

Facility Name & ID Number Lee Manor

0024356 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 N/A

	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	262	Skilled (SNF)	262	95,630	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	262	TOTALS	262	95,630	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	69,469	7,497	9,151	86,117	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	69,469	7,497	9,151	86,117	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.05%

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

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

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

Date started 06/29/1979

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number

of beds certified 262 and days of care provided 7,610

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number

Lee Manor

0024356

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments **7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	428,452	110,116	12,719	551,287		551,287		551,287		1
2	Food Purchase		400,008		400,008		400,008	(489)	399,519		2
3	Housekeeping	400,124	52,207	52,344	504,675		504,675		504,675		3
4	Laundry	94,125	37,360		131,485		131,485		131,485		4
5	Heat and Other Utilities			338,815	338,815		338,815		338,815		5
6	Maintenance	113,566	11,548	162,200	287,314		287,314		287,314		6
7	Other (specify):*										7
8	TOTAL General Services	1,036,267	611,239	566,078	2,213,584		2,213,584	(489)	2,213,095		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	5,352,002	394,233	19,608	5,765,843		5,765,843		5,765,843		10
10a	Therapy	542,501	12,278	129,884	684,663		684,663		684,663		10a
11	Activities	110,158	39,318	3,223	152,699		152,699		152,699		11
12	Social Services	127,133		2,430	129,563		129,563		129,563		12
13	CNA Training										13
14	Program Transportation			9,632	9,632		9,632		9,632		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,131,794	445,829	188,777	6,766,400		6,766,400		6,766,400		16
	C. General Administration										
17	Administrative	162,095		269,000	431,095		431,095		431,095		17
18	Directors Fees										18
19	Professional Services			144,757	144,757		144,757		144,757		19
20	Dues, Fees, Subscriptions & Promotions			51,736	51,736		51,736	(10,836)	40,900		20
21	Clerical & General Office Expenses	372,883	64,528	52,721	490,132		490,132	(5,144)	484,988		21
22	Employee Benefits & Payroll Taxes			1,130,152	1,130,152		1,130,152		1,130,152		22
23	Inservice Training & Education			3,755	3,755		3,755		3,755		23
24	Travel and Seminar			7,670	7,670		7,670		7,670		24
25	Other Admin. Staff Transportation			23,503	23,503		23,503		23,503		25
26	Insurance-Prop.Liab.Malpractice			195,015	195,015		195,015		195,015		26
27	Other (specify):*										27
28	TOTAL General Administration	534,978	64,528	1,878,309	2,477,815		2,477,815	(15,980)	2,461,835		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,703,039	1,121,596	2,633,164	11,457,799		11,457,799	(16,469)	11,441,330		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

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#0024356

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			149,450	149,450		149,450	193,260	342,710			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			121,688	121,688		121,688	728,339	850,027			32
33	Real Estate Taxes			30,000	30,000		30,000	387,000	417,000			33
34	Rent-Facility & Grounds			1,800,880	1,800,880		1,800,880	(1,793,880)	7,000			34
35	Rent-Equipment & Vehicles			51,195	51,195		51,195		51,195			35
36	Other (specify):*											36
37	TOTAL Ownership			2,153,213	2,153,213		2,153,213	(485,281)	1,667,932			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		413,491	22,476	435,967		435,967		435,967			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			143,262	143,262		143,262		143,262			42
43	Other (specify):* Non-Allowable Cos			308,021	308,021		308,021	(308,021)				43
44	TOTAL Special Cost Centers		413,491	473,759	887,250		887,250	(308,021)	579,229			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,703,039	1,535,087	5,260,136	14,498,262		14,498,262	(809,771)	13,688,491			45

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

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(28)	1		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4,771	30		9
10	Interest and Other Investment Income	(474)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(925)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(10,133)	43		18
19	Entertainment	(61,303)	43		19
20	Contributions	(9,177)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(60,000)	43		24
25	Fund Raising, Advertising and Promotional	(110,722)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	507	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,052)	43		28
29	Other-Attach Schedule See Sch 5A	(70,677)	Vari.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (320,213)		\$	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	2	
		Amount	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)	(489,558)	Vari.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (489,558)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (809,771)		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	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	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			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	0	49

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Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow non-allowable dues	(9,911)	20
To disallow X-Ray expense	(13,824)	43
To disallow Lab expense	(3,716)	43
To disallow Resident Personal Items	(7,082)	43
To disallow Lost Items	(2,003)	43
To disallow non-allowable Physicians Services	(26,000)	43
To offset Vending Income against Dietary Supplies	(461)	1
To offset Other Income against Office Expenses	(5,164)	21
To offset Other Income against Classified Advertising for refund	(925)	20
To offset Real Estate Tax Refund	(1,591)	43
Total	(70,677)	

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
Chester Plodzien	10	See Schedule 6A		Seneca Building		
Eva Dimas Family LP	90			Limited Partnership	Des Plaines	Lessor

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)	
1	V	21 Bank Charges	\$	Seneca Building Limited Partnership	100.00%	\$ 20	\$ 20	1
2	V	30 Depreciation		Seneca Building Limited Partnership	100.00%	188,489	188,489	2
3	V	32 Loan Amortization		Seneca Building Limited Partnership	100.00%	53,377	53,377	3
4	V	32 Interest		Seneca Building Limited Partnership	100.00%	(12,398)	(12,398)	4
5	V	32 Interest		Seneca Building Limited Partnership	100.00%	665,722	665,722	5
6	V	32 Interest		Seneca Building Limited Partnership	100.00%	22,112	22,112	6
7	V	33 Real Estate Taxes		Seneca Building Limited Partnership	100.00%	387,000	387,000	7
8	V	34 Rent Facility & Grounds	1,793,880	Seneca Building Limited Partnership	100.00%		(1,793,880)	8
9	V			Seneca Building Limited Partnership	100.00%			9
10	V			Seneca Building Limited Partnership	100.00%			10
11	V			Seneca Building Limited Partnership	100.00%			11
12	V							12
13	V							13
14	Total		\$ 1,793,880			\$ 1,304,322	\$ * (489,558)	14

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

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			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								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			\$			\$	0	\$ *

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

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Schedule 6A

Page 6, Schedule VII, Part A: Related Nursing Home

Name	City
Butterfield Health Care II, Inc. - Meadowbrook Manor	Naperville
Butterfield Health Care, Inc. - Meadowbrook Manor	Bolingbrook
Butterfield Health Care of LaGrange, Inc.	LaGrange

Facility Name & ID Number

Lee Manor

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Report Period Beginning:

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Ending:

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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	Chester Plodzien	Owner / Officer	Administrative	10.00	0	40	100.00	Mgmt. Fee	\$ 42,000	17(3)	1
2	Chris Vangel	Administrative	Administrative	0.00	96,343	8	20.00	Mgmt. Fee	76,000	17(3)	2
3	Nick Vangel	Administrative	Administrative	0.00	40,571	8	20.00	Mgmt. Fee	76,000	17(3)	3
4	Dorothy Vangel	Administrative	Administrative	78.00		8	20.00	Mgmt. Fee	75,000	17(3)	4
5	Mark Hocuk	Asst. Administrator	Administrative	0.00	0	40	100.00	Salary	70,503	17(1)	5
6	Emy Plodzien	DON	Nursing	0.00	0	40	100.00	Salary	97,604	10(1)	6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 437,107		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

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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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4	N/A								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	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Lee Manor

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Report Period Beginning:

01/01/2010

Ending:

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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	First Merit - First Bank		X	Mortgage	\$70,810.00	6/15/09	\$ 10,800,000	\$ 10,865,622	6/15/2012	0.6100	\$ 665,722	1								
2	First Merit - First Bank		X	Mortgage - Construction			500,000		6/15/2012	0.6100	22,112	2								
3												3								
4	First Merit - First Bank		X							Amortization of mortgage costs	53,377	4								
5												5								
Working Capital																				
6	First Merit - First Bank		X	Line of Credit	Interest Only	05/15/04	2,000,000		05/31/2008	Variable	45,073	6								
7	West Suburban Bank		X	Working Capital	\$4,119.00	01/25/06	600,000	546,844	02/01/2013	0.0668	40,002	7								
8	See Page 9A							447,709			36,139	8								
9	TOTAL Facility Related				\$74,929.00		\$ 13,900,000	\$ 11,860,175			\$ 862,425	9								
B. Non-Facility Related*																				
10												10								
11	LM Contracts Equip.		X	Capital Lease (Bus&Chiller)	\$2,590.07	07/31/07	104,864	9,727	07/31/2012	Variable		11								
12	Loan From Shareholder	X		Working Capital		01/01/07	4,500	13,518	On Demand			12								
13										Real Estate Entity Interest Income	(12,398)	13								
14	TOTAL Non-Facility Related				\$2,590.07		\$ 109,364	\$ 23,245			\$ (12,398)	14								
15	TOTALS (line 9+line14)						\$ 14,009,364	\$ 11,883,420			\$ 850,027	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* 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.)

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 2009 report.		\$	478,467	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.)	2009	\$	421,859	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(56,608)	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	443,608	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.)		\$	30,000	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.		\$	417,000	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2005	448,661	8
	2006	458,251	9
	2007	445,140	10
	2008	455,907	11
	2009	421,859	12

Based on prior years' tax bills.

Real Estate Tax Payments

2009 \$421,859 X 1.0515 = 443608

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	\$	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lee Manor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0024356

CONTACT PERSON REGARDING THIS REPORT Zeny Engracia

TELEPHONE (847) 635-4000 FAX #: (847) 635-5016

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 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 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-20-400-033-0000</u>	<u>Seneca Nursing Home</u>	\$ <u>421,858.98</u>	\$ <u>421,858.98</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>421,858.98</u></u>	\$ <u><u>421,858.98</u></u>

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 and 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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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 Lee Manor

0024356

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 106,300 B. General Construction Type: Exterior Brick/Drywall Frame Fire-proof brick Number of Stories 1

C. Does the Operating Entity? (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? (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).

N/A

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>110,000</u>	<u>1977</u>	<u>\$ 273,400</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	110,000		\$ 273,400	3

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	252		1979	1979	\$ 4,087,968	\$	40	\$ 102,999	\$ 102,999	\$ 3,138,391	4
5			1979	1979	337,653		40	8,441	8,441	265,354	5
6	10		1985	1985	226,649		40	6,475	6,475	165,113	6
7											7
8											8
	Improvement Type**										
9	Improvements		1979		6,000		N/A				9
10	Improvements		1981		42,962		20			42,962	10
11	Audit Adjustment		1979		2,779		40	69	69	2,180	11
12	Audit Adjustment		1981		90,599		40	2,265	2,265	28,557	12
13	Improvements		1983		46,881		20			46,881	13
14	Audit Adjustment		1984		25,000		20			25,000	14
15	Improvements		1986		36,400		20			36,400	15
16	Improvements		1988		8,536		31.5	271	271	5,985	16
17	Improvements		1989		7,785		31.5	311	311	6,790	17
18	Improvements		1989		9,621		15			9,621	18
19	Improvements		1991		18,843		15			18,843	19
20	Improvements		1992		61,618		20	3,081	3,081	57,769	20
21	Improvements Adjusted to equal Capoitl Rate Audit		1993		4,500		20	227	227	3,973	21
22	Improvements		1993		36,719		40	917	917	15,589	22
23	Improvements		1994		16,738		40	418	418	6,897	23
24	Improvements Adjusted to equal Capoitl Rate Audit		1994		7,133		40			8,299	24
25	Improvements Adjusted to equal Capoitl Rate Audit		1995		6,055		40	415	415	6,432	25
26	Improvements		1995		87,711		40	2,156	2,156	33,436	26
27	Brick work		1996		3,040		20	152	152	2,204	27
28	Roof Replacement		1996		1,465		20	73	73	1,059	28
29	FACIA, Overhang Renovation		1996		75,200		39	1,902	1,902	37,592	29
30	Hot Water heater		1996		16,084		39	417	417	6,044	30
31	Insulation		1997		38,770		39	994	994	13,419	31
32	Roofing		1997		5,875		39	150	150	2,025	32
33	Refurbishing of hallways and patient rooms		1997		59,595		20	2,980	2,980	40,459	33
34	Tile		1997		20,696		20	1,035	1,035	14,052	34
35	Electrical improvements		1997		4,112		20	206	206	2,797	35
36	Plumbing Improvements		1997		3,773		20	188	188	2,553	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 Lee Manor

0024356

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	1998	\$ 13,578	\$	20	\$ 679	\$ 679	\$ 8,487	37
38	1998	2,235		20	112	112	1,400	38
39	1998	2,630		20	132	132	1,650	39
40	1998	4,715		20	236	236	2,950	40
41	1998	7,653		20	382	382	4,775	41
42	1998	3,233		20	162	162	2,025	42
43	1998	2,566		20	128	128	1,600	43
44	1998	977		20	48	48	600	44
45	1998	2,590		20	130	130	1,625	45
46	1998	2,233		20	112	112	2,245	46
47	1998	2,470		20	124	124	1,550	47
48	1999	854		20	43	43	494	48
49	1999	685		20	34	34	391	49
50	1999	511		20	26	26	299	50
51	1999	50,000		20	2,500	2,500	28,750	51
52	1999	3,567		20	178	178	2,044	52
53	2000	40,411		39	1,036	1,036	10,997	53
54	2000	20,000		39	513	513	5,537	54
55	2000	9,048		39	232	232	2,465	55
56	2000	7,303		39	187	187	1,973	56
57	2000	2,859		39	73	73	770	57
58	2000	20,674		39	530	530	5,367	58
59	2000	91,557		39	2,348	2,348	23,774	59
60	2000	1,985		39	51	51	550	60
61	2000	11,630		39	298	298	3,092	61
62	2001	3,259		39	84	84	822	62
63	2001	72,480		39	1,858	1,858	17,182	63
64	2001	64,481		39	1,653	1,653	14,945	64
65	2001	19,553		39	501	501	4,948	65
66	2001	5,768		39	148	148	1,425	66
67	2001	8,059		39	207	207	2,061	67
68	2002	340,426		39	8,729	8,729	66,044	68
69	2002	181,976		39	4,666	4,666	37,523	69
70		\$ 6,398,726	\$		\$ 164,282	\$ 164,282	\$ 4,307,036	70

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,398,726	\$		\$ 164,282	\$ 164,282	\$ 4,307,036	1
2	Building Signs	2002	1,449		39	37	37	307	2
3	Beauty Parlor	2002	681		39	17	17	138	3
4	Alarm	2002	893		39	23	23	196	4
5	Door Enunciator	2002	1,944		39	50	50	427	5
6	2nd Floor Renovation	2003	87,417		39	2,241	2,241	15,878	6
7	Exterior Rehab - Dryvit	2003	23,197		39	595	595	4,216	7
8	Exterior Rehab - Dryvit	2003	36,728		39	942	942	6,674	8
9	Fuel Tank	2003	16,616		39	426	426	3,018	9
10	Alarm System	2003	35,000		39	897	897	6,356	10
11	Kitchen Repairs	2003	2,005		39	51	51	587	11
12	Parking lot repairs	2003	2,155		39	55	55	308	12
13	Door Hardware	2003	1,354		39	35	35	259	13
14	Carpet for offices	2003	1,468		39	38	38	268	14
15	Landscaping	2003	6,386		39	164	164	1,162	15
16	Rebuild Kitchen Stairwell	2003	1,580		39	41	41	290	16
17	Grab bars	2003	1,102		39	28	28	198	17
18	Water Heater & Storage Tanks	2003	13,634		39	350	350	2,480	18
19	Landscaping	2004	11,953		15	797	797	5,003	19
20	Dialysis room	2004	3,188		27.5	116	116	753	20
21	Air handler	2004	8,529		27.5	310	310	2,015	21
22	Back entrance renovation	2004	4,104		27.5	149	149	969	22
23	Building face resurfacing	2004	47,218		27.5	1,717	1,717	11,161	23
24	Chimney inducer	2004	32,366		27.5	1,177	1,177	7,650	24
25	Dialysis room	2004	13,645		27.5	496	496	3,224	25
26	Floor renovation	2004	78,376		27.5	2,850	2,850	18,525	26
27	Tunner cleaning	2004	1,260		27.5	46	46	299	27
28	Refuse disposal	2004	5,012		27.5	182	182	1,183	28
29	Roofing	2004	14,500		27.5	527	527	3,426	29
30	Security System	2004	59,500		27.5	2,164	2,164	14,066	30
31	Water heater & storage tank	2004	20,208		27.5	735	735	4,777	31
32	Painting	2004	3,510		27.5	128	128	832	32
33	Pump	2004	4,922		27.5	179	179	1,163	33
34	TOTAL (lines 1 thru 33)		\$ 6,940,626	\$		\$ 181,845	\$ 181,845	\$ 4,424,844	34

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,940,626	\$		\$ 181,845	\$ 181,845	\$ 4,424,844	1
2	Remodeling 2nd floor Transitional Care Unit Capital Audit	2006	74,660		27.5	2,715	2,715	12,218	2
3	Compressor	2006	13,495		27.5	490	490	2,205	3
4	Parking lot and sidewalk renovation	2006	16,730		27.5	608	608	2,736	4
5	Chiller Capital Audit reduce total by 10,900	2007	88,100		15	5,873	5,873	20,556	5
6	Paving Patched Capital Audit reduce total by \$5,500	2008	2,800		20	140	140	350	6
7	First floor remodel-painting,drywall,wiring,carpeting C A	2008	541,763		27.5	19,700	19,700	29,550	7
8	Landscaping - Patio	2009	26,289		20	1,314	1,314	1,971	8
9	1st&2nd remodel -drywall, wiring, carpeting, plumbing	2009	337,622		27.5	12,277	12,277	18,416	9
10									10
11	Sprinkler System	2010	17,840		27.5	325	325	325	11
12	Resident Rooms Carpeting	2010	12,649		5	1,265	1,265	1,265	12
13	Nursing Home Roof	2010	164,704		27.5	2,995	2,995	2,995	13
14	Remodeling the Nursing Station	2010	8,802		27.5	160	160	160	14
15	Repairs to the facilities Exterior Wall	2010	61,080		27.5	1,110	1,110	1,110	15
16	Remodeling to the Bathrooms	2010	104,830		27.5	1,906	1,906	1,906	16
17	Second floor remodel-painting,drywall,wiring,carpeting	2010	107,704		27.5	1,958	1,958	1,958	17
18	Remodeling of the Lounge (Club Room)	2010	61,118		27.5	1,111	1,111	1,111	18
19	Landscaping - Patio	2010	4,062		27.5	74	74	74	19
20	Fire Place Damper and Access Doore	2010	5,550		27.5	100	100	100	20
21	Laundry&Kitchen remodel-painting,drywall,wiring,carpeting	2010	23,246		27.5	423	423	423	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Current Booked Depreciation			43,447			(43,447)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,613,670	\$ 43,447		\$ 236,389	\$ 192,942	\$ 4,524,273	34

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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	\$ 538,464	\$ 51,249	\$ 95,054	\$ 43,805	5-15 yrs	\$ 377,956	71
72	Current Year Purchases	51,402	51,402	5,142	(46,260)		5,142	72
73	Fully Depreciated Assets	1,138,295				5-15 yrs	1,138,295	73
74								74
75	TOTALS	\$ 1,728,161	\$ 102,651	\$ 100,196	\$ (2,455)		\$ 1,521,393	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	Bus	2000 Ford Bus	2007	\$ 24,501	\$ 3,352	\$ 6,125	\$ 2,773	4	\$ 21,437	76
77										77
78										78
79										79
80	TOTALS			\$ 24,501	\$ 3,352	\$ 6,125	\$ 2,773		\$ 21,437	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 10,639,732	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 149,450	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 342,710	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 193,260	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,067,103	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 Lee Manor

0024356

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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	ParkingLot For Employes & Visitor				7,000			5
6								6
7	TOTAL				\$ 7,000			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 N/A N/A.

9. Option to Buy: YES NO Terms: N/A *

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

15. Is Movable equipment rental included in building rental?

16. Rental Amount for movable equipment: \$ 51,195 Description: Water Soft \$360, Postage Mach1,427 \$, Copier \$19,722,Medical equip16,051 \$, Beds \$13,635

(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	<u>N/A</u>				18
19					19
20					20
21	TOTAL		\$	\$	21

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. /2011 \$ N/A

13. /2012 \$ N/A

14. /2013 \$ N/A

* 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.

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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)	\$			

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	

- (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.

- (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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	4					
					Units	Cost				
1	Licensed Occupational Therapist	L10A,C1	3534 hrs	\$ 133,586		\$	\$	3,534	\$ 133,586	1
2	Licensed Speech and Language Development Therapist	L10A,C1&3	4,001 hrs	94,750	87	3,917		4,088	98,667	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A,C1&3	8,945 hrs	314,165	42	1,644	12,278	8,987	328,087	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39,C2	# of prescripts				413,491		413,491	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Respiratory Therapy</u>	L10A , C3				54,526			54,526	12
13	Other (specify): <u>Dialysis</u>	L39,C3				22,476			22,476	13
14	TOTAL			\$ 542,501	129	\$ 82,563	\$ 425,769	16,609	\$ 1,050,833	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 Lee Manor

0024356

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 136,332	\$ 136,332	1
2	Cash-Patient Deposits	74,450	74,450	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 421,558)	1,808,720	1,808,720	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	187,550	187,550	8
9	Other(specify): See SCH17C	19,007	19,007	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,226,059	\$ 2,226,059	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		273,400	13
14	Buildings, at Historical Cost		6,623,768	14
15	Leasehold Improvements, at Historical Cost	1,972,062	1,989,902	15
16	Equipment, at Historical Cost	1,755,687	1,752,662	16
17	Accumulated Depreciation (book methods)	(2,424,306)	(6,067,103)	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 (spe Loan Cost Amort	750	74,751	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,304,193	\$ 4,647,380	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,530,252	\$ 6,873,439	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 375,230	\$ 375,230	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	163,345	163,345	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	595,399	595,399	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		443,608	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See SCH17C	501,134	501,134	36
37	Due To Related Parties	(167,405)	(167,405)	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,467,703	\$ 1,911,311	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,017,798	1,017,798	39
40	Mortgage Payable		10,865,622	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)	\$ 1,017,798	\$ 11,883,420	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,485,501	\$ 13,794,731	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,044,751	\$ (6,921,292)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,530,252	\$ 6,873,439	48

*(See instructions.)

Lee Manor
0024356
12/31/2010

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Payroll Advance	18,100	18,100
Due From Residents	557	557
Other Receivables	4,200	4,200
Refund Clearing	(4,611)	(4,611)
Payroll Clearing	761	761
	19,007	19,007

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued Expenses	(9,216)	(9,216)
Due to PA Audit Settlement	-	-
Due to/From BCBS	(1,267)	(1,267)
Accrued IDPA Assessment	(30)	(30)
Accrued 401(K) Matching	(38,242)	(38,242)
401K Withholding	8,351	8,351
Sales Tax Pyable	(551)	(551)
State Corp. Income Tax	225	225
Due to Third Party Payor	(460,404)	(460,404)
	(501,134)	(501,134)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 267,228	1
2	Restatements (describe):		2
3	Year End Adjusting for Depreciation	(50,302)	3
4	Year End Adjusting for R&M Items not Capitalized	(26,258)	4
5	Rounding	1	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 190,669	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	854,082	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)	\$ 854,082	17
	B. Transfers (Itemize):		
18			18
19	Rounding		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)	\$ 1,044,751	24 *

* This must agree with page 17, line 47.

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.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,048,322	1
2	Discounts and Allowances for all Levels	(3,956,260)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,092,062	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,705,581	6
7	Oxygen	7,216	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,712,797	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		12
13	Barber and Beauty Care	3,147	13
14	Non-Patient Meals	28	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	357,579	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	27,447	19
20	Radiology and X-Ray	9,840	20
21	Other Medical Services	118,162	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 516,203	23
D. Non-Operating Revenue			
24	Contributions	3,448	24
25	Interest and Other Investment Income***	474	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,922	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Vending Income</u>	461	28
28a	<u>Other Income</u>	26,899	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 27,360	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,352,344	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,213,584	31
32	Health Care	6,766,400	32
33	General Administration	2,477,815	33
B. Capital Expense			
34	Ownership	2,153,213	34
C. Ancillary Expense			
35	Special Cost Centers	743,988	35
36	Provider Participation Fee	143,262	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,498,262	40
41	Income before Income Taxes (line 30 minus line 40)**	854,082	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 854,082	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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 Lee Manor

0024356

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

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	2,008	2,320	\$ 97,604	\$ 42.07	1
2	Assistant Director of Nursing	1,952	1,984	73,211	36.90	2
3	Registered Nurses	61,593	65,233	1,934,682	29.66	3
4	Licensed Practical Nurses	15,476	17,014	392,447	23.07	4
5	CNAs & Orderlies	162,362	173,919	1,928,631	11.09	5
6	CNA Trainees					6
7	Licensed Therapist	15,238	16,480	542,501	32.92	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,702	11,300	110,158	9.75	10
11	Social Service Workers	7,477	7,977	127,133	15.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,950	42,873	428,452	9.99	15
16	Dishwashers					16
17	Maintenance Workers	8,084	8,623	113,566	13.17	17
18	Housekeepers	40,869	44,659	400,124	8.96	18
19	Laundry	10,281	11,126	94,125	8.46	19
20	Administrator	1,952	2,160	91,592	42.40	20
21	Assistant Administrator	2,000	2,088	70,503	33.77	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,572	18,790	372,883	19.84	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	4,217	4,595	64,497	14.04	31
32	Other Health C: See Sch20A	31,107	33,871	860,930	25.42	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	432,840	465,012	\$ 7,703,039 *	\$ 16.57	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	296	\$ 12,719	C1,L3	35
36	Medical Director	Monthly	24,000	C9,L3	36
37	Medical Records Consultant	96	4,608	C9,L3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	69,797	C10a,L3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	50	2,548	C11,L3	44
45	Social Service Consultant	42	2,430	C12, L2	45
46	Other(specify) Religious	14	675	C11,L3	46
47					47
48	MDS Consultant	Monthly	15,000	C10, L3	48
49	TOTAL (lines 35 - 48)	498	\$ 131,777		49

C. CONTRACT NURSES

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

Lee Manor
0024356
12/31/2010

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Nurse Supv	2,871	3,183	96,913	30.45
MDS Coordinator	6,998	7,544	244,328	32.39
Nursing Admin	10,588	11,508	298,101	25.90
Restorative Aide	8,637	9,430	121,681	12.90
Rehab Director	2,013	2,206	99,907	45.29
Total	31,107	33,871	860,930	25.42

Lee Manor
Provider #: 0024356
01/01/2010 to 12/31/2010

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Kamensky Rubenstein Hochman Delott	Guardianship Services	1,300
Personnel Planners	Unemployment	2,014
Hamilton Thies Iorch & Hagnell LLP	Legal	640
Polsinelli Shughart PPC	Legal	6,163
Bridge Point Technologies	Computer Services	750
Nizam Ahmed	Bookkeeping Services	897
Weinstein & Zimmerman LLC	Appraisal	5,000
Automatic Data Processing	Payroll Processing	24,570
Wescom Soutions	Accounting System	19,687
Medifax - EDI LLC	Medicare Billing	494
Total for Schedule 21A		<u>61,515</u>

Lee Manor
 Provider #: 0024356
 01/01/2010 to 12/31/2010

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS	LOCATION	FEE
April	Chester A Plodzien	Inservice Training	Chester A Plodzien	Owner/Maintenance	Chicago, Il	243.40
May	Activity Therapists Associates	Activity Inservices	Activity Staff	N/A	Facility	70.00
September	Fox Valley Fire Safety	Fire Safety Inservices	Staff	N/A	Facility	1,700.00
October	Cynthia Chow & Associates	Dietary Inservices	Staff	N/A	Facility	83.28
October	Samland Institute of Allied Health & Tech	Nursing Inservices	Staff	N/A	Facility	545.00
May& Oct	George Deepa	Therapy Inservice	George Deepa	Therapy	Chicago, Il	265.00
August	Illinois Pioneer Coalition	Manual	Staff	N/A	Facility	25.00
July	Paulino Mercedita	Tuition Reimb.	Paulino Mercedita	Nurse	Facility	500.00
April	Credit Call Payment	Inservice Materials	Staff	N/A	Facility	323.62
TOTAL						\$ 3,755.30

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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3							N/A					
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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. ICLTC - \$13,055
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? N/A
- (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? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 82,180 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. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X 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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 143,262
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? No 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. \$ 65,700 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 28
- (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? N/A If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted 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.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	428,452	110,116	12,719	551,287	0	551,287	0	551,287
2. Food Purchase	0	400,008	0	400,008	0	400,008	-489	399,519
3. Housekeeping	400,124	52,207	52,344	504,675	0	504,675	0	504,675
4. Laundry	94,125	37,360	0	131,485	0	131,485	0	131,485
5. Heat and Other Utilities	0	0	338,815	338,815	0	338,815	0	338,815
6. Maintenance	113,566	11,548	162,200	287,314	0	287,314	0	287,314
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,036,267	611,239	566,078	2,213,584	0	2,213,584	-489	2,213,095
9. Medical Director	0	0	24,000	24,000	0	24,000	0	24,000
10. Nursing & Medical Records	5,352,002	394,233	19,608	5,765,843	0	5,765,843	0	5,765,843
10a. Therapy	542,501	12,278	129,884	684,663	0	684,663	0	684,663
11. Activities	110,158	39,318	3,223	152,699	0	152,699	0	152,699
12. Social Services	127,133	0	2,430	129,563	0	129,563	0	129,563
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	9,632	9,632	0	9,632	0	9,632
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	6,131,794	445,829	188,777	6,766,400	0	6,766,400	0	6,766,400
17. Administrative	162,095	0	269,000	431,095	0	431,095	0	431,095
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	144,757	144,757	0	144,757	0	144,757
20. Fees, Subscriptions & Promotion	0	0	51,736	51,736	0	51,736	-10,836	40,900
21. Clerical & General Office	372,883	64,528	52,721	490,132	0	490,132	-5,144	484,988
22. Employee Benefits & Payroll	0	0	1,130,152	1,130,152	0	1,130,152	0	1,130,152
23. Inservice Training & Education	0	0	3,755	3,755	0	3,755	0	3,755
24. Travel and Seminar	0	0	7,670	7,670	0	7,670	0	7,670
25. Other Admin. Staff Trans	0	0	23,503	23,503	0	23,503	0	23,503
26. Insurance-Prop.Liab.Malpractice	0	0	195,015	195,015	0	195,015	0	195,015
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	534,978	64,528	1,878,309	2,477,815	0	2,477,815	-15,980	2,461,835
29. Total General Administrative	7,703,039	1,121,596	2,633,164	11,457,799	0	11,457,799	-16,469	11,441,330
30. Depreciation	0	0	149,450	149,450	0	149,450	193,260	342,710
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	121,688	121,688	0	121,688	728,339	850,027
33. Real Estate	0	0	30,000	30,000	0	30,000	387,000	417,000
34. Rent - Facility & Grounds	0	0	1,800,880	1,800,880	0	1,800,880	-1,793,880	7,000
35. Rent - Equipment & Vehicles	0	0	51,195	51,195	0	51,195	0	51,195
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,153,213	2,153,213	0	2,153,213	-485,281	1,667,932
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	413,491	22,476	435,967	0	435,967	0	435,967
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	143,262	143,262	0	143,262	0	143,262
43. Other (specify):*	0	0	308,021	308,021	0	308,021	-308,021	0
44. Total Special Cost Ce	0	413,491	473,759	887,250	0	887,250	-308,021	579,229
45. Grand Total	7,703,039	1,535,087	5,260,136	14,498,262	0	14,498,262	-809,771	13,688,491

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	136,332	136,332
2. Cash - Patient Deposits	74,450	74,450
3. Accounts & Notes Recievable	1,808,720	1,808,720
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	187,550	187,550
9. Other (specify):	19,007	19,007
10. Total current assets	2,226,059	2,226,059
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	273,400
14. Buildings, at Historical Cost	0	6,623,768
15. Leasehold Improvements, Historical Cost	1,972,062	1,989,902
16. Equipment, at Historical Cost	1,755,687	1,752,662
17. Accumulated Depreciation (book methods)	-2,424,306	-6,067,103
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	750	74,751
23. other (specify):	0	0
24. Total Long-Term Assets	1,304,193	4,647,380
25. Total Assets	3,530,252	6,873,439
CURRENT LIABILITIES		
26. Accounts Payable	375,230	375,230
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	163,345	163,345
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	595,399	595,399
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	443,608
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	501,134	501,134
37. Other Current Liabilities (specify):	-167,405	-167,405
38. Total Current Liabilities	1,467,703	1,911,311
LONG TERM LIABILITES		
39.Long-Term Notes Payable	1,017,798	1,017,798
40.Mortgage Payable	0	10,865,622
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	1,017,798	11,883,420
46.Total Liabilities	2,485,501	13,794,731
47.Total Equity	1,044,751	-6,921,292
48.Total Liabilities and Equity	3,530,252	6,873,439

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	17,048,322
2. Discounts and Allowances for all Levels	-3,956,260
Subtotal - Inpatient Care	13,092,062
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,705,581
7. Oxygen	7,216
Subtotal - Ancillary Revenue	1,712,797
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	3,147
14. Non-Patient Meals	28
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	357,579
18. Sale of Supplies to Non-Patients	0
19. Laboratory	27,447
20. Radiology and X-Ray	9,840
21. Other Medical Services	118,162
22. Laundry	0
Subtotal - Other Operating Revenue	516,203
24. Contributions	3,448
25. Interest and Other Investments Income	474
Subtotal - Non-Operating Revenue	3,922
27. Other Revenue (specify):	461
28. Other Revenue (specify):	26,899
Subtotal - Other Revenue	27,360
30. Total Revenue	15,352,344
31. General Services	3,302,767
32. Health Care	5,744,785
33. General Administration	2,518,380
34. Ownership	502,037
35. Special Cost Centers	1,226,172
35. Provider Participation Fee	97,722
37. Other	0
40. Total Expenses	13,391,863
41. Income Before Income Taxes	1,960,481
42. Income Taxes	0
43. Net Income or Loss for the Year	1,960,481