

Facility Name & ID Number Lee Manor Nursing Residence

0024356 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	260	Skilled (SNF)	260	94,900	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	260	TOTALS	260	94,900	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	67,692	8,862	9,776	86,330	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,692	8,862	9,776	86,330	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.97%

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 N/A NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 260 and days of care provided 8,187

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: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number

Lee Manor Nursing Residence

0024356

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	434,256	133,339	13,300	580,895		580,895		580,895		1
2	Food Purchase		445,547		445,547		445,547	(290)	445,257		2
3	Housekeeping	407,151	50,024	64,476	521,651		521,651		521,651		3
4	Laundry	92,919	47,724		140,643		140,643		140,643		4
5	Heat and Other Utilities			258,493	258,493		258,493		258,493		5
6	Maintenance	114,164	17,387	152,944	284,495		284,495		284,495		6
7	Other (specify):*										7
8	TOTAL General Services	1,048,490	694,021	489,213	2,231,724		2,231,724	(290)	2,231,434		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	5,499,951	358,800	37,940	5,896,691		5,896,691		5,896,691		10
10a	Therapy	663,500	13,702	75,325	752,527		752,527		752,527		10a
11	Activities	105,638	38,408	3,048	147,094		147,094		147,094		11
12	Social Services	135,876		1,682	137,558		137,558		137,558		12
13	CNA Training										13
14	Program Transportation			27,091	27,091		27,091		27,091		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,404,965	410,910	169,086	6,984,961		6,984,961		6,984,961		16
	C. General Administration										
17	Administrative	165,856		357,778	523,634		523,634	(56,200)	467,434		17
18	Directors Fees										18
19	Professional Services			148,903	148,903		148,903	(2,869)	146,034		19
20	Dues, Fees, Subscriptions & Promotions			53,829	53,829		53,829	(6,651)	47,178		20
21	Clerical & General Office Expenses	441,975	67,466	42,889	552,330		552,330	(4,029)	548,301		21
22	Employee Benefits & Payroll Taxes			1,257,684	1,257,684		1,257,684		1,257,684		22
23	Inservice Training & Education			1,397	1,397		1,397		1,397		23
24	Travel and Seminar			9,360	9,360		9,360		9,360		24
25	Other Admin. Staff Transportation			30,019	30,019		30,019		30,019		25
26	Insurance-Prop.Liab.Malpractice			310,398	310,398		310,398		310,398		26
27	Other (specify):*										27
28	TOTAL General Administration	607,831	67,466	2,212,257	2,887,554		2,887,554	(69,749)	2,817,805		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,061,286	1,172,397	2,870,556	12,104,239		12,104,239	(70,039)	12,034,200		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

Lee Manor Nursing Residence

#0024356

Report Period Beginning:

01/01/2011

Ending:

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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			171,034	171,034		171,034	192,006	363,040			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			70,951	70,951		70,951	602,211	673,162			32
33	Real Estate Taxes							488,113	488,113			33
34	Rent-Facility & Grounds			1,799,880	1,799,880		1,799,880	(1,793,880)	6,000			34
35	Rent-Equipment & Vehicles			68,086	68,086		68,086		68,086			35
36	Other (specify):*											36
37	TOTAL Ownership			2,109,951	2,109,951		2,109,951	(511,550)	1,598,401			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		483,714	10,753	494,467		494,467		494,467			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			142,740	142,740		142,740		142,740			42
43	Other (specify):* Non-Allow Costs			392,250	392,250		392,250	(392,250)				43
44	TOTAL Special Cost Centers		483,714	545,743	1,029,457		1,029,457	(392,250)	637,207			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,061,286	1,656,111	5,526,250	15,243,647		15,243,647	(973,839)	14,269,808			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				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	(29,614)	30		9
10	Interest and Other Investment Income	(61,182)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(900)	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	(2,489)	43		18
19	Entertainment	(34,044)	43		19
20	Contributions	(17,890)	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	(127,000)	43		24
25	Fund Raising, Advertising and Promotional	(124,375)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(15,833)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(6,101)	43		28
29	Other-Attach Schedule See Sch 5A	(133,680)	Vari.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (553,108)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(420,731)	Vari.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (420,731)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (973,839)		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

Lee Manor Nursing Residence

ID# 0024356

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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

Lee Manor Nursing Residence

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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	(6,651)	20
To disallow X-Ray expense	(13,569)	43
To disallow Lab expense	(3,276)	43
To disallow Resident Personal Items	(6,537)	43
To disallow Lost Items	(1,332)	43
To disallow non-allowable Physicians Services	(30,000)	43
To offset Vending Income against Dietary Supplies	(290)	1
To offset Other Income against Office Expenses	(4,052)	21
To disallow out of period Legal Fees	(2,869)	19
To disallow Consolidated Billing	(8,904)	43
To disallow Management Fees	(56,200)	17
Total	(133,680)	

Facility Name & ID Number Lee Manor Nursing Residence

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Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Chester Plodzien</u>	<u>10</u>	<u>See Schedule 6A</u>		<u>Seneca Building</u>		
<u>Eva Dimas Family LP</u>	<u>90</u>			<u>Limited Partnership</u>	<u>Des Plaines</u>	<u>Lessor</u>

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
<u>1</u>	<u>V</u>	<u>21</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>\$ 23</u>	<u>\$ 23</u>	<u>1</u>
<u>2</u>	<u>V</u>	<u>30</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>221,620</u>	<u>221,620</u>	<u>2</u>
<u>3</u>	<u>V</u>	<u>32</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>52,541</u>	<u>52,541</u>	<u>3</u>
<u>4</u>	<u>V</u>	<u>32</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>611,162</u>	<u>611,162</u>	<u>4</u>
<u>5</u>	<u>V</u>	<u>32</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>(310)</u>	<u>(310)</u>	<u>5</u>
<u>6</u>	<u>V</u>	<u>33</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>452,460</u>	<u>452,460</u>	<u>6</u>
<u>7</u>	<u>V</u>	<u>33</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>35,653</u>	<u>35,653</u>	<u>7</u>
<u>8</u>	<u>V</u>	<u>34</u>	<u>1,793,880</u>	<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>		<u>(1,793,880)</u>	<u>8</u>
<u>9</u>	<u>V</u>							<u>9</u>
<u>10</u>	<u>V</u>							<u>10</u>
<u>11</u>	<u>V</u>							<u>11</u>
<u>12</u>	<u>V</u>							<u>12</u>
<u>13</u>	<u>V</u>							<u>13</u>
<u>14</u>	<u>Total</u>		<u>\$ 1,793,880</u>			<u>\$ 1,373,149</u>	<u>\$ * (420,731)</u>	<u>14</u>

* 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	\$ *	39

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

Lee Manor Nursing Residence

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12/31/2011

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 Nursing Residence

#

0024356

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Chester Plodzien	Owner / Officer	Administrative	10.00		40	100.00	Mgmt. Fee	\$ 50,778	17(3)	1
2	Chris Vangel	Administrative	Administrative	0.00	100,255	8	20.00	Mgmt. Fee	120,960	17(3)	2
3	Nick Vangel	Administrative	Administrative	0.00	51,498	8	20.00	Mgmt. Fee	51,150	17(3)	3
4	Dorothy Vangel	Administrative	Administrative	78.00		8	20.00	Mgmt. Fee	30,690	17(3)	4
5	Katherine Hocuk	Administrative	Administrative	0.00		8	20.00	Mgmt. Fee	48,000	17(3)	5
6	Mark Hocuk	Asst. Administrator	Administrative	0.00		40	100.00	Salary	72,692	17(1)	6
7	Emy Plodzien	DON	Nursing	0.00		40	100.00	Salary	94,683	10(1)	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 468,953		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 Lee Manor Nursing Residence

0024356

Report Period Beginning:

01/01/2011

Ending: 2/31/2011

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

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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	
						Amount of Note	Reporting Period Interest Expense					
Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense				
	YES	NO										
A. Directly Facility Related												
Long-Term												
1	First Merit - First Bank		X	Mortgage	\$70,810.00	6/15/09	\$ 10,800,000	\$ 10,673,308	6/15/2012	0.6100	\$ 611,162	1
2												2
3												3
4	First Merit - First Bank		X				Amortization of mortgage costs				52,541	4
5												5
Working Capital												
6	First Merit - First Bank		X	Line of Credit	Interest Only	05/15/04	2,000,000	542,000	05/31/2008	Variable	12,332	6
7	West Suburban Bank		X	Working Capital	\$4,119.00	01/25/06	600,000	381,070	02/01/2013	0.0668	36,127	7
8	See Page 9A				\$9,233.89		481,557	398,116			(38,287)	8
9	TOTAL Facility Related				\$84,162.89		\$ 13,881,557	\$ 11,994,494			\$ 673,875	9
B. Non-Facility Related*												
10												10
11	LM Contracts Equip.		X	Capital Lease (Bus&Chiller)	\$2,590.07	07/31/07	104,864		07/31/2012	Variable	(403)	11
12	Loan From Shareholder	X		Working Capital		01/01/07	4,500	18,500	On Demand			12
13							Real Estate Entity Interest Income				(310)	13
14	TOTAL Non-Facility Related				\$2,590.07		\$ 109,364	\$ 18,500			\$ (713)	14
15	TOTALS (line 9+line14)						\$ 13,990,921	\$ 12,012,994			\$ 673,162	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.)

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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	Name of Lender	2		3	4	5	6		7	8	9	10						
		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								\$				\$						
2																		
3																		
4																		
5																		
6	Omnicare Note		X	Pay off Accounts Payable	\$8,449.00	12/01/10	447,709	366,873	12/1/2015	0.0500	21,939	6						
7			X	Van Purchase	\$784.89	10/06/11	33,848	31,243	9/7/2015	5.9750	168	7						
8	Amortization of Loan Cost		X								788	8						
9	TOTAL Facility Related				\$9,233.89		\$ 481,557	\$ 398,116			\$ 22,895	9						
B. Non-Facility Related*																		
10	Interest Income Offset										(61,182)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (61,182)	14						
15	TOTALS (line 9+line14)						\$ 481,557	\$ 398,116			\$ (38,287)	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 2010 report.				\$	<u>443,608</u> 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.)	2010			\$	<u>450,569</u> 2
3. Under or (over) accrual (line 2 minus line 1).				\$	<u>6,961</u> 3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	<u>473,040</u> 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.)				\$	<u>35,653</u> 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 \$ <u>27,541</u> For <u>2008</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	<u>(27,541)</u> 6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	<u>488,113</u> 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2006	<u>458,251</u>	8		
	2007	<u>445,140</u>	9		
	2008	<u>455,907</u>	10		
	2009	<u>421,859</u>	11		
	2010	<u>450,569</u>	12		
<u>Based on prior years' tax bills.</u>					
<u>Real Estate Tax Payments</u>					
<u>2010 \$450569 X 1.04987 = 473040</u>					
				FOR BHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2010 \$ 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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lee Manor Nursing Residence 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 2010 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 2010.

(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>450,568.78</u>	\$ <u>450,568.78</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>450,568.78</u></u>	\$ <u><u>450,568.78</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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 Nursing Residence

0024356

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

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:

	1	2	3	4	
A. Land.	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 Nursing Residence# 0024356

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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	\$ 3,241,390	4
5			1979	1979	337,653		40	8,441	8,441	273,795	5
6	10		1985	1985	226,649		40	6,475	6,475	171,588	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	2,249	11
12	Audit Adjustment		1981		90,599		40	2,265	2,265	30,822	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	6,256	16
17	Improvements		1989		7,785		31.5	311	311	7,101	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	60,850	20
21	Improvements Adjusted to equal Capoitai Rate Audit		1993		4,500		20	227	227	4,200	21
22	Improvements		1993		36,719		40	917	917	16,506	22
23	Improvements		1994		16,738		40	418	418	7,315	23
24	Improvements Adjusted to equal Capoitai Rate Audit		1994		7,133		40			8,299	24
25	Improvements Adjusted to equal Capoitai Rate Audit		1995		6,055		40	415	415	6,847	25
26	Improvements		1995		87,711		40	2,156	2,156	35,592	26
27	Brick work		1996		3,040		20	152	152	2,356	27
28	Roof Replacement		1996		1,465		20	73	73	1,132	28
29	FACIA, Overhang Renovation		1996		75,200		39	1,902	1,902	39,494	29
30	Hot Water heater		1996		16,084		39	417	417	6,461	30
31	Insulation		1997		38,770		39	994	994	14,413	31
32	Roofing		1997		5,875		39	150	150	2,175	32
33	Refurbishing of hallways and patient rooms		1997		59,595		20	2,980	2,980	43,439	33
34	Tile		1997		20,696		20	1,035	1,035	15,087	34
35	Electrical improvements		1997		4,112		20	206	206	3,003	35
36	Plumbing Improvements		1997		3,773		20	188	188	2,741	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Lee Manor Nursing Residence# 0024356

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	\$ 9,166	37
38	1998	2,235		20	112	112	1,512	38
39	1998	2,630		20	132	132	1,782	39
40	1998	4,715		20	236	236	3,186	40
41	1998	7,653		20	382	382	5,157	41
42	1998	3,233		20	162	162	2,187	42
43	1998	2,566		20	128	128	1,728	43
44	1998	977		20	48	48	648	44
45	1998	2,590		20	130	130	1,755	45
46	1998	2,233		20	112	112	2,357	46
47	1998	2,470		20	124	124	1,674	47
48	1999	854		20	43	43	537	48
49	1999	685		20	34	34	425	49
50	1999	511		20	26	26	325	50
51	1999	50,000		20	2,500	2,500	31,250	51
52	1999	3,567		20	178	178	2,222	52
53	2000	40,411		39	1,036	1,036	12,033	53
54	2000	20,000		39	513	513	6,050	54
55	2000	9,048		39	232	232	2,697	55
56	2000	7,303		39	187	187	2,160	56
57	2000	2,859		39	73	73	843	57
58	2000	20,674		39	530	530	5,897	58
59	2000	91,557		39	2,348	2,348	26,122	59
60	2000	1,985		39	51	51	601	60
61	2000	11,630		39	298	298	3,390	61
62	2001	3,259		39	84	84	906	62
63	2001	72,480		39	1,858	1,858	19,040	63
64	2001	64,481		39	1,653	1,653	16,598	64
65	2001	19,553		39	501	501	5,449	65
66	2001	5,768		39	148	148	1,573	66
67	2001	8,059		39	207	207	2,268	67
68	2002	340,426		39	8,729	8,729	74,773	68
69	2002	181,976		39	4,666	4,666	42,189	69
70		\$ 6,398,726	\$		\$ 164,282	\$ 164,282	\$ 4,471,318	70

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

Facility Name & ID Number Lee Manor Nursing Residence# 0024356

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 6,398,726	\$		\$ 164,282	\$ 164,282	\$ 4,471,318	1
2	2002	1,449		39	37	37	344	2
3	2002	681		39	17	17	155	3
4	2002	893		39	23	23	219	4
5	2002	1,944		39	50	50	477	5
6	2003	87,417		39	2,241	2,241	18,119	6
7	2003	23,197		39	595	595	4,811	7
8	2003	36,728		39	942	942	7,616	8
9	2003	16,616		39	426	426	3,444	9
10	2003	35,000		39	897	897	7,253	10
11	2003	2,005		39	51	51	638	11
12	2003	2,155		39	55	55	363	12
13	2003	1,354		39	35	35	294	13
14	2003	1,468		39	38	38	306	14
15	2003	6,386		39	164	164	1,326	15
16	2003	1,580		39	41	41	331	16
17	2003	1,102		39	28	28	226	17
18	2003	13,634		39	350	350	2,830	18
19	2004	11,953		15	797	797	5,800	19
20	2004	3,188		27.5	116	116	869	20
21	2004	8,529		27.5	310	310	2,325	21
22	2004	4,104		27.5	149	149	1,118	22
23	2004	47,218		27.5	1,717	1,717	12,878	23
24	2004	32,366		27.5	1,177	1,177	8,827	24
25	2004	13,645		27.5	496	496	3,720	25
26	2004	78,376		27.5	2,850	2,850	21,375	26
27	2004	1,260		27.5	46	46	345	27
28	2004	5,012		27.5	182	182	1,365	28
29	2004	14,500		27.5	527	527	3,953	29
30	2004	59,500		27.5	2,164	2,164	16,230	30
31	2004	20,208		27.5	735	735	5,512	31
32	2004	3,510		27.5	128	128	960	32
33	2004	4,922		27.5	179	179	1,342	33
34		\$ 6,940,626	\$		\$ 181,845	\$ 181,845	\$ 4,606,689	34

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

Facility Name & ID Number Lee Manor Nursing Residence# 0024356

Report Period Beginning:

01/01/2011 Ending: 12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 6,940,626	\$		\$ 181,845	\$ 181,845	\$ 4,606,689	1
2	2006	74,660		27.5	2,715	2,715	14,933	2
3	2006	13,495		27.5	490	490	2,695	3
4	2006	16,730		27.5	608	608	3,344	4
5	2007	88,100		15	5,873	5,873	26,429	5
6	2008	2,800		20	140	140	490	6
7	2008	541,763		27.5	19,700	19,700	49,250	7
8	2009	26,289		20	1,314	1,314	3,285	8
9	2009	337,622		27.5	12,277	12,277	30,693	9
10								10
11	2010	17,840		27.5	649	649	974	11
12	2010	12,649		5	2,530	2,530	3,795	12
13	2010	164,704		27.5	5,989	5,989	8,984	13
14	2010	8,802		27.5	320	320	480	14
15	2010	61,080		27.5	2,221	2,221	3,331	15
16	2010	104,830		27.5	3,812	3,812	5,718	16
17	2010	107,704		27.5	3,917	3,917	5,875	17
18	2010	61,118		27.5	2,222	2,222	3,333	18
19	2010	4,062		27.5	148	148	222	19
20	2010	5,550		27.5	202	202	302	20
21	2010	23,246		27.5	845	845	1,268	21
22								22
23	2011	23,106		27.5	840	840	840	23
24								24
25	2011	43,325		27.5	1,575	1,575	1,575	25
26								26
27	2011	8,053		27.5	293	293	293	27
28	2011	5,158		27.5	188	188	188	28
29	2011	155,802		27.5	5,666	5,666	5,666	29
30	2011	16,946		27.5	616	616	616	30
31	2011	144,376		27.5	5,250	5,250	5,250	31
32								32
33	2011	75,491		27.5	2,745	2,745	2,745	33
34		\$ 9,085,927	\$		\$ 264,990	\$ 264,990	\$ 4,789,263	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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
1		\$ 9,085,927	\$		\$ 264,990	\$ 264,990	\$ 4,789,263
2	2011	4,364		27.5	159	159	159
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31			43,529			(43,529)	
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 9,090,291	\$ 43,529		\$ 265,149	\$ 221,620	\$ 4,789,422

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

Facility Name & ID Number Lee Manor Nursing Residence

0024356

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	\$ 480,299	\$ 31,638	\$ 84,315	\$ 52,677	5-15 yrs	\$ 357,786	71
72	Current Year Purchases	58,944	58,944	5,896	(53,048)	5 yrs	5,896	72
73	Fully Depreciated Assets	1,247,912				5-15 yrs	1,247,912	73
74								74
75	TOTALS	\$ 1,787,155	\$ 90,582	\$ 90,211	\$ (371)		\$ 1,611,594	75

D. Vehicle Costs. (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	\$	\$ 3,064	\$ 3,064	4 yrs	\$ 24,501	76
77	Van	E-150 Ford Wheelchair Van	2012	36,923	36,923	4,616	(32,307)	4 yrs	4,616	77
78										78
79										79
80	TOTALS			\$ 61,424	\$ 36,923	\$ 7,680	\$ (29,243)		\$ 29,117	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)	\$ 11,212,270	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 171,034	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 363,040	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 192,006	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,430,133	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.

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				6,000			5
6								6
7	TOTAL				\$ 6,000			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
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?

YES NO

16. Rental Amount for movable equipment: \$ 68,086 Description: \$920 Water Soft, \$1,676 Postage Mach, \$12,529 Copier, \$52,961 Medical Equip Beds

(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	N/A				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. _____ /2012 \$ _____

13. _____ /2013 \$ _____

14. _____ /2014 \$ _____

* 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		Contract	Total
		1 Drop-outs	2 Completed		
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		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	L10A,C1	4599	hrs	\$ 200,837					4,599	\$ 200,837	1
2	Licensed Speech and Language Development Therapist	L10A,C1&3	3760	hrs	97,522	41	1,841			3,801	99,363	2
3	Licensed Recreational Therapist			hrs								3
4	Licensed Physical Therapist	L10A,C1&3	9705	hrs	365,141	42	1,679	13,702		9,747	380,522	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				483,714			483,714	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					23,839				23,839	12
13	Other (specify): <u>Dialysis</u>	L39,C3					10,753				10,753	13
14	TOTAL				\$ 663,500	83	\$ 38,112	\$ 497,416		18,147	\$ 1,199,028	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 Nursing Residence

0024356

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(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	\$ 15,014	\$ 15,014	1
2	Cash-Patient Deposits	55,477	55,477	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 466,834)	2,956,588	2,956,588	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,885	10,885	7
8	Accounts Receivable (owners or related parties)	2,190,494	2,190,494	8
9	Other(specify): See SCH17C	10,621	10,621	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,239,079	\$ 5,239,079	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	2,466,523	15
16	Equipment, at Historical Cost	1,851,554	1,848,579	16
17	Accumulated Depreciation (book methods)	(2,595,340)	(6,430,133)	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	39,563	61,023	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,267,839	\$ 4,843,160	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,506,918	\$ 10,082,239	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 830,818	\$ 830,818	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	145,754	145,754	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	665,473	665,473	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		473,040	32
33	Accrued Interest Payable	2,301	2,301	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	See SCH17C	462,501	462,501	36
37	Due To Related Parties	526,110	526,110	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,632,957	\$ 3,105,997	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,339,686	1,339,686	39
40	Mortgage Payable		10,673,308	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)	\$ 1,339,686	\$ 12,012,994	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,972,643	\$ 15,118,991	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,534,275	\$ (5,036,752)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,506,918	\$ 10,082,239	48

*(See instructions.)

Lee Manor Nursing Residence
0024356
12/31/2011

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Payroll Advance	8,300	8,300
Due From Residents	-	-
Other Receivables	1,755	1,755
Refund Clearing	566	566
Payroll Clearing	-	-
	10,621	10,621

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued Expenses	58,796	58,796
Due to PA Audit Settlement	316,371	316,371
Due to/From BCBS	36,109	36,109
Accrued IDPA Assessment	420	420
Accrued 401(K) Matching	50,131	50,131
401K Withholding	-	-
Sales Tax Pyable	674	674
State Corp. Income Tax	-	-
Due to Third Party Payor	-	-
	462,501	462,501

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,044,751	1
2	Restatements (describe):		2
3			3
4			4
5	Rounding		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,044,751	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,489,522	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)	\$ 1,489,522	17
B. Transfers (Itemize):			
18			18
19	Rounding	2	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 2	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,534,275	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lee Manor Nursing Residence

0024356

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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	\$ 17,309,609	1
2	Discounts and Allowances for all Levels	(3,221,453)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,088,156	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,926,117	6
7	Oxygen	73,238	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,999,355	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	4,056	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	394,703	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	71,947	19
20	Radiology and X-Ray	11,700	20
21	Other Medical Services	97,728	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 580,134	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	61,182	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 61,182	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending Income	290	28
28a	Other Income	4,052	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,342	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,733,169	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,231,724	31
32	Health Care	6,984,961	32
33	General Administration	2,887,554	33
B. Capital Expense			
34	Ownership	2,109,951	34
C. Ancillary Expense			
35	Special Cost Centers	886,717	35
36	Provider Participation Fee	142,740	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,243,647	40
41	Income before Income Taxes (line 30 minus line 40)**	1,489,522	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,489,522	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 Nursing Residence

0024356

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	1,992	2,248	\$ 94,683	\$ 42.12	1
2	Assistant Director of Nursing	2,000	2,160	75,976	35.17	2
3	Registered Nurses	68,277	74,186	2,164,825	29.18	3
4	Licensed Practical Nurses	11,107	12,218	265,284	21.71	4
5	CNAs & Orderlies	162,466	176,746	1,969,318	11.14	5
6	CNA Trainees					6
7	Licensed Therapist	18,064	19,248	663,500	34.47	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,289	10,005	105,638	10.56	10
11	Social Service Workers	7,768	8,340	135,876	16.29	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers	40,080	42,899	434,256	10.12	16
17	Maintenance Workers	8,077	8,797	114,164	12.98	17
18	Housekeepers	41,200	44,921	407,151	9.06	18
19	Laundry	10,126	10,960	92,919	8.48	19
20	Administrator	1,928	2,160	93,164	43.13	20
21	Assistant Administrator	1,960	2,080	72,692	34.95	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	20,734	22,128	441,975	19.97	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	3,875	4,231	59,018	13.95	31
32	Other Health C: See Sch20A	31,907	34,828	870,847	25.00	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	440,850	478,155	\$ 8,061,286 *	\$ 16.86	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	306	\$ 13,300	C1,L3	35
36	Medical Director	Monthly	24,000	C9,L3	36
37	Medical Records Consultant	96	4,608	C10,L3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	15,505	C10,L3	39
40	Physical Therapy Consultant	Monthly	47,966	C10a,L3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,448	C11,L3	44
45	Social Service Consultant	29	1,682	C12, L2	45
46	Other(specify) Religious	13	600	C11,L3	46
47					47
48	MDS Consultant	Monthly	8,750	C10, L3	48
49	TOTAL (lines 35 - 48)	492	\$ 118,859		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	313	\$ 9,077	C10,L3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	313	\$ 9,077		53

Lee Manor Nursing Residence
0024356
12/31/2011

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Nurse Supv	3,296	3,500	108,086	30.88
MDS Coordinator	8,599	9,329	296,626	31.80
Nursing Admin	8,575	9,712	222,734	22.93
Restorative Aide	2,344	2,496	117,046	46.89
Rehab Director	9,093	9,791	126,355	12.91
Total	31,907	34,828	870,847	25.00

Facility Name & ID Number Lee Manor Nursing Residence

Report Period Beginning: 01/01/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
William McNiff	Administrator	0	\$ 93,164	Workers' Compensation Insurance	\$ 106,733	IDPH License Fee	\$ 1,990	
Mark Hocuk	Assist. Admin	0	72,692	Unemployment Compensation Insurance	63,798	Advertising: Employee Recruitment	14,495	
				FICA Taxes	603,481	Health Care Worker Background Check (Indicate # of checks performed 87)	874	
				Employee Health Insurance	325,037	Patient Background Checks 320	3,200	
				Employee Meals	58,400	Miscellaneous Licenses	1,816	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Subscriptions	2,857	
				401 K Contributions	47,067	Miscellaneous Dues	1,081	
				Uniforms	1,519	Il Council Long Term Care	19,915	
				Other Employee Benefits	33,165	Illinois Health Care Association	950	
				Life Insurance	12,518	Less: Public Relations Expense ()		
				Employee bonus for winter storm	5,966	Non-allowable advertising ()		
						Yellow page advertising ()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 1,257,684			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
Management Fees				N/A			Out-of-State Travel	
\$ 357,778							\$	
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 357,778							See attached Schedule	
							9,360	
C. Professional Services							Entertainment Expense ()	
Vendor/Payee							(agree to Sch. V, line 24, col. 8)	
Type							TOTAL	
Amount							\$ 9,360	
Bridge Point Technologies								
IT Consulting								
\$ 800								
Mueller & Company LLP								
401 K Audit								
8,500								
Innovation LTC Solution								
Billing for Oxygen								
11,611								
McGladrey & Pullen								
Accounting								
18,273								
Probity Consulting								
IT Consulting								
5,325								
Michael G. Kaplan								
Financial Consulting								
13,000								
Michael G. Kaplan								
Accounting								
3,000								
Ronald Cournaya								
Financial Consulting								
4,625								
Rolf Goffman Martin Lang								
HUD Filing								
1,254								
Great West Life								
401 K Administration								
2,415								
Anthony's Mobile Fingerprinting								
Fingerprinting								
1,175								
See Schedule 21A								
78,925								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 148,903								

* Attach copy of IMRF notifications

**See instructions.

Lee Manor Nursing Residence

Provider #: 0024356

01/01/2011 to 12/31/2011

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

WT Land Survey	Land Survey	650
Kamensky Rubenstein Hochman Delott	Guardianship Services	4,253
Ensign Consulting	IT Consulting	4,800
Personnel Planners	Unemployment	1,562
Judith Holmes	Symposuim	500
Mark Houck	IT Consulting	549
Hamilton Thies Iorch & Hagnell LLP	Legal	4,459
Polsinelli Shughart PPC	Legal	9,122
Dutton & Casey PC	Guardianship Services	500
Automatic Data Processing	Payroll Processing	25,407
Wescom Soutlions	Accounting System	19,567
Medifax - EDI LLC	Medicare Billing	659
E-Health Data	Software Program	5,100
Network Solutions	Internet Access	1,323
Computriton Inc	Billing Program	474
Total for Schedule 21A		<u>78,925</u>
Total Per Schedule 3 Line 19 Column 3		148,903
To disallow out of Period Legal Fees		(2,869)
Total Per Schedule 3 Line 19 Column 8		146,034

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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Lee Manor Nursing Residence
 Provider #: 0024356
 01/01/2011 to 12/31/2011

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS	LOCATION	FEE
10/21/11	PESI HealthCare	Advance Orthopaedic Care	Carmel Thomas		Schaumburg, IL	\$179.00
08/31/11	Chicagoland Activity Professional Assoc.	2011 Annual Activities Seminar	Janelly Vazquez		Evanston, IL	\$20.00
09/20/11	Omnicare Pharmacy	Essential of Infusion Therapy	Christian Tan		Desplaines, IL	\$50.00
01/12/11	Fred Pryor	How to become an outstanding receptionist	Sandra Garcia		Chicago, IL	\$158.00
03/28/11	Skillpath	Microsoft Excel	Mark Hocuk		Elk Grove, IL	\$79.00
08/31/11	IL Healthcare Association	2011 Convention-IHCA	Bill McNiff		Peoria, IL	\$795.00
07/31/11	Pathway Health Services	Restorative/Rehabilitation Certification Program for Licensed Nurses	Cheryl Velete		Westmont, IL	\$749.00
10/31/11	Advocate Healthcare	Practical Wound Care	Linda Kuglarz, Esperanza Sibug		Niles, IL	\$200.00
10/31/11	IL Council	Consistent Staffing	Bill McNiff, Mark Hocuk		Skokie, IL	\$120.00
08/31/11	Cynthia Chow & Associates	Redefining the Future	Sharon Brinkman, Maria Sanchez		Chicago, IL	\$220.00
11/03/11	Danville Area Community College	Multi Dimensional Technical Screening	Darryl Jenkins		Bartlett, IL	\$134.10
09/01/11	Continuing Education Partner	Multi Disciplinary Certificate Program in Geriatrics for Non-Physician	Deepa George		Palatine, IL	\$396.00
01/20/11	Health Ed	IL Elderly Law	Katie Hansen, Zeny Engracia		Schaumburg, IL	\$398.00
08/23/11	IAPA	2011 IAPA Conference	Janelly Vazquez		Rockford, IL	\$295.20
08/31/11	IAPA	2011 IAPA Conference	Ana Arizmendi		Rockford, IL	\$295.20
08/19/11	Illinois Council	MDS 3.0	Emy Plodzien, Jeff Cabbreera, Helen Reyes,		Skokie, IL	\$675.00
08/19/11	Illinois Council	Recent Changes in Advance Directives	Katie Hansen		Skokie, IL	\$105.00
12/08/11	Illinois Council	No Contact, No Drug Behavior De-escalation	Katie Hansen, Kathy Kaveney, Marissa		Skokie, IL	\$420.00
02/11/11	Illinois Health Care Association	MDS 3.0 SEMINAR	Diona Tad-y		Springfield, IL	\$550.00
11/16/11	Illinois Health Care Association	Web Seminar Subscription	Access to webinar throughout the year for all		Desplaines, IL	\$1,250.00
07/28/11	Illinois Pioneer Coalition	Culture Change	Teresa Prinz		Quincy, IL	\$159.00
09/29/11	Health Ed	Continuing Education	James Rybicki		Palatine, IL	\$61.50
09/13/11	Karla Ezpeleta	Infusion Therapy	Karla Ezpeleta		Desplaines, IL	\$50.00
03/04/11	Health Ed	Cognitive Therapy for Dementia	Mylinh Hau		Schaumburg, IL	\$169.00
08/15/11	Cross Country Association	Memory Enhancement	Mylinh Hau		Schaumburg, IL	\$159.00
09/01/11	Omnicare Pharmacy	Essential of Infusion Therapy	Myra Penafiorida		Desplaines, IL	\$50.00
01/20/11	PESI HealthCare	ORTHOPAEDIC Care	Mary Ann Cruz, Jim Rybicki, Mary Ann Cruz		Schaumburg, IL	\$522.00
09/29/11	IL Council	Consistent Staffing	Emy Plodzien, Kathy Kaveney, Marissa		Skokie, IL	\$360.00
09/20/11	Omnicare Pharmacy	Essential of Infusion Therapy	Shamim Tariq		Desplaines, IL	\$50.00
01/21/11	SummitProfessional Education	Medical Records-HIPPA	Julie Ocampo		Schaumburg, IL	\$199.00
08/05/11	SummitProfessional Education	Shoulder Therapy	Mary Ann Cruz		Chicago, IL	\$179.00
08/31/11	The Healthcare Information Network, Inc	MDS FOR Activities	Janelly Vazquez		Bloomington, IL	\$179.00
11/03/11	Danville Area Community College	Multi Dimensional Technical Screening	Tim Nolan		Bartlett, IL	\$134.10
TOTAL						\$ 9,360.10

Lee Manor Nursing Residence

Provider #: 0024356
 01/01/2011 to 12/31/2011

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS	LOCATION	FEE
Jan	Illinois Pioneer Coalition	Manual	Staff	N/A	Facility	25.00
Feb	Stefania Zarate	Tuition Reimb.	Stefania Zarate	Nurse	Facility	60.00
April	Rehab Connections	Inservice	Staff	N/A	Facility	637.00
June	Activity Therapists Associates	Manual	Activity Staff	N/A	Facility	25.00
Sept	Omnicare Northern IL	Inservices	Staff	N/A	Facility	300.00
Sept	Susanna Sanchez	Tuition Reimb.	Susanna Sanchez	Nurse	Facility	100.00
Oct	Paulino Mercedita	Tuition Reimb.	Paulino Mercedita	Nurse	Facility	250.00
TOTAL						\$ 1,397.00

Facility Name & ID Number Lee Manor Nursing Residence

0024356

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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 - \$19,919 Ill Health Care \$950
- (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. \$ 88,165 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. \$ 142,740
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. \$ 58,400 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (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	Adjustments	Adjusted Total
1. Dietary	434,256	133,339	13,300	580,895	0	580,895	0	580,895
2. Food Purchase	0	445,547	0	445,547	0	445,547	-290	445,257
3. Housekeeping	407,151	50,024	64,476	521,651	0	521,651	0	521,651
4. Laundry	92,919	47,724	0	140,643	0	140,643	0	140,643
5. Heat and Other Utilities	0	0	258,493	258,493	0	258,493	0	258,493
6. Maintenance	114,164	17,387	152,944	284,495	0	284,495	0	284,495
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,048,490	694,021	489,213	2,231,724	0	2,231,724	-290	2,231,434
9. Medical Director	0	0	24,000	24,000	0	24,000	0	24,000
10. Nursing & Medical Records	5,499,951	358,800	37,940	5,896,691	0	5,896,691	0	5,896,691
10a. Therapy	663,500	13,702	75,325	752,527	0	752,527	0	752,527
11. Activities	105,638	38,408	3,048	147,094	0	147,094	0	147,094
12. Social Services	135,876	0	1,682	137,558	0	137,558	0	137,558
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	27,091	27,091	0	27,091	0	27,091
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	6,404,965	410,910	169,086	6,984,961	0	6,984,961	0	6,984,961
17. Administrative	165,856	0	357,778	523,634	0	523,634	-56,200	467,434
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	148,903	148,903	0	148,903	-2,869	146,034
20. Fees, Subscriptions & Promotion	0	0	53,829	53,829	0	53,829	-6,651	47,178
21. Clerical & General Office	441,975	67,466	42,889	552,330	0	552,330	-4,029	548,301
22. Employee Benefits & Payroll	0	0	1,257,684	1,257,684	0	1,257,684	0	1,257,684
23. Inservice Training & Education	0	0	1,397	1,397	0	1,397	0	1,397
24. Travel and Seminar	0	0	9,360	9,360	0	9,360	0	9,360
25. Other Admin. Staff Trans	0	0	30,019	30,019	0	30,019	0	30,019
26. Insurance-Prop.Liab.Malpractice	0	0	310,398	310,398	0	310,398	0	310,398
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	607,831	67,466	2,212,257	2,887,554	0	2,887,554	-69,749	2,817,805
29. Total General Administrative	8,061,286	1,172,397	2,870,556	12,104,239	0	12,104,239	-70,039	12,034,200
30. Depreciation	0	0	171,034	171,034	0	171,034	192,006	363,040
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	70,951	70,951	0	70,951	602,211	673,162
33. Real Estate	0	0	0	0	0	0	488,113	488,113
34. Rent - Facility & Grounds	0	0	1,799,880	1,799,880	0	1,799,880	-1,793,880	6,000
35. Rent - Equipment & Vehicles	0	0	68,086	68,086	0	68,086	0	68,086
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	2,109,951	2,109,951	0	2,109,951	-511,550	1,598,401
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	483,714	10,753	494,467	0	494,467	0	494,467
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. Other (specify):*	0	0	142,740	142,740	0	142,740	0	142,740
43. Other (specify):*	0	0	392,250	392,250	0	392,250	-392,250	0
44. Total Special Cost Ce	0	483,714	545,743	1,029,457	0	1,029,457	-392,250	637,207
45. Grand Total	8,061,286	1,656,111	5,526,250	15,243,647	0	15,243,647	-973,839	14,269,808

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	15,014	15,014
2. Cash - Patient Deposits	55,477	55,477
3. Accounts & Notes Recievable	2,956,588	2,956,588
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	10,885	10,885
8. Accounts Receivable-Owner/Related Party	2,190,494	2,190,494
9. Other (specify):	10,621	10,621
10. Total current assets	5,239,079	5,239,079
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	2,466,523
16. Equipment, at Historical Cost	1,851,554	1,848,579
17. Accumulated Depreciation (book methods)	-2,595,340	-6,430,133
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):	39,563	61,023
23. other (specify):	0	0
24. Total Long-Term Assets	1,267,839	4,843,160
25. Total Assets	6,506,918	10,082,239
CURRENT LIABILITIES		
26. Accounts Payable	830,818	830,818
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	145,754	145,754
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	665,473	665,473
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	473,040
33. Accrued Interest Payable	2,301	2,301
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	462,501	462,501
37. Other Current Liabilities (specify):	526,110	526,110
38. Total Current Liabilities	2,632,957	3,105,997
LONG TERM LIABILITES		
39.Long-Term Notes Payable	1,339,686	1,339,686
40.Mortgage Payable	0	10,673,308
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	1,339,686	12,012,994
46.Total Liabilities	3,972,643	15,118,991
47.Total Equity	2,534,275	-5,036,752
48.Total Liabilities and Equity	6,506,918	10,082,239

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	17,309,609
2. Discounts and Allowances for all Levels	-3,221,453
Subtotal - Inpatient Care	14,088,156
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,926,117
7. Oxygen	73,238
Subtotal - Ancillary Revenue	1,999,355
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	4,056
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	394,703
18. Sale of Supplies to Non-Patients	0
19. Laboratory	71,947
20. Radiology and X-Ray	11,700
21. Other Medical Services	97,728
22. Laundry	0
Subtotal - Other Operating Revenue	580,134
24. Contributions	0
25. Interest and Other Investments Income	61,182
Subtotal - Non-Operating Revenue	61,182
27. Other Revenue (specify):	290
28. Other Revenue (specify):	4,052
Subtotal - Other Revenue	4,342
30. Total Revenue	16,733,169
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	3,341,306
42. Income Taxes	0
43. Net Income or Loss for the Year	3,341,306