WAY	
1965	LAND-UNITED FUND	
1970	LAND-GROUP INSURANCE - CAFETERIA	
1975	LAND-CHROP	
1980	LAND	
1985	LAND-WAGE GARNISHMENT	
1990	LAND-ACCRUED INTEREST PAYABLE	-15,517
1995	LAND-PR-PAYMENTS PAYABLE	-11,454
2000	LAND-REAL ESTATE TAXES PAYABLE	-100,913
2005	LAND	
2009	LAND-CURRENT PORTION OF LT DEBT	
2010	LAND-ACCRUED-INTEREST	-2,913
2080	LAND-A/R-NOTE RECEIVE-PI	9,764
2089		
2090	LAND-A/R-NOTE-CONTITL-LOAN-40	-2,921,500
2095		
2095	LAND-CURRENT PORTION OF LT DEBT	
2130	LAND-A/R-NOTE-AMORTIZ	-455,270
	Total Assets	200,130
	Subtotal	

3,007	3,007 PAYDIST DAYS-PRIO-YTD PAY	10,188
3,007	3,007 PAYDIST DAYS-PRI	10,010
3,007	3,007 PAYDIST DAYS-MERC ARE	10,188
3,007		0
3,007		
3,007		
3,007		
3,010	3,010 BASIC CHARGE-PRIO-YTD PAY	(13,352.04)
3,011	3,011 PRIO-YTD AMENDMENT	0
3,050	3,050 BASIC CHARGE-MERC ARE	0
3,060		0
3,065		0
3,070		0
3,080		0
3,085		0
3,090	3,090 SUSPENSE-SUPPLIES-PRIO-YTD	(2861.149)
3,095	3,095 SUSPENSE-SUPPLIES-PRI-A	0
3,060	3,060 SUSPENSE-SUPPLIES-MERC-PT A	0
3,065	3,065 SUSPENSE-SUPPLIES-MERC-PT B	0
3,100	3,100 DRUGS-MERC ARE	(7,763.06)
3,101		0
3,110	3,110 PRIO-YTD-ALL THERAPY-PRIO-YTD	(2,482.748)
3,111		0
3,112	3,112 PRIO-YTD-ALL THERAPY-MEC A	0
3,113	3,113 PRIO-YTD-ALL THERAPY-MEC B	0
3,120	3,120 LABORATORY INCOME	0
3,130		0
3,131		0
3,132	3,132 EST-EST THERAPY-MEC A	0
3,133	3,133 EST THERAPY-MEC B	0
3,140	3,140 DEPARTMENT-LITIGATIONS-CHG	
3,150	3,150 PRIO-YTD-MERC-PART A	(6,950.67)
3,151	3,151 MERC-DIST-PRI	0
3,152	3,152 MERC-DIST-PRI-DISCOUNTS	0
3,153		
3,520	3,520 RENT INCOME	(833)
3,524	3,524 RELACT-TP SHOP	(2,500)
3,525		
3,570	3,570 VENDING-INCOME & EXPENSE	(600)
3,394	3,394 EQUIPMENT-RENTAL	(2,457)
3,395	3,395 RESIDENT TRANSPORTATION	9,380
3,500	3,500 MISC INCOME	(100)
4,110	4,110 GEN. WAGES	110,147
4,111	4,111 ADMIN-PAYROLL-WAGES	81,750
4,115	4,115 GEN-PAYROLL-BENEFITS	5,124
4,116	4,116 EMPLOYEE BENEFITS	14,919
4,117		14,644
4,118	4,118 EMPLOYEE-TO-MEM-BENEFIT	5,400
4,122	4,122 EMPLOYEE-TO-MEM-BENEFIT-COSTS	2,720
4,123	4,123 EMPLOYEE-TO-MEM-BENEFIT	2,400
4,125	4,125 EMPLOYEE	5,734
4,126	4,126 EMPLOYEE-TRAVEL-MEM	2,400
4,171	4,171 TRAINING & EMPLOYEE DEVELOP	3,710
4,172		3,710
4,180	4,180 GENERAL TRAVEL	3,900
4,181	4,181 MEM. EXPENSE PART B &	0
4,182	4,182 GENERAL-TRAVEL-MEM	3,900
4,400	4,400 FEES-LEGAL & AUDIT	1,417
4,406	4,406 HELP WANTED-ADVERTISING	2,455
4,407	4,407 HELP WANTED-ADVERTISING-MEM	1,000
4,421	4,421 PUBLIC RELATIONS	2,921
4,446	4,446 SALESMEN & PEDD	46,599
4,450	4,450 SALES-TRAVEL-EXPENSE	1,000
4,451	4,451 CONTRIBUTIONS	1,385
4,454	4,454 PROFESSIONAL FEES	15,950
4,455	4,455 MEDICAL DIRECTOR	8,400
4,456		1,500
4,461		1,400
4,462	4,462 PROFESSIONAL-MEM-CARE	1,500
4,463	4,463 PROMOCOST-FEES	1,400
4,464	4,464 SUC SERVICACT CONSULT	4,855
4,465	4,465 PAYROLL-FEES	3,891
4,468	4,468 INCOME TAXES	110,471
4,483	4,483 PAYROLL TAXES-BILLED OUT	8,481
4,484	4,484 PAYROLL-FEES-MEM	1,000
4,485	4,485 GAMBLIFE-INSURANCE	106,071
4,489	4,489 MEMBERSHIP-CORP INSURANCE	35,000
4,490	4,490 PROGRAM-EXPENSES	54,278
4,493	4,493 MISC. TESTING-AREA EXP	5,000
4,499	4,499 MEMBERSHIP-DIRECT FEES	157,383
4,500	4,500 TELEPHONE-LONG DISTANCE	12,000
4,501	4,501 MAIL-SERVICE	30,114
4,470	4,470 LAND-TITEMP-DEPRECIATION	100
4,471	4,471 LAND-DEPRECIATION-MEM-TRANS	1,000
4,486	4,486 REPAIRS-CONTRACT-MECA	10,816
4,490	4,490 REAL ESTATE TAXES	107,000
4,600	4,600 UNIFORMS-EXPENSE	12,500
4,610	4,610 UNIFORMS-PAYROLL-MEM	1,000
5,100	5,100 MAINTENANCE-VEH & W-TA	5,000
5,101	5,101 MAINTENANCE-VEH	5,117
5,150	5,150 GASOLINE-GAS	34,750
5,151	5,151 GASOLINE-DIESEL-OIL	2,975
5,152	5,152 WATER & SEWER	38,114
5,154	5,154 TRASH-COLLECTION	36,436
5,155	5,155 TRASH-COLLECTION-MEM	12,000
5,160	5,160 GENERAL REPAIR & MAINT	36,417
5,165	5,165 PROPRI-LEST-MAIN-MAINTENANCE	75,440
5,170	5,170 UTILITIES-ELECTRICITY-MEM	152,500
5,171	5,171 MAINTENANCE-CONTRACTS	25,117
5,210	5,210 CIRTARY WAGES	104,977
5,211	5,211 CIRTARY-PAYROLL-TAXES	7,968
5,212	5,212 CIRTARY-PURCHASE	15,467
5,213	5,213 SUPPLIES-DISPOSABLE	3,000
5,214	5,214 CIRTARY-SUPPLIES-MEM	2,000
5,215	5,215 CIRTARY-SUPPLIES	21,125
5,216	5,216 MEAL-INCOME	(2,000)
5,217	5,217 LAUNDRY-WAGES	103,000
5,218	5,218 LAUNDRY-PAYROLL-MEMBERS	5,007
5,219	5,219 GEN.-LAUNDRY-LAUNDRY	7,476
5,220		7,535
5,221	5,221 SUPPLIES	7,535
5,222	5,222 HOUSEKEEPING-WAGES	93,870
5,223	5,223 HOUSEKEEPING-SUC & VACATION	9,150
5,224	5,224 HOUSEKEEPING-SUPPLIES	15,000
5,225	5,225 HOUSEKEEPING-SUPPLIES-MEM	6,011
5,226	5,226 RN-WAGES-MEDICARE	1,179,214
5,227	5,227 RN-WAGES-MEDICARE-MEM	103,000
5,228	5,228 RN-VACATION-WAGES	83,028
5,229	5,229 SIGNIN-WAGES	47,725
5,230	5,230 RN-SUC & VACATION-MEM	56,117
5,231	5,231 LPN-WAGES	473,415
5,232	5,232 LPN-SIGNIN-MEDICARE	32,104
5,233	5,233 LPN-SUC & VACATION	32,104
5,234	5,234 AIDE-WAGES	643,141
5,235	5,235 AIDE-SIGNIN-WAGES	69,026
5,236	5,236 AIDE-VACATION-SUC & VA	
5,237	5,237 CONTRACT-NURSES-RN	0
5,238	5,238 CONTRACT-NURSES-LPN	0
5,239	5,239 CONTRACT-NURSES-AIDES	0
5,240	5,240 REHAB-WAGES	0
5,241	5,241 REHAB-SUC & VAC	0
5,242	5,242 NURSING-DIRT-EDUCATION	0
5,243	5,243 NURSING-SUPPLIES	104,117
5,244	5,244 NURSING-SUPPLIES-MEM-REG

	C.D.	BEC:SAT:CIRRUS
DP		FILLAB
PN	VILLTR	VILLTR
Nationality	TLCAN	TLCAN
		FILLAB

BFG:SIDEWALCON	0
DP:BRANCHCON	0
DP:CURVEBIG	0