

Facility Name & ID Number Colonial Manor

0053413 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 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	10,504	11,722	3,309	25,535	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,504	11,722	3,309	25,535	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.29%

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

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 1977

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 _____ and days of care provided 3,309

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	265,393	11,970		277,363		277,363	4,428	281,791		1
2	Food Purchase		194,227		194,227		194,227	26	194,253		2
3	Housekeeping	112,065	47,362		159,427		159,427	32	159,459		3
4	Laundry	92,719	14,890		107,609		107,609		107,609		4
5	Heat and Other Utilities			85,546	85,546		85,546	1,150	86,696		5
6	Maintenance	122,721	78,715	86,307	287,743		287,743	13,544	301,287		6
7	Other (specify):*										7
8	TOTAL General Services	592,898	347,164	171,853	1,111,915		1,111,915	19,180	1,131,095		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,708,501	159,487	10,653	1,878,641		1,878,641	(26,318)	1,852,323		10
10a	Therapy		485,477	561,713	1,047,190	(524,039)	523,151		523,151		10a
11	Activities	76,023	4,334		80,357		80,357		80,357		11
12	Social Services	45,627		4,361	49,988		49,988		49,988		12
13	CNA Training							788	788		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,830,151	649,298	588,727	3,068,176	(524,039)	2,544,137	(25,530)	2,518,607		16
	C. General Administration										
17	Administrative	89,515			89,515		89,515		89,515		17
18	Directors Fees										18
19	Professional Services			273,705	273,705		273,705	(247,144)	26,561		19
20	Dues, Fees, Subscriptions & Promotions			76,398	76,398	(45,443)	30,955	(670)	30,285		20
21	Clerical & General Office Expenses	223,276	22,420	25,567	271,263		271,263	264,971	536,234		21
22	Employee Benefits & Payroll Taxes			570,210	570,210		570,210	39,569	609,779		22
23	Inservice Training & Education			9,084	9,084		9,084	413	9,497		23
24	Travel and Seminar			2,910	2,910		2,910	2,089	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			53,515	53,515		53,515	11,460	64,975		26
27	Other (specify):* Resident lost items			16,061	16,061		16,061	(15,949)	112		27
28	TOTAL General Administration	312,791	22,420	1,027,450	1,362,661	(45,443)	1,317,218	54,739	1,371,957		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,735,840	1,018,882	1,788,030	5,542,752	(569,482)	4,973,270	48,389	5,021,659		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Colonial Manor

#0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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							174,323	174,323			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			27,926	27,926		27,926	98,185	126,111			32
33	Real Estate Taxes							85,295	85,295			33
34	Rent-Facility & Grounds			372,072	372,072		372,072	(368,358)	3,714			34
35	Rent-Equipment & Vehicles			21,873	21,873		21,873	6,611	28,484			35
36	Other (specify):*											36
37	TOTAL Ownership			421,871	421,871		421,871	(3,944)	417,927			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					524,039	524,039	(59,152)	464,887			39
40	Barber and Beauty Shops			2,860	2,860		2,860		2,860			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					45,443	45,443		45,443			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			2,860	2,860	569,482	572,342	(59,152)	513,190			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,735,840	1,018,882	2,212,761	5,967,483		5,967,483	(14,707)	5,952,776			45

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

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(1,030)			6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(464)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(1,450)			18
19	Entertainment	(3,432)			19
20	Contributions	(99)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,400)			24
25	Fund Raising, Advertising and Promotional	(6,804)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (27,679)		\$	30

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)	12,972		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 12,972		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (14,707)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Colonial Manor

Report Period Beginning: 01/01/15
 Ending: 12/31/15

ID# 0053413

Sch. V Line
Reference

NON-ALLOWABLE EXPENSES

Amount

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		0	33	15
16			24	16
17		0	20	17
18				18
19			24	19
20		(99)	27	20
21				21
22		0	19	22
23				23
24		(14,400)	27	24
25		(6,804)	20	25
26				26
27		(1,450)	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		(22,753)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,428	0	0	0	0	0	0	0	0	4,428	1
2	Food Purchase	0	0	26	0	0	0	0	0	0	0	0	26	2
3	Housekeeping	0	0	32	0	0	0	0	0	0	0	0	32	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,150	0	0	0	0	0	0	0	0	1,150	5
6	Maintenance	0	0	13,544	0	0	0	0	0	0	0	0	13,544	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	19,180	0	0	0	0	0	0	0	0	19,180	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(26,840)	522	0	0	0	0	0	0	0	0	(26,318)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	788	0	0	0	0	0	0	0	0	788	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	(26,840)	1,310	0	0	0	0	0	0	0	0	(25,530)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(263,043)	15,899	0	0	0	0	0	0	0	0	(247,144)	19
20	Fees, Subscriptions & Promotions	(6,804)	0	6,134	0	0	0	0	0	0	0	0	(670)	20
21	Clerical & General Office Expenses	0	0	264,971	0	0	0	0	0	0	0	0	264,971	21
22	Employee Benefits & Payroll Taxes	0	0	39,569	0	0	0	0	0	0	0	0	39,569	22
23	Inservice Training & Education	0	(420)	833	0	0	0	0	0	0	0	0	413	23
24	Travel and Seminar	(3,432)	0	5,521	0	0	0	0	0	0	0	0	2,089	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	11,460	0	0	0	0	0	0	0	0	11,460	26
27	Other (specify):*	(15,949)	0	0	0	0	0	0	0	0	0	0	(15,949)	27
28	TOTAL General Administration	(26,185)	(263,463)	344,387	0	0	0	0	0	0	0	0	54,739	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(26,185)	(290,303)	364,877	0	0	0	0	0	0	0	0	48,389	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15 Ending:

12/31/15

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	158,048	0	16,275	0	0	0	0	0	0	0	174,323	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(464)	98,700	0	(51)	0	0	0	0	0	0	0	98,185	32
33	Real Estate Taxes	0	85,295	0	0	0	0	0	0	0	0	0	85,295	33
34	Rent-Facility & Grounds	(1,030)	(372,072)	0	4,744	0	0	0	0	0	0	0	(368,358)	34
35	Rent-Equipment & Vehicles	0	0	0	6,611	0	0	0	0	0	0	0	6,611	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,494)	(30,029)	0	27,579	0	(3,944)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	(59,152)	0	0	0	0	0	0	0	0	0	(59,152)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	(59,152)	0	0	0	0	0	0	0	0	0	(59,152)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(27,679)	(379,484)	364,877	27,579	0	0	0	0	0	0	0	(14,707)	45

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>Heritage Enterprises, Inc.</u>	<u>100</u>	<u>Attached Following This Page</u>		<u>Heritage Operations Group</u>	<u>Bloomington</u>	<u>Mgmt. Services</u>
				<u>Green Tree Pharmacy</u>	<u>Minonk</u>	<u>Pharmacy</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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	<u>10 Adjustment for Related Organization</u>	\$	<u>GreenTree Pharmacy</u>	<u>0.00%</u>	\$ <u>(26,840)</u>	\$ <u>(26,840)</u>	1
2	V	<u>23 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(420)</u>	<u>(420)</u>	2
3	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(59,152)</u>	<u>(59,152)</u>	3
4	V	<u>19 Adjustment for Related Organization</u>	<u>263,043</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(263,043)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>372,072</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(372,072)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>85,295</u>	<u>85,295</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>96,122</u>	<u>96,122</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>158,048</u>	<u>158,048</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>2,578</u>	<u>2,578</u>	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 635,115			\$ 255,631	\$ * (379,484)	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	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 4,428	15
16	V	2 Food Purchase					26	16
17	V	3 Housekeeping					32	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,150	19
20	V	6 Maintenance					13,544	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					522	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					788	26
27	V	14 Program Transportation					0	27
28	V	15 Other					0	28
29	V	17 Administrative					0	29
30	V	18 Directors Fees					0	30
31	V	19 Professional Services					15,899	31
32	V	20 Fees, Subscription, Promotions					6,134	32
33	V	21 Clerical & General Office Expenses					264,971	33
34	V	22 Employee Benefits & Payroll Taxes					39,569	34
35	V	23 Inservice Training & Education					833	35
36	V	24 Travel and Seminar					5,521	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					11,460	38
39	Total		\$			\$	0	\$ * 364,877 39

* 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	27 Other	\$	Heritage Enterprises, Inc.		\$	\$	0	15	
16	V	30 Depreciation						16,275	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(51)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						4,744	20	
21	V	35 Rent-Equipment & Vehicles						6,611	21	
22	V	36 Other						0	22	
23	V	38 Medically Nec Transportation						0	23	
24	V	39 Ancillary Service Centers						0	24	
25	V	40 Barber and Beauty Shops						0	25	
26	V	41 Coffee and Gift Shops						0	26	
27	V	42 Other						0	27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total		\$			\$	0	\$ *	27,579	39

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

Facility Name & ID Number Colonial Manor # 0053413 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	Heritage Enterprises Inc.	Sole Member		100.00					\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

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

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

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	Dietary	Beds	2,835	27	\$ 151,240	\$ 150,308	83	\$ 4,428	1
2	2	Food Purchase	Beds	2,835	27	878	0	83	26	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	83	32	3
4	4	Laundry	Beds	2,835	27	0	0	83	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	83	1,150	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	83	13,544	6
7	7	Other	Beds	2,835	27	0	0	83	0	7
8	9	Medical Director	Beds	2,835	27	0	0	83	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	83	522	9
10	11	Activities	Beds	2,835	27	0	0	83	0	10
11	12	Social Service	Beds	2,835	27	0	0	83	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	83	788	12
13	14	Program Transportation	Beds	2,835	27	0	0	83	0	13
14	15	Other	Beds	2,835	27	0	0	83	0	14
15	17	Administrative	Beds	2,835	27	0	0	83	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	83	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	83	15,899	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	83	6,134	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	83	264,971	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	83	39,569	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	83	833	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	83	5,521	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	83	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	83	11,460	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 364,877	25

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

Name of Related Organization See Pg 8
 Street Address _____
 City / State / Zip Code _____
 Phone Number (____) _____
 Fax Number (____) _____

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

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	27	Other	Beds	2,835	27	\$	\$	83	\$	1
2	30	Depreciation	Beds	2,835	27	555,915	83	16,275		2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27		83			3
4	32	Interest	Beds	2,835	27	(1,746)	83	(51)		4
5	33	Real Estate Taxes	Beds	2,835	27		83			5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022	83	4,744		6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798	83	6,611		7
8	36	Other	Beds	2,835	27		83			8
9	38	Medically Nec Transportation	Beds	2,835	27		83			9
10	39	Ancillary Service Centers	Beds	2,835	27		83			10
11	40	Barber and Beauty Shops	Beds	2,835	27		83			11
12	41	Coffee and Gift Shops	Beds	2,835	27		83			12
13	42	Other	Beds	2,835	27		83			13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 941,989	\$		\$ 27,579	25

Facility Name & ID Number

Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Busey Bank		x	Mortgage			\$	\$			\$ 96,122 1					
2	Busey Bank		x	Loan Fee Amortization							2,578 2					
3											3					
4											4					
5											5					
Working Capital																
6	Bank of America		x	Working Capital							27,926 6					
7											7					
8											8					
9	TOTAL Facility Related						\$	\$			\$ 126,626 9					
B. Non-Facility Related*																
10	Interest Income										(464) 10					
11											11					
12	Allocated Corporate										(51) 12					
13											13					
14	TOTAL Non-Facility Related						\$	\$			\$ (515) 14					
15	TOTALS (line 9+line14)						\$	\$			\$ 126,111 15					

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

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

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

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2014 report.		\$	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.)		\$ 85,295	2
3. Under or (over) accrual (line 2 minus line 1).		\$ 85,295	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 85,295	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2010	109,206	8
	2011	74,431	9
	2012	83,272	10
	2013	84,989	11
	2014	85,295	12
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2014 \$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Colonial Manor COUNTY Vermillion

FACILITY IDPH LICENSE NUMBER 42168

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>23011020150060</u>	_____	\$ <u>64,722.70</u>	\$ <u>64,722.70</u>
2. <u>23071020190030</u>	_____	\$ <u>181.68</u>	\$ <u>181.68</u>
3. <u>23071020250060</u>	_____	\$ <u>16,719.64</u>	\$ <u>16,719.64</u>
4. <u>23071020130600</u>	_____	\$ <u>1,707.36</u>	\$ <u>1,707.36</u>
5. <u>23071080010040</u>	_____	\$ <u>1,545.64</u>	\$ <u>1,545.64</u>
6. <u>23071080050040</u>	_____	\$ <u>417.88</u>	\$ <u>417.88</u>
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>85,294.90</u></u>	\$ <u><u>85,294.90</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 x 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Colonial Manor

0053413 Report Period Beginning:

01/01/15 Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,770 B. General Construction Type: Exterior Brick Frame Wood 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).

None

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>112,000</u>	1
2					2
3	TOTALS			\$ <u>112,000</u>	3

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9
FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
83			\$ 1,709,475	\$		\$	\$	\$
			33,000					
Improvement Type**								
Architect Fees		1997	46,312					
1998 Additions		1998	768,055					
Addition--Materials		1999	146,931					
Addition--Professional Fees		1999	3,782					
WAN Building Materials		1999	4,698					
Roof Repair		1999	1,783					
C/O Allocation				16,275		16,275		
Book Depreciation				124,802		124,802		

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	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	Window Replacements	2000	\$ 3,005	\$		\$	\$	\$	37
38	Water Heater	2000	3,798						38
39									39
40	Nurse Call System	2001	24,949						40
41	Coax Cable	2001	945						41
42	Roof Sheathing	2001	1,314						42
43									43
44	Door Alarm	2002	2,383						44
45	Roof	2002	38,165						45
46	Water Heater	2002	3,656						46
47	Heater/Air Conditioning Unit	2002	1,843						47
48	Fire Dampers	2002	523						48
49	A/C Unit	2002	566						49
50	Security Door	2002	1,127						50
51	Dishwasher Motor	2002							51
52	Sealcoat Parking Lot	2002	1,955						52
53									53
54	Blackflow Prevention	2003	672						54
55	Repair/Replace Doors	2003	7,866						55
56	A/C Unit	2003	495						56
57	Fire Supression System	2003	1,286						57
58									58
59	Automatic Transfer Switch	2004	3,458						59
60	Aero Air Condensor	2004	1,508						60
61	Parking Lot Sealant	2004	2,379						61
62									62
63	Kitchen Air Handler	2005	2,855						63
64	Condensor	2005	2,086						64
65	A/C Unit	2005	995						65
66	Ramp and Rails	2005	808						66
67	A/C Condensor	2005	2,313						67
68	Concrete	2005	1,714						68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,826,700	\$ 141,077		\$ 141,077	\$	\$	70

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

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	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	Totals from Page 12A, Carried Forward		\$ 2,826,700	\$ 141,077		\$ 141,077	\$	\$	1
2	Sprinkler	2006	11,094						2
3	Condensor	2006	2,324						3
4	A/C unit	2006	754						4
5	Roof	2006	1,900						5
6	Parking Lot	2006	2,379						6
7	Backflow preventer	2006	1,400						7
8	Sprinkler	2006	2,693						8
9	A/C unit	2006	1,161						9
10	Dry pendant	2006	1,010						10
11									11
12									12
13									13
14	HVAC	2007	9,599						14
15	Heat Coil	2007	2,776						15
16	HVAC condensor	2007	4,625						16
17									17
18	Sprinkler system	2007	4,945						18
19	Front Pouch	2007	3,932						19
20	Room Repair	2007							20
21	Boiler	2007	5,257						21
22									22
23									23
24	Carpeting	2008	20,547						24
25	Basement Stairs	2008	2,694						25
26	Metal Doors	2008	2,510						26
27	A/C unit	2008	7,891						27
28	Air Handling Unit	2008	3,237						28
29	Fire System	2008	2,525						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,921,953	\$ 141,077		\$ 141,077	\$	\$	34

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

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

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

1	2	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	Totals from Page 12B, Carried Forward		\$ 2,921,953	\$ 141,077		\$ 141,077	\$	\$	1
2									2
3	Emergency Backflow	2009	2,572						3
4	Gutters	2009	8,250						4
5	Awning	2009	4,070						5
6	Aurora Pump	2009	2,969						6
7	HVAC	2009	2,729						7
8	Doors	2009	7,368						8
9	Asphalt	2009	29,063						9
10	Windows	2009	4,050						10
11									11
12	HVAC	2010	2,816						12
13	Roof	2010	91,520						13
14	Windows	2010	4,050						14
15	fire control panel	2010	3,609						15
16									16
17									17
18	Nurse Call & Tech System	2011	304,131						18
19	Purchased office building next to nursing home	2011	41,838						19
20	Roof	2011	3,977						20
21	Concrete	2011	5,090						21
22	Windows * installation	2011	30,060						22
23	Steel door	2011	8,595						23
24	sign	2011	9,067						24
25	Building repair to install washer & dryer.	2011	2,938						25
26									26
27	Lighting Upgrade	2012	2,667						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,493,382	\$ 141,077		\$ 141,077	\$	\$	34

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

Facility Name & ID Number Colonial Manor

XI. OWNERSHIP COSTS (continued)

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

1	2	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	Totals from Page 12C, Carried Forward		\$ 3,493,382	\$ 141,077		\$ 141,077	\$	\$	1
2									2
3	Replace Fire Sprinkler	2014	3,317						3
4	Replace (10) PTAC Units	2014	4,759						4
5	Parking Lot Fill, Seal and Striping	2014	5,373						5
6	Cabling and Electrical - Point of Care Kiosks	2014	11,904						6
7	Architect Planning Fees - 2015 Remodeling Project	2014	8,454						7
8									8
9	Installation of split AC system - dining room	2015	22,128						9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,549,317	\$ 141,077		\$ 141,077	\$	\$	34

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

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	\$ 568,026	\$ 33,246	\$ 33,246	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 568,026	\$ 33,246	\$ 33,246	\$		\$	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,229,343	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 174,323	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 174,323	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

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

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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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: \$ 21,873 Description: Televisions and office copiers

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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 type="checkbox"/> NO</p> <p>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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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		hrs	\$			\$ 264,046	\$		\$ 264,046	1
2	Licensed Speech and Language Development Therapist		hrs				4,042			4,042	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				253,633	1,430		255,063	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts					484,047		484,047	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						39,992			39,992	13
14	TOTAL			\$			\$ 561,713	\$ 485,477		\$ 1,047,190	14

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

Facility Name & ID Number Colonial Manor# 0053413Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(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	\$ 59,965	\$	1
2	Cash-Patient Deposits	4,465		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	896,904		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	30,683		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,095,156		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,087,173	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,087,173	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 316,343	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,465		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	231,322		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,649		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Bed Tax</u>	21,943		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 580,722	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			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)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 580,722	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,506,451	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,087,173	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,288,008	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,288,008	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	218,443	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)	\$ 218,443	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,506,451	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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,654,401	1
2	Discounts and Allowances for all Levels	(2,469,097)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,185,304	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,070,874	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,070,874	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	486	12
13	Barber and Beauty Care	2,780	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	1,030	16
17	Sale of Drugs	929,472	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(4,484)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 929,284	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	464	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 464	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,185,926	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,111,915	31
32	Health Care	3,068,176	32
33	General Administration	1,362,661	33
B. Capital Expense			
34	Ownership	421,871	34
C. Ancillary Expense			
35	Special Cost Centers	2,860	35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,967,483	40
41	Income before Income Taxes (line 30 minus line 40)**	218,443	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 218,443	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

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

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

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

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,682	1,771	\$ 70,243	\$ 39.66	1
2	Assistant Director of Nursing	1,786	1,880	60,984	32.44	2
3	Registered Nurses	16,988	17,882	446,447	24.97	3
4	Licensed Practical Nurses	15,829	16,662	395,102	23.71	4
5	CNAs & Orderlies	55,903	58,845	716,342	12.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	913	961	19,383	20.17	8
9	Activity Director					9
10	Activity Assistants	5,634	5,930	76,023	12.82	10
11	Social Service Workers	1,867	1,965	45,627	23.22	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,382	22,057	265,393	12.03	15
16	Dishwashers					16
17	Maintenance Workers	7,431	7,822	122,721	15.69	17
18	Housekeepers	10,133	10,666	112,065	10.51	18
19	Laundry	8,644	9,099	92,719	10.19	19
20	Administrator	1,976	2,080	89,515	43.04	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	8,313	8,751	223,276	25.51	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	158,481	166,371	\$ 2,735,840 *	\$ 16.44	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	12,000		36
37	Medical Records Consultant	1,979		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,609		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	4,361		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 22,949		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			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

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												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Colonial Manor

0053413

Report Period Beginning:

01/01/15

Ending:

12/31/15

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. HCCI
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES 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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 45,443
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? 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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,279
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Sulaski & Webb
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. None claimed
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	59,965				1,009	1,009 PETTY C 59,965
1010	CASH IN BANK					1,100	1,100 ACCTS R 1,019,541
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (122,637)
1100	ACCOUNTS RECEIVABLE	896,904				1,110	1,110 ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES					1,125	1,125 ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE					1,135	1,135 ACCTS RECEIV-IC
1130	MEDICARE COST REPORT					1,140	1,140 UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC					1,145	1,145 A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS					1,200	1,200 PREPAID 30,683
1145	A/R SUSPENSE-REFUNDS					1,220	1,220 OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC					1,300	1,300 DIETARY INVENTORY
1200	PREPAID INSURANCE	30,683				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 4,465
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	4,465				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC 1,095,156
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (316,343)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	1,095,156				2,100	2,100 ACCRUE (90,402)
2010	ACCOUNTS PAYABLE	-316,343				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-90,402				2,110	2,110 ACCRUE (140,920)
2110	ACCRUED VACATION PAY	-140,920				2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(6,649)	
2125	FICA TAX PAYABLE	-6,649	-6,649	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE REF		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETE		
2240	UNITED WAY			2,246	2,250 401K W/F		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE G.		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(21,943)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-21,943		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(4,465)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	(1,288,008)	
2460	INCOME TAXES PAYABLE				net income	(218,443)	
2512	DUE TO RESIDENTS	-4,465					
2600	MORTGAGE PAYABLE	0					
2650	EQUIPMENT LOAN PAYABLE				balance	<u>0</u>	
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	-1,288,008					
2970	PROFIT/LOSS FOR PERIOD	-218,443					
3007.1	PATIENT DAYS-PRIVATE	11,722					3,007

3007.2	PATIENT DAYS-IPA	10,504						3,007
3007.3	PATIENT DAYS-MEDICARE	3,309						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE &	-5,608,265	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARI	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVA	-30,346	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-929,472	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-2,070,874	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	2,469,097	0	0	0	0		3,411
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0		3,420
3420	2 MEDICARE DISCOUNTS		0	0	0	0		3,500

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520	16 RENT INCOME	-1,030		6	0	6	-1,030		3,530
3530	13 BEAUTY SHOP	-2,780		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-86		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-400		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-15,790		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	4,520		0	0	0	0		4,110
3600	21 MISC INCOME	-36		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	202,898	223,276	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	89,515	89,515	17	1	0	0		4,120
4115	VACATION & SICK - G&A	20,378		21	1	0	0		4,121
4120 4475	EMPLOYEE BENEFITS	23,054	570,210	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	0		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	22,420	22,420	21	2	0	0		4,275
4260	TELEPHONE	25,567	25,567	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	9,084	9,084	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	2,258	2,910	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	652		24	3	19	-3,432 ***		4,289
4290	HELP WANTED ADVERTISING	14,071	76,398	20	3	0	0 -45,443		4,290
4291	PROMOTIONAL ADVERTISING	1,019		20	3	25	-1,019		4,291
4292	PUBLIC RELATIONS	2,519		20	3	25	-2,519		4,292
4300	LICENSES & FEES	49,479		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	6,629		20	3	17	-3,266		4,310
4320	CONTRIBUTIONS	99		27	3	20	-99		4,320
4350	PROFESSIONAL FEES	10,662	273,705	19	3	22	0		4,350
4355	MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	1,979		10	3	0	0	4,364
4363	PHARMACIST FEES	4,609		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,361	4,361	12	3	0	0	4,383
4370	TV RENTAL	16,630		35	3	5	0	4,390
4380	INCOME TAXES	1,450	16,061	27	3	26	-1,450	4,400
4383	BACKGROUND CHECKS	2,681		20	3	26	0	4,401
4400	PAYROLL TAXES	259,387		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,292		22	3	0	0	4,420
4410	GROUP INSURANCE	238,158		22	3	0	0	4,430
4420	LIABILITY INSURANCE	53,515	53,515	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	40,319		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	263,043		19	3	34	0 **	4,460
4460	BAD DEBTS	14,400		27	3	24	-14,400	4,461
4470	LOST ITEMS-RESIDENTS	112		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	5,243	21,873	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	114,394	122,721	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	8,327		6	1	0	0	4,510
5130	ELECTRIC	42,791	85,546	5	3	0	0	4,600
5131	NATURAL GAS	19,300		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	23,455		5	3	0	0	5,130
5134	TRASH COLLECTION	31,572	86,307	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	26,216	78,715	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	52,499		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	54,735		6	3	0	0	5,140
5210	DIETARY WAGES	237,363	265,393	1	1	0	0	5,160
5220	DIETARY SICK & VAC	28,030		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	197,506	194,227	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	3,344	11,970	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	2,504		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	6,122		1	2	0	0	5,260
5295	MEAL CREDIT	-3,279		2	2	0	0	5,270
5310	LAUNDRY WAGES	87,785	92,719	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	4,934		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	8,549	14,890	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	6,341		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	105,344	112,065	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	6,721		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	43,294	47,362	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	4,068		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,708,501	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	411,320		10	1	0	0	6,020
6030	DON WAGES	70,243		10	1	0	0	6,030
6035	ADON	60,984		10	1	0	0	6,035
6040	RN SICK & VACATION	35,127		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	370,113		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	24,989		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	672,909		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	43,433		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	17,819		10	1	0	0	6,390
6275	REHAB SICK & VAC	1,564		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	80,562	159,487	10	2	0	0	7,281
6295	NURSING SUPPLIES	72,170		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	6,755		10	2	0	0	7,391
6490	NURSING OTHER	4,065	10,653	10	3	0	0	7,393
7280	DRUG PURCHASES	219,408	485,477	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	264,639		39	2			7,540
7380	LABORATORY SERVICES	39,992	561,713	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	71,676	76,023	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	4,347		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	4,334	4,334	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	253,633		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,430		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	41,104	45,627	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	4,523		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	264,046		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	4,042		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	2,860	2,860	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	372,072	372,072	34	3	0	0	

8120	INTEREST EXPENSE	27,926	27,926	32	3	14	-464	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-464		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		5,967,019	5,967,483					
			464					

GRAND TOTALS

-218,443
(NET INCOME)

-27,679

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

PP 11,722
IPA 10,504
medicare 3,309

RECAP CENSUS

11,722
10,504
3,309
25,535

UND

RIA

BT

BT

3,007 PATIENT	10,504
3,007 PATIENT	3,309
	0

3,010 BASIC CI	(5,608,265)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0

3,080 NURSING	(30,346)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(929,472)
	0

3,110 PHYSICIAN	(2,070,874)
	0

3,112 PHYSICIAN	0
3,113 PHYSICIAN	0

3,140 LABORATORY INCOME	0
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3,152 ST/OT TR	0
3,153 ST/OT TR	0

3,185 REHABILITATION/ISOLATION/OTHER CHG

3,410 IPA/OTHER	0
3,411 MEDICAL	0

3,420 MEDICAL	2,465,302
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3,520 RENT INC	(1,030)
3,530 BEAUTY	(2,780)
	(86)
3,570 VENDING	(400)
3,590 EQUIPMI	(15,790)
3,595 RESIDEN	4,520
3,600 MISC INC	(36)
4,110 G&A WA	202,898
4,111 ADMINIS	89,515
4,115 G&A PTC	20,378
4,120 EMPLOY	18,673
4,130 EMPLOYEE SCHOLARSHIPS	
4,135 EMPLOYEE SCHOLARSHIPS-COSTS	
4,250 OFFICE S	9,947
4,255 POSTAGI	4,076
4,260 TELEPHC	25,567
4,275 TRAININ	9,084
	0
4,280 GENERA	2,258
4,281 MEAL EXPENSE FOR T & E	
4,285 EDUCAT	645
4,289 MEETING	7
4,290 HELP WA	14,071
4,291 PROMOT	1,019
4,292 PUBLIC I	2,519
4,300 LICENSE	49,479
4,310 DUES & :	6,629
4,320 CONTRIE	99
4,350 PROFESS	10,662
4,355 MEDICAL	12,000
	1,979
	4,609

4,364 SOCIAL S	4,361
4,370 TV RENT	16,630
4,383 BACKGR	2,681
4,390 OTHER T	1,450
4,400 PAYROL	259,387
4,401 PAYROL	9,292
4,410 GROUP I	238,158
4,420 LIABILIT	53,515
4,430 WORKM.	38,202
4,435 W/C-FIRST AID CLAIMS	
4,436 DRUG TE	2,117
4,450 MANAGI	263,043
4,460 BAD DEF	14,400
4,461 BAD DEF	3,795
4,470 LOST ITE	112
4,475 UNIFORM	4,381
4,486 SERVICE	33,356
4,490 MISC EX	1,379
4,496 MISC. M.	8,397
4,510 REAL ES	0
4,600 LEASED	5,243
5,110 MAINTEI	114,394
5,120 MAINTEI	8,327
5,130 ELECTRI	42,791
5,131 NATURA	19,300
5,133 WATER &	23,455
5,134 TRASH C	31,572
5,140 PROP/PL	26,216
5,160 GENERA	52,499
5,165 MAINTEI	21,379
5,210 DIETARY	237,363
5,220 DIETARY	28,030
5,248 FOOD PU	196,127

5,250 SUPPLIE	3,344
5,260 REPLACI	2,504
5,270 KITCHEN	6,122
5,295 MEAL IN	(3,279)
5,310 LAUNDR	87,785
5,340 LAUNDR	4,934
5,370 REPLACI	8,549
	245
5,390 SUPPLIE	6,096
5,410 HOUSEK	105,344
5,440 HOUSEK	6,721
5,480 SUPPLIE	43,294
5,490 SUPPLIE	4,068
6,020 RN WAG	411,320
6,030 DON WA	70,243
6,035 ADON W	60,984
6,040 RN PTO &	35,127
6,120 LPN WAG	370,113
6,140 LPN PTO	24,989
6,220 AIDES W	672,909
6,240 AIDES PT	43,433
6,245	
	0
	0
	0
6,270 REHAB V	17,819
6,275 REHAB F	1,564
6,290 NURSINC	80,562
6,295 NURSINC	72,170
6,390 REPLACI	6,755
6,490 OTHER	4,065

7,280 DRUG PU	219,408
7,281 DRUG PU	264,639
7,380 LABORA	11,917
7,390 X-RAY S	28,075
	0
7,510 ACTIVIT	71,676
7,540 ACTIVIT	4,347
7,590 ACTIVIT	4,334
7,620 PHYSICA	253,633
7,660 P.T. SUPE	1,430
7,710 SOCIAL S	41,104
7,720 SOCIAL S	4,523
7,730 SOCIAL S	0
7,740 OCCUPA	264,046
7,770 SPEECH '	4,042
7,820 BEAUTIC	2,860
	0
	0
8,120 INTERES	0
	27,926
8,130 DEPRECI	0
	0
9,510 INTERES	(464)
9,520 MISC NO	0
4,220	0
8,100	372,072
9,702	0
5,230	0
	<u>(218,443)</u>

Expenses Fixed Assets

