



Facility Name & ID Number Lee Manor

# 0024356 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	262	Skilled (SNF)	262	95,630	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	262	TOTALS	262	95,630	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	55,251	18,707	8,373	82,331	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,251	18,707	8,373	82,331	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.09%

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 6/29/1979

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 262 and days of care provided 7,120

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

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

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
	<b>A. General Services</b>										
1	Dietary	466,408	129,578	13,039	609,025		609,025		609,025		1
2	Food Purchase		483,360		483,360		483,360	807	484,167		2
3	Housekeeping	421,657	54,228	48,712	524,597		524,597		524,597		3
4	Laundry	104,227	42,457		146,684		146,684		146,684		4
5	Heat and Other Utilities			239,116	239,116		239,116	1,782	240,898		5
6	Maintenance	146,492	36,788	153,671	336,951		336,951	18,999	355,950		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,138,784</b>	<b>746,411</b>	<b>454,538</b>	<b>2,339,733</b>		<b>2,339,733</b>	<b>21,588</b>	<b>2,361,321</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			42,000	42,000		42,000	11,347	53,347		9
10	Nursing and Medical Records	5,686,003	364,990	48,404	6,099,397		6,099,397	8,080	6,107,477		10
10a	Therapy	808,361	11,244	74,659	894,264		894,264		894,264		10a
11	Activities	101,413	48,267	2,985	152,665		152,665	26	152,691		11
12	Social Services	121,990		4,058	126,048		126,048	10,825	136,873		12
13	CNA Training										13
14	Program Transportation			9,047	9,047		9,047		9,047		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>6,717,767</b>	<b>424,501</b>	<b>181,153</b>	<b>7,323,421</b>		<b>7,323,421</b>	<b>30,278</b>	<b>7,353,699</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	88,964		522,408	611,372		611,372	(238,704)	372,668		17
18	Directors Fees										18
19	Professional Services			367,626	367,626		367,626	(26,205)	341,421		19
20	Dues, Fees, Subscriptions & Promotions			94,404	94,404		94,404	(11,050)	83,354		20
21	Clerical & General Office Expenses	463,317	54,379	53,237	570,933		570,933	205,913	776,846		21
22	Employee Benefits & Payroll Taxes			1,421,872	1,421,872		1,421,872		1,421,872		22
23	Inservice Training & Education			(1,529)	(1,529)		(1,529)	76	(1,453)		23
24	Travel and Seminar			9,804	9,804		9,804	(156)	9,648		24
25	Other Admin. Staff Transportation			32,224	32,224		32,224	1,529	33,753		25
26	Insurance-Prop.Liab.Malpractice			336,136	336,136		336,136	72,479	408,615		26
27	Other (specify):*							39,539	39,539		27
28	<b>TOTAL General Administration</b>	<b>552,281</b>	<b>54,379</b>	<b>2,836,182</b>	<b>3,442,842</b>		<b>3,442,842</b>	<b>43,421</b>	<b>3,486,263</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>8,408,832</b>	<b>1,225,291</b>	<b>3,471,873</b>	<b>13,105,996</b>		<b>13,105,996</b>	<b>95,287</b>	<b>13,201,283</b>		<b>29</b>

\*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 &amp; ID Number

Lee Manor

#0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	
	<b>D. Ownership</b>											
30	Depreciation			180,000	180,000		180,000	229,074	409,074			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			41,289	41,289		41,289	400,910	442,199			32
33	Real Estate Taxes							674,567	674,567			33
34	Rent-Facility & Grounds			2,886,000	2,886,000		2,886,000	(2,826,854)	59,146			34
35	Rent-Equipment & Vehicles			77,904	77,904		77,904	5,995	83,899			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			3,185,193	3,185,193		3,185,193	(1,516,308)	1,668,885			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		418,486		418,486		418,486		418,486			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			591,680	591,680		591,680		591,680			42
43	Other (specify):*			1,850,513	1,850,513		1,850,513	(1,850,513)				43
44	<b>TOTAL Special Cost Centers</b>		418,486	2,442,193	2,860,679		2,860,679	(1,850,513)	1,010,166			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,408,832	1,643,777	9,099,259	19,151,868		19,151,868	(3,271,534)	15,880,334			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 Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(575)	2		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	(36,840)	30		9
10	Interest and Other Investment Income	(12)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,151)	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	(4,770)	43		18
19	Entertainment	(25,981)	43		19
20	Contributions	(20,243)	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	(1,549,556)	43		24
25	Fund Raising, Advertising and Promotional	(144,822)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(37,500)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(363,069)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (2,185,519)		\$	30

<b>BHF USE ONLY</b>						
48		49		50		51
						52

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(1,086,015)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,086,015)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (3,271,534)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Lee Manor

ID# 0024356

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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	<b>Total</b>		0	49

Lee Manor  
0024356  
12/31/2015

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow non-allowable seminar	(1,616)	24
To disallow X-Ray expense	(19,410)	43
To disallow Lab expense	(5,884)	43
To disallow Resident Personal Items	(6,293)	43
To disallow Lost Items	(4,061)	43
To disallow non-allowable Physicians Services	(30,500)	43
To offset Other Income against Office Expenses	(4,888)	21
To disallow out of period Legal Fees	(2,149)	19
To disallow Consolidated Billing	658	43
To disallow Management Fees	(277,368)	17
To disallow COPE Dues	(11,558)	20
<b>Total</b>	<b>(363,069)</b>	

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(575)	0	1,382	0	0	0	0	0	0	0	0	807	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,505	1,782	0	0	0	0	0	0	0	0	3,287	5
6	Maintenance	0	0	17,494	0	0	0	0	0	0	0	0	17,494	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(575)</b>	<b>1,505</b>	<b>20,658</b>	<b>0</b>	<b>21,588</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	11,347	0	0	0	0	0	0	0	0	11,347	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	8,080	0	0	0	0	0	0	0	0	8,080	11
12	Social Services	0	0	26	0	0	0	0	0	0	0	0	26	12
13	CNA Training	0	0	10,825	0	0	0	0	0	0	0	0	10,825	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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>30,278</b>	<b>0</b>	<b>30,278</b>	<b>16</b>							
	<b>C. General Administration</b>													
17	Administrative	0	0	38,664	0	0	0	0	0	0	0	0	38,664	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	8,488	(32,544)	0	0	0	0	0	0	0	0	(24,056)	19
20	Fees, Subscriptions & Promotions	0	200	308	0	0	0	0	0	0	0	0	508	20
21	Clerical & General Office Expenses	0	1,164	209,637	0	0	0	0	0	0	0	0	210,801	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	76	0	0	0	0	0	0	0	0	76	23
24	Travel and Seminar	0	0	1,460	0	0	0	0	0	0	0	0	1,460	24
25	Other Admin. Staff Transportation	0	0	1,529	0	0	0	0	0	0	0	0	1,529	25
26	Insurance-Prop.Liab.Malpractice	0	72,251	228	0	0	0	0	0	0	0	0	72,479	26
27	Other (specify):*	0	0	39,539	0	0	0	0	0	0	0	0	39,539	27
28	<b>TOTAL General Administration</b>	<b>0</b>	<b>82,103</b>	<b>258,897</b>	<b>0</b>	<b>341,000</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(575)</b>	<b>83,608</b>	<b>309,833</b>	<b>0</b>	<b>392,866</b>	<b>29</b>							

## STATE OF ILLINOIS

Facility Name & ID Number Lee Manor# 0024356

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(36,840)	261,489	4,425	0	0	0	0	0	0	0	0	229,074	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(12)	400,922	0	0	0	0	0	0	0	0	0	400,910	32
33	Real Estate Taxes	0	674,567	0	0	0	0	0	0	0	0	0	674,567	33
34	Rent-Facility & Grounds	0	(2,880,000)	53,146	0	0	0	0	0	0	0	0	(2,826,854)	34
35	Rent-Equipment & Vehicles	0	0	5,995	0	0	0	0	0	0	0	0	5,995	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(36,852)</b>	<b>(1,543,022)</b>	<b>63,566</b>	<b>0</b>	<b>(1,516,308)</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,785,023)	0	0	0	0	0	0	0	0	0	0	(1,785,023)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(1,785,023)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,785,023)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(1,822,450)	(1,459,414)	373,399	0	0	0	0	0	0	0	0	(2,908,465)	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>Chester Plodzien</u>	<u>10</u>					
<u>Eva Dimas Family LP</u>	<u>90</u>					
		<u>See Schedule 6A</u>		<u>Seneca Building 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>5</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>\$ 1,505</u>	<u>\$ 1,505</u>	<u>1</u>
<u>2</u>	<u>V</u>	<u>19</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>8,488</u>	<u>8,488</u>	<u>2</u>
<u>3</u>	<u>V</u>	<u>20</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>200</u>	<u>200</u>	<u>3</u>
<u>4</u>	<u>V</u>	<u>21</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>1,164</u>	<u>1,164</u>	<u>4</u>
<u>5</u>	<u>V</u>	<u>26</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>52,251</u>	<u>52,251</u>	<u>5</u>
<u>6</u>	<u>V</u>	<u>26</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>20,000</u>	<u>20,000</u>	<u>6</u>
<u>7</u>	<u>V</u>	<u>30</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>261,489</u>	<u>261,489</u>	<u>7</u>
<u>8</u>	<u>V</u>	<u>32</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>6,690</u>	<u>6,690</u>	<u>8</u>
<u>9</u>	<u>V</u>	<u>32</u>	<u>273</u>	<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>		<u>(273)</u>	<u>9</u>
<u>10</u>	<u>V</u>	<u>32</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>394,505</u>	<u>394,505</u>	<u>10</u>
<u>11</u>	<u>V</u>	<u>33</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>660,016</u>	<u>660,016</u>	<u>11</u>
<u>12</u>	<u>V</u>	<u>33</u>		<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>	<u>14,551</u>	<u>14,551</u>	<u>12</u>
<u>13</u>	<u>V</u>	<u>34</u>	<u>2,880,000</u>	<u>Seneca Building Limited Partnership</u>	<u>100.00%</u>		<u>(2,880,000)</u>	<u>13</u>
<u>14</u>	<b>Total</b>		<b>\$ 2,880,273</b>			<b>\$ 1,420,859</b>	<b>\$ * (1,459,414)</b>	<b>14</b>

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

Facility Name & ID Number Lee Manor# 0024356Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## 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	2 Food	\$	Butterfield Health Care Group, Inc.	0.00%	\$ 1,382	\$	1,382	15
16	V	3 Housekeeping		Butterfield Health Care Group, Inc.	0.00%				16
17	V	5 Utilities		Butterfield Health Care Group, Inc.	0.00%	1,782		1,782	17
18	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	0.00%	17,494		17,494	18
19	V	9 Medical Director		Butterfield Health Care Group, Inc.	0.00%	11,347		11,347	19
20	V	11 Nursing		Butterfield Health Care Group, Inc.	0.00%	8,080		8,080	20
21	V	12 Activities		Butterfield Health Care Group, Inc.	0.00%	26		26	21
22	V	13 Social Services		Butterfield Health Care Group, Inc.	0.00%	10,825		10,825	22
23	V	17 Administrative Costs		Butterfield Health Care Group, Inc.	0.00%	38,664		38,664	23
24	V	19 Professional Services	68,000	Butterfield Health Care Group, Inc.	0.00%	35,456		(32,544)	24
25	V	20 Dues, Fees & Subscriptions		Butterfield Health Care Group, Inc.	0.00%	308		308	25
26	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	0.00%	209,637		209,637	26
27	V	23 Training & Education		Butterfield Health Care Group, Inc.	0.00%	76		76	27
28	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	0.00%	1,460		1,460	28
29	V	25 Auto Expense		Butterfield Health Care Group, Inc.	0.00%	1,529		1,529	29
30	V	26 Insurance		Butterfield Health Care Group, Inc.	0.00%	228		228	30
31	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	0.00%	39,539		39,539	31
32	V	30 Depreciation		Butterfield Health Care Group, Inc.	0.00%	4,425		4,425	32
33	V	32 Interest		Butterfield Health Care Group, Inc.	0.00%				33
34	V	34 Rent Building		Butterfield Health Care Group, Inc.	0.00%	53,146		53,146	34
35	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	0.00%	5,995		5,995	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 68,000			\$ 441,399	\$ *	373,399	39

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

Lee Manor  
0024356  
12/31/2015

Schedule 6A

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

<u>Name</u>	<u>City</u>
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 # 0024356 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## 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	0	40	100.00	Mgmt. Fee	\$ 42,000	17(3)	1
2	Chris Vangel	Administrative	Administrative	0.00	83,364	8	20.00	Mgmt. Fee	48,240	17(3)	2
3	Nick Vangel	Administrative	Administrative	0.00	44,312	8	20.00	Mgmt. Fee	50,400	17(3)	3
4	Dorothy Vangel	Administrative	Administrative	78.00	0	8	20.00	Mgmt. Fee	50,400	17(3)	4
5	Katherine Hocuk	Administrative	Administrative	0.00	13,832	8	20.00	Mgmt. Fee	54,000	17(3)	5
6	Emy Plodzien	DON	Nursing	0.00	0	40	100.00	Salary	90,692	10(1)	6
7	Mark Hocuk	Administrator	Administrative	0.00	75,208	0	0.00	N/A			7
8	Chris Vangel	Administrative	Administrative	0.00		0	0.00	Mgmt. Fee	15,098	19	8
9	Nick Vangel	Administrative	Administrative	0.00		0	0.00	Mgmt. Fee	8,025	19	9
10	Katherine Hocuk	Administrative	Administrative	0.00		0	0.00	Mgmt. Fee	2,505	19	10
11											11
12											12
13								TOTAL	\$ 361,360		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

# 0024356

Report Period Beginning:

01/01/2015

Ending: 2/31/2015

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 Butterfield Health Care Group, Inc.  
 Street Address 640 North River Road Suite 106  
 City / State / Zip Code Naperville, IL. 60563  
 Phone Number (331) 472-4500  
 Fax Number (331) 472-4510

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	2	Food	Resident Days	266,373	4	\$ 9,013	\$ 40,844	\$ 1,382	1	
2	3	Housekeeping	Resident Days	266,373	4		40,844	0	2	
3	5	Utilities	Resident Days	266,373	4	11,619	40,844	1,782	3	
4	6	Repairs & Maintenance	Resident Days	266,373	4	114,089	86,325	40,844	17,494	4
5	9	Medical Director	Resident Days	266,373	4	74,000	40,844	11,347	5	
6	11	Nursing	Resident Days	266,373	4	52,694	52,694	40,844	8,080	6
7	12	Activities	Resident Days	266,373	4	169	40,844	26	7	
8	13	Social Services	Resident Days	266,373	4	70,598	70,598	40,844	10,825	8
9	17	Administrative Costs	Resident Days	266,373	4	252,156	252,156	40,844	38,664	9
10	19	Professional Services	Resident Days	266,373	4	231,235	40,844	35,456	10	
11	20	Dues, Fees & Subscriptions	Resident Days	266,373	4	2,009	40,844	308	11	
12	21	Clerical & General Office exp.	Resident Days	266,373	4	1,367,192	1,259,556	40,844	209,637	12
13	23	Training & Education	Resident Days	266,373	4	498	40,844	76	13	
14	24	Travel & Seminar	Resident Days	266,373	4	9,519	40,844	1,460	14	
15	25	Auto Expense	Resident Days	266,373	4	9,969	40,844	1,529	15	
16	26	Insurance	Resident Days	266,373	4	1,487	40,844	228	16	
17	27	Employee Benefits General & Admin.	Resident Days	266,373	4	257,861	40,844	39,539	17	
18	30	Depreciation	Resident Days	266,373	4	28,858	40,844	4,425	18	
19	32	Interest	Resident Days	266,373	4		40,844	0	19	
20	34	Rent Building	Resident Days	266,373	4	346,604	40,844	53,146	20	
21	35	Equipment Rental	Resident Days	266,373	4	39,100	40,844	5,995	21	
22									22	
23									23	
24									24	
25	TOTALS				\$ 2,878,670	\$ 1,721,329		\$ 441,399	25	

Facility Name & ID Number

Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	11						
		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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	First Merit - First Bank		X	Mortgage	\$70,810.00	6/15/09	\$ 10,800,000	\$ 12,434,654	06/15/39	0.6100	\$ 394,505	1						
2												2						
3												3						
4	First Merit - First Bank		X	Amortization of mortgage costs							6,690	4						
5												5						
<b>Working Capital</b>																		
6	First Merit - First Bank		X	Line of Credit	Interest Only	05/15/04	2,000,000	1,480,379	05/30/2018	Variable	29,149	6						
7	West Suburban Bank		X	Working Capital	\$4,119.00	01/25/06	600,000	96,113	02/01/2017	0.0668	6,532	7						
8	See Page 9A						511,577	85,187			5,608	8						
9	<b>TOTAL Facility Related</b>				\$74,929.00		\$ 13,911,577	\$ 14,096,333			\$ 442,484	9						
<b>B. Non-Facility Related*</b>																		
10										Interest Income Offset	(12)	10						
11												11						
12												12						
13										Real Estate Entity Interest Income	(273)	13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (285)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 13,911,577	\$ 14,096,333			\$ 442,199	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,251 Line # 26

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

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

Facility Name & ID Number Lee Manor # 0024356 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1																				
2																				
3																				
4																				
5																				
6	<b>Omnicare Note</b>		X	<b>Pay off Accounts Payable</b>	<b>\$8,449.00</b>	<b>12/01/10</b>	<b>447,709</b>	<b>0</b>	<b>12/1/2015</b>	<b>0.0500</b>	<b>2,694</b>									
7			X	<b>Van Purchase</b>	<b>\$784.89</b>	<b>10/06/11</b>	<b>33,848</b>	<b>249</b>	<b>9/7/2015</b>	<b>0.0000</b>										
8			X	<b>Car Purchase</b>	<b>\$1,726.60</b>	<b>4/06/15</b>	<b>75,988</b>	<b>65,711</b>			<b>1,810</b>									
8a			X	<b>Bus Purchase</b>	<b>\$681.64</b>	<b>10/29/14</b>	<b>30,000</b>	<b>19,227</b>	<b>10/30/2018</b>	<b>0.0425</b>	<b>1,104</b>									
9	<b>TOTAL Facility Related</b>				<b>\$11,642.13</b>		<b>\$ 587,545</b>	<b>\$ 85,187</b>			<b>\$ 5,608</b>									
<b>B. Non-Facility Related*</b>																				
10											<b>0</b>									
11																				
12																				
13																				
14	<b>TOTAL Non-Facility Related</b>						<b>\$ 0</b>	<b>\$ 0</b>			<b>\$ 0</b>									
15	<b>TOTALS (line 9+line14)</b>						<b>\$ 587,545</b>	<b>\$ 85,187</b>			<b>\$ 5,608</b>									

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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>																	
1. Real Estate Tax accrual used on 2014 report.		\$	<u>730,000</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.)		\$	<u>713,148</u>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(16,852)</u>		3														
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>748,806</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>14,551</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. <b>TOTAL REFUND \$ <u>71,938</u> For <u>11</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<u>(71,938)</u>		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>674,567</u>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2010	<u>450,569</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2014 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		<b>FOR BHF USE ONLY</b>		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
<b>FOR BHF USE ONLY</b>																			
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																	
	2011	<u>456,491</u>	9																
	2012	<u>478,299</u>	10																
	2013	<u>814,516</u>	11																
	2014	<u>713,137</u>	12																
<u>Based on prior years' tax bills.</u>																			
<u>Real Estate Tax Payments</u>																			
<u>2014 \$713,136.59 X 1.05 =748,793.42</u>																			
<u>Use= 748,806</u>																			

**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 Lee Manor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0024356

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) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1.	<u>09-20-400-033-0000</u>	<u>Seneca Nursing Home</u>	\$ <u>713,136.50</u>	\$ <u>713,136.59</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>713,136.50</u></u>	\$ <u><u>713,136.59</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 Lee Manor

# 0024356 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 106,300 B. General Construction Type: Exterior Brick/Drywall Frame Fire-proof brick Number of Stories 5

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

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

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	252		1979	1979	\$ 4,087,968	\$	40	\$ 102,999	\$ 102,999	\$ 3,653,386	4
5			1979	1979	337,653		40	8,441	8,441	307,559	5
6	10		1985	1985	226,649		40	6,475	6,475	197,488	6
7											7
8											8
	<b>Improvement Type**</b>										
9	Improvements		1979		6,000		N/A				9
10	Audit Adjustment		1979		2,779		40	69	69	2,525	10
11	Audit Adjustment		1981		90,599		40	2,265	2,265	39,882	11
12	Improvements		1988		8,536		31.5	271	271	7,340	12
13	Improvements		1989		7,785		31.5	62	62	7,847	13
14	Improvements		1989		9,621		15			9,621	14
15	Improvements		1991		18,843		15			18,843	15
16	Improvements		1992		61,618		20			61,618	16
17	Improvements Adjusted to equal Capoitai Rate Audi		1993		4,500		20			4,500	17
18	Improvements		1993		36,719		40	917	917	20,174	18
19	Improvements		1994		16,738		40	418	418	8,987	19
20	Improvements Adjusted to equal Capoitai Rate Audi		1994		7,133		40			7,133	20
21	Improvements Adjusted to equal Capoitai Rate Audi		1995		6,055		40			6,055	21
22	Improvements		1995		87,711		40	2,156	2,156	44,216	22
23	Brick work		1996		3,040		20	152	152	2,964	23
24	Roof Replacement		1996		1,465		20	73	73	1,424	24
25	FACIA, Overhang Renovation		1996		75,200		39	1,902	1,902	47,102	25
26	Hot Water heater		1996		16,084		39	417	417	8,129	26
27	Insulation		1997		38,770		39	994	994	18,389	27
28	Roofing		1997		5,875		39	150	150	2,775	28
29	Refurbishing of hallways and patient rooms		1997		59,595		20	2,980	2,980	55,359	29
30	Tile		1997		20,696		20	1,035	1,035	19,227	30
31	Electrical improvements		1997		4,112		20	206	206	3,827	31
32	Plumbing Improvements		1997		3,773		20	188	188	3,493	32
33	Basement remodeling		1998		13,578		20	679	679	11,882	33
34	smoke dampers		1998		2,235		20	112	112	1,960	34
35	Circulating pump		1998		2,630		20	132	132	2,310	35
36	Fire alarm system		1998		4,715		20	236	236	4,130	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	Compressor	1998	\$ 7,653	\$	20	\$ 382	\$ 382	\$ 6,685	37
38	Boiler Valve	1998	3,233		20	162	162	2,835	38
39	Window Glazing	1998	2,566		20	128	128	2,240	39
40	Landscaping	1998	977		20	48	48	840	40
41	Patio Brick	1998	2,590		20	130	130	2,275	41
42	Ceiling Tiles	1998	2,233		20	112	112	2,805	42
43	Window Treatments	1998	2,470		20	124	124	2,170	43
44	Sliding Doors	1999	854		20	43	43	709	44
45	Air Conditioning improvements	1999	685		20	34	34	561	45
46	Code Alert Wandering System	1999	511		20	26	26	429	46
47	Elevator upgrade	1999	50,000		20	2,500	2,500	41,250	47
48	Roof Improvements	1999	3,567		20	178	178	2,934	48
49	Hallway renovation-ceiling tile,wiring,painting , doors & tile	2000	40,411		39	1,036	1,036	16,177	49
50	Elevators	2000	20,000		39	513	513	8,102	50
51	hallway renovation-Labor	2000	9,048		39	232	232	3,625	51
52	Hallway Renovation- materials. Painting and labor	2000	7,303		39	187	187	2,908	52
53	Painting- labor	2000	2,859		39	73	73	1,135	53
54	Compressor Deleted	2000							54
55	windows	2000	91,557		39	2,348	2,348	35,514	55
56	Automatic Doors	2000	1,985		39	51	51	805	56
57	Painting - Labor	2000	11,630		39	298	298	4,582	57
58	Furnace Room Improvements	2001	3,259		39	84	84	1,242	58
59	Third floor remodeling	2001	72,480		39	1,858	1,858	26,472	59
60	fourth floor remodeling	2001	64,481		39	1,653	1,653	23,210	60
61	water heater, wallpaper & tile Delete								61
62	remodeling	2001	5,768		39	148	148	2,165	62
63	Window Systems	2001	8,059		39	207	207	3,096	63
64	Renovation Floor 2 & 5, balance of floor 3&4	2002	340,426		39	8,729	8,729	109,689	64
65	Renovation floor 1, residual of floor 2 & 5	2002	181,976		39	4,666	4,666	60,853	65
66	Building Signs	2002	1,449		39	37	37	492	66
67	Beauty Parlor	2002	681		39	17	17	223	67
68	Alarm	2002	893		39	23	23	311	68
69	Door Ennunciator	2002	1,944		39	50	50	677	69
70	TOTAL (lines 4 thru 69)		\$ 6,212,223	\$		\$ 159,406	\$ 159,406	\$ 4,947,156	70

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

Facility Name &amp; ID Number Lee 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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,212,223	\$		\$ 159,406	\$ 159,406	\$ 4,947,156	1
2	2nd Floor Renovation	2003	87,417		39	2,241	2,241	27,083	2
3	Exterior Rehab - Dryvit	2003	23,197		39	595	595	7,191	3
4	Exterior Rehab - Dryvit	2003	36,728		39	942	942	11,384	4
5	Fuel Tank	2003	16,616		39	426	426	5,148	5
6	Alarm System	2003	35,000		39	897	897	10,841	6
7	Kitchen Repairs	2003	2,005		39	51	51	842	7
8	Parking lot repairs	2003	2,155		39	55	55	583	8
9	Door Hardware	2003	1,354		39	35	35	434	9
10	Carpet for offices	2003	1,468		39	38	38	458	10
11	Landscaping	2003	6,386		39	164	164	1,982	11
12	Rebuild Kitchen Stairwell	2003	1,580		39	41	41	495	12
13	Grab bars	2003	1,102		39	28	28	338	13
14	Water Heater & Storage Tanks	2003	13,634		39	350	350	4,230	14
15	Landscaping	2004	11,953		15	797	797	8,988	15
16	Dialysis room	2004	3,188		27.5	116	116	1,333	16
17	Air handler	2004	8,529		27.5	310	310	3,565	17
18	Back entrance renovation	2004	4,104		27.5	149	149	1,714	18
19	Building face resurfacing	2004	47,218		27.5	1,717	1,717	19,746	19
20	Chimney inducer	2004	32,366		27.5	1,177	1,177	13,535	20
21	Dialysis room	2004	13,645		27.5	496	496	5,704	21
22	Floor renovation	2004	78,376		27.5	2,850	2,850	32,775	22
23	Tunner cleaning	2004	1,260		27.5	46	46	529	23
24	Refuse disposal	2004	5,012		27.5	182	182	2,093	24
25	Roofing	2004	14,500		27.5	527	527	6,061	25
26	Security System	2004	59,500		27.5	2,164	2,164	24,886	26
27	Water heater & storage tank	2004	20,208		27.5	735	735	8,452	27
28	Painting	2004	3,510		27.5	128	128	1,472	28
29	Pump	2004	4,922		27.5	179	179	2,058	29
30	Remodeling 2nd floor Transitional Care Unit Capital Audit	2006	74,660		27.5	2,715	2,715	25,793	30
31	Compressor	2006	13,495		27.5	490	490	4,655	31
32	Parking lot and sidewalk renovation	2006	16,730		27.5	608	608	5,776	32
33	Chiller Capital Audit reduce total by 10,900	2007	88,100		15	5,873	5,873	49,921	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,942,141	\$		\$ 186,528	\$ 186,528	\$ 5,237,221	34

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

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 6,942,141	\$		\$ 186,528	\$ 186,528	\$ 5,237,221	1
2	Paving Patched Capital Audit reduce total by \$5,500	2008	2,800		20	140	140	1,050	2
3	First floor remodel-painting,drywall,wiring,carpeting C A	2008	541,763		27.5	19,700	19,700	128,050	3
4	Landscaping - Patio	2009	26,289		20	1,314	1,314	8,541	4
5	1st&2nd remodel -drywall, wiring, carpeting, plumbing	2009	337,622		27.5	12,277	12,277	79,801	5
6	Sprinkler System	2010	17,840		27.5	649	649	3,570	6
7	Resident Rooms Carpeting	2010	12,649		5	1,264	1,264	12,649	7
8	Nursing Home Roof	2010	164,704		27.5	5,989	5,989	32,940	8
9	Remodeling the Nursing Station	2010	8,802		27.5	320	320	1,760	9
10	Repairs to the facilities Exterior Wall	2010	61,080		27.5	2,221	2,221	12,215	10
11	Remodeling to the Bathrooms	2010	104,830		27.5	3,812	3,812	20,966	11
12	Second floor remodel-painting,drywall,wiring,carpeting	2010	107,704		27.5	3,917	3,917	21,543	12
13	Remodeling of the Lounge (Club Room)	2010	61,118		27.5	2,222	2,222	12,221	13
14	Landscaping - Patio	2010	4,062		27.5	148	148	814	14
15	Fire Place Damper and Access Doore	2010	5,550		27.5	202	202	1,110	15
16	Laundry&Kitchen remodel-painting,drywall,wiring,carpeting	2010	23,246		27.5	845	845	4,648	16
17	Remodeling of the Nursing station 3rd & 4th floor wiring	2011	23,106		27.5	840	840	4,200	17
18	drywall								18
19	Remodeling Patient rooms- Tile,drywall,wiring, painting , &	2011	43,325		27.5	1,575	1,575	7,875	19
20	Plumbing								20
21	Replacing the ceiling tiles in bulding	2011	8,053		27.5	293	293	1,465	21
22	Remodeling the 2nd floor hallways with new tile	2011	5,158		27.5	188	188	940	22
23	Improvements to the facility boiler system Paragon Mechanical	2011	155,802		27.5	5,666	5,666	28,330	23
24	Blacktop work in front of the facility	2011	16,946		27.5	616	616	3,080	24
25	Remmdeling the Bathrooms, & Common Showers-plumbing	2011	144,376		27.5	5,250	5,250	26,250	25
26	wiring,tiles, drywall								26
27	Improvements to the facility exterior wall	2011	75,491		27.5	2,745	2,745	13,725	27
28	Building improvemts -carpeting, wiring, doors	2011	4,364		27.5	159	159	795	28
29	The 2nd floor Addition	2012	33,736		27.5	1,227	1,227	4,294	29
30	Remodeling to the the Shower Areas	2012	50,390		27.5	1,832	1,832	6,412	30
31	the EIFS System over Elevators	2012	89,825		27.5	3,266	3,266	11,431	31
32	Ceiling Titles	2012	6,227		27.5	226	226	791	32
33	Second Floor Rooms Remodeling	2012	8,371		27.5	304	304	1,064	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,087,370	\$		\$ 265,735	\$ 265,735	\$ 5,689,751	34

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

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,087,370	\$		\$ 265,735	\$ 265,735	\$ 5,689,751	1
2	Improvements to the facility boiler system Paragon Mechanical	2012	19,596		27.5	713	713	2,495	2
3	First Floor Dining Room Carpet	2012	14,459		27.5	526	526	1,841	3
4	Remodeling to the Nursing Station	2012	13,625		27.5	495	495	1,733	4
5	Remodeling to the Nursing Station	2012	100,644		27.5	3,660	3,660	12,810	5
6	Signs for the Patients Rooms	2012	4,130		27.5	150	150	525	6
7	Bathroom Remodeling in the Basement	2012	3,089		27.5	112	112	392	7
8	Room Remodeling	2012	20,313		27.5	739	739	2,586	8
9	Install Fire Damper	2012	74,645		27.5	2,714	2,714	9,499	9
10	Compressor in the Kitchen	2012	7,324		27.5	266	266	931	10
11	Sealing Coating	2012	2,200		27.5	80	80	280	11
12	Replacement of Fogged Windows	2012	4,490		27.5	163	163	571	12
13	Masonry work to Building	2012	43,000		27.5	1,564	1,564	5,474	13
14	2nd Floor remodeling to Bookkeeping & Therapy Rooms	2013	199,483		27.5	7,254	7,254	17,775	14
15	Remodeling to thre 2nd floor Bathroom	2013	11,044		27.5	402	402	1,004	15
16	Upgrade the Sprinkler System	2013	13,935		27.5	507	507	1,267	16
17	Etectrical work in the Boiler Room	2013	4,559		27.5	166	166	415	17
18	Chiller Repairs	2013	125,701		27.5	4,571	4,571	11,427	18
19	Remodeling to the Fire Dampers	2013	42,683		27.5	1,552	1,552	3,880	19
20	Repairs Transformer	2013	18,519		27.5	673	673	1,683	20
21	First Floor Dining Room - Electrical, Tile, Paint etc	2013	182,195		27.5	6,625	6,625	16,563	21
22	Administrative Office Remodeling	2013	10,387		27.5	378	378	945	22
23	Parking Lot Resurface and Stripe	2013	64,000		15	4,267	4,267	10,667	23
24	Dinning Room Remodel -2nd and 5th Floor Electrical work	2014	84,428		27.5	3,070	3,070	4,605	24
25	Paint, Drywall, Design fees								25
26	Chiller Repairs -vendor Paragon	2014	5,350		27.5	194	194	291	26
27	Flooring for rooms on 3rd and 4th Floor Century Tile, Labor and Materials	2014	81,129		27.5	2,950	2,950	4,425	27
28									28
29	Resident Rooms Remodels - Built in Cabinets 4 rooms 5th FL	2014	42,970		27.5	1,562	1,562	2,343	29
30	Sprinkler System Labor and Supplyhouse Sprinkler	2014	19,923		27.5	724	724	1,086	30
31	Remodel the DON & Therapy Office Built in Cabinets	2014	9,858		27.5	358	358	537	31
32	Dampers/Air Handler Repairs	2014	8,318		5	1,664	1,664	2,496	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,319,367	\$		\$ 313,834	\$ 313,834	\$ 5,810,297	34

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

Facility Name & ID Number Lee Manor

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 10,319,367	\$		\$ 313,834	\$ 313,834	\$ 5,810,297	1
2									2
3	Gas Line Repairs	2015	10,217		15	341	341	341	3
4	Dining Rooms Remodel 2-5 Floors Dry Wall, electrical, Cabinets, Painting, Demo, Wallcovering	2015	90,767		27.5	1,650	1,650	1,650	4
5									5
6	Parking Lot Resurface & Stripe	2015	9,463		15	315	315	315	6
7	Chiller Repairs Plumbing and Motor	2015	18,241		15	608	608	608	7
8	Residents Rooms upgrade- Built in Cabinets	2015	45,550		27.5	828	828	828	8
9	Fire Alarm Systems - 2nd, 3rd, 4th & 5th floor Dampers, Engineering of System dry wall repair, Fire Alarm Panel	2015	120,463		27.5	2,190	2,190	2,190	9
10									10
11	Laundry Room Project - Blueprints, Permits, Labor, Material Relocation of Room	2015	9,537		27.5	173	173	173	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	<b>Current Booked Depreciation</b>			95,290			(95,290)		32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,623,605	\$ 95,290		\$ 319,939	\$ 224,649	\$ 5,816,402	34

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

Facility Name & ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$ 310,328	\$ 55,902	\$ 55,902	\$	5-15 yrs.	\$ 199,493	71
72	Current Year Purchases	83,918	8,202	8,202		3-7 yrs.	8,202	72
73	Fully Depreciated Assets	532,937				5-15 yrs.	532,937	73
74	Alloated from BHC fees			4,425	4,425			74
75	TOTALS	\$ 927,183	\$ 64,104	\$ 68,529	\$ 4,425		\$ 740,632	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	\$	\$	\$	4 yrs.	\$ 24,501	76
77	Van	E-150 Ford Wheelchair Van	2012	36,923	4,614	4,614		4 yrs.	36,923	77
78	Bus	2007 Ford Bus	2014	39,010	7,802	7,802		5 yrs.	11,703	78
79	Car	2015 Mercedes	2015	81,901	8,190	8,190		5 yrs.	8,190	79
80	TOTALS			\$ 182,335	\$ 20,606	\$ 20,606	\$		\$ 81,317	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)	\$ 12,006,523	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 180,000	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 409,074	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 229,074	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,638,351	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.)**

*PLEASE ENTER ONLY DATES IN CELLS W16 AND W17*

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	<u>Allocated from Management Company</u>				<u>53,146</u>			5
6	<u>Parking Lot</u>		<u>N/A</u>		<u>6,000</u>			6
7	<b>TOTAL</b>				\$ <b>59,146</b>			7

10. Effective dates of current rental agreement:

Beginning N/A

Ending N/A

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

Fiscal Year Ending Annual Rent

12. /2016 \$ N/A

13. /2017 \$ N/A

14. /2018 \$ N/A

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: \$ 83,899 Description: \$480 Water Soft, \$4,671 Postage Mach, \$27,433 Copier, \$45,310 Medical Equip, Allocation Home \$5,995

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>N/A</u>				18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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.

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" 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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	L10A,C1	6512 hrs	\$ 260,750		\$		\$	6,512	\$ 260,750	1	
2	Licensed Speech and Language Development Therapist	L10A, C1	4097 hrs	94,091	9	2,385			4,106	96,476	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	L10a, C1,C2	12003 hrs	453,520	5	500	11,244		12,008	465,264	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 prescrpts				418,486			418,486	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			12	749			12	749	12	
13	Other (specify):										13	
14	TOTAL			\$ 808,361	26	\$ 3,634	\$ 429,730		22,638	\$ 1,241,725	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# 0024356Report Period Beginning: 01/01/2015

Ending:

12/31/2015

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 23,618	\$ 1,182,941	1
2	Cash-Patient Deposits	56,375	56,375	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,040,168</u> )	6,618,396	6,618,396	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,297,891	1,347,764	6
7	Other Prepaid Expenses	20,319	20,319	7
8	Accounts Receivable (owners or related parties)	1,411,233	6,676	8
9	Other(specify): <u>See SCH17C</u>	82,152	1,768,021	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 9,509,984	\$ 11,000,492	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		273,400	13
14	Buildings, at Historical Cost		7,574,871	14
15	Leasehold Improvements, at Historical Cost	1,758,004	3,048,734	15
16	Equipment, at Historical Cost	1,112,493	1,109,518	16
17	Accumulated Depreciation (book methods)	(1,543,903)	(6,638,351)	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 (spec <u>Loan Cost Amort</u> )		176,727	22
23	Other(specify): <u>CIP</u>			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,326,594	\$ 5,544,899	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 10,836,578	\$ 16,545,391	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,341,304	\$ 1,396,547	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,195	60,195	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	450,853	450,853	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		748,806	32
33	Accrued Interest Payable		32,641	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See SCH17C</u>	3,740,648	3,740,648	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 5,593,000	\$ 6,429,690	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,661,679	1,661,679	39
40	Mortgage Payable		12,434,654	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 1,661,679	\$ 14,096,333	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 7,254,679	\$ 20,526,023	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 3,581,899	\$ (3,980,632)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 10,836,578	\$ 16,545,391	48

\*(See instructions.)

Lee Manor  
0024356  
12/31/2015

Schedule 17C

XV. Balance Sheet

A. Current Assets	Operating	After Consolidation
Line 9 -Other		
Escrow Real Estate Taxes		
Payroll Advance	600	600
Due From Residents	2,792	2,792
Other Receivables	1,081	1,081
Refund Clearing	75,445	75,445
Payroll Clearing	2,027	2,027
Garnishment	207	207
Mortgage Insurance Premium		47,014
Prepaid Insurance Premium		13,631
Prepaid Property Ins. Escrow		461,151
Prepaid Property Tax Escrow		
Reserve-Non Critical Repairs		783,115
Reserve-Capital Replacement		380,958
	82,152	1,768,021

C. Current Liabilities	Operating	After Consolidation
Line 36 -Other Current Liabilities		
Accrued Expenses	36,257	36,257
Due to Third Party Payor	2,554,827	2,554,827
Due to PA Audit Settlement	35	35
Due to/From BCBS	100,442	100,442
Accrued IDPA Assessment	71,335	71,335
Accrued 401(K) Matching	55,259	55,259

401K Withholding	9,149	9,149
Sales Tax Pyable		
State Corp. Income Tax		
Professional Liability Insurance	909,800	909,800
Due to/from Butterfield HC Group	2,850	2,850
Due to/from Meadowbrook (NAP)	694	694
	<u>3,740,648</u>	<u>3,740,648</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 3,517,443	1
2	Restatements (describe):		2
3	<b>Rounding</b>	(1)	3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 3,517,442	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	64,457	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 64,457	17
<b>B. Transfers (Itemize):</b>			
18			18
19	<b>Rounding</b>		19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>		23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 3,581,899	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 19,622,677	1
2	Discounts and Allowances for all Levels	(2,813,671)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 16,809,006</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,916,185	6
7	Oxygen	61,987	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,978,172</b>	8
<b>C. Other Operating Revenue</b>			
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	2,985	13
14	Non-Patient Meals	575	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	284,620	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,744	19
20	Radiology and X-Ray	18,710	20
21	Other Medical Services	111,139	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 423,773</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	474	24
25	Interest and Other Investment Income***	12	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 486</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Vending Income</b>		28
28a	<b>Other Income</b>	4,888	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 4,888</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 19,216,325</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,339,733	31
32	Health Care	7,323,421	32
33	General Administration	3,442,842	33
<b>B. Capital Expense</b>			
34	Ownership	3,185,193	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,268,999	35
36	Provider Participation Fee	591,680	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,151,868</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>64,457</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 64,457</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 8,820,993	44
45	Private Pay - Net Inpatient Revenue	3,860,234	45
46	Medicare - Net Inpatient Revenue	2,581,262	46
47	Other-(specify) <u>Private Insurance</u>	81,898	47
48	Other-(specify) <u>Hospice</u>	1,464,619	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 16,809,006</b>	49

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

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

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

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

Facility Name & ID Number Lee Manor

# 0024356

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**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	1,920	2,160	\$ 90,692	\$ 41.99	1
2	Assistant Director of Nursing	1,984	2,268	82,264	36.27	2
3	Registered Nurses	61,573	69,478	1,956,637	28.16	3
4	Licensed Practical Nurses	23,645	25,843	535,811	20.73	4
5	CNAs & Orderlies	114,603	180,865	2,181,330	12.06	5
6	CNA Trainees					6
7	Licensed Therapist	20,204	22,612	808,361	35.75	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,024	2,240	40,990	18.30	9
10	Activity Assistants	6,737	7,130	60,423	8.47	10
11	Social Service Workers	7,827	8,534	121,990	14.29	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,484	45,282	466,408	10.30	15
16	Dishwashers					16
17	Maintenance Workers	9,039	9,977	146,492	14.68	17
18	Housekeepers	39,721	44,108	421,657	9.56	18
19	Laundry	11,120	12,242	104,227	8.51	19
20	Administrator	1,960	2,152	88,964	41.34	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,092	26,010	463,317	17.81	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	3,742	4,366	57,515	13.17	31
32	Other Health C: <u>SCH20A</u>	28,189	31,831	781,754	24.56	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	399,864	497,098	\$ 8,408,832 *	\$ 16.92	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	300	\$ 13,039	C1,L3	35
36	Medical Director	Monthly	42,000	C9,L3	36
37	Medical Records Consultant	80	3,936	C10,L3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	15,138	C10,L3	39
40	Physical Therapy Consultant	Monthly	71,025	C10a,L3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,280	C11,L3	44
45	Social Service Consultant	64	4,058	C12, L2	45
46	Other(specify) <u>MDS Consultant</u>	Monthly	29,330	C10,L3	46
47	<u>Religious</u>	14	705	C11,L3	47
48					48
49	TOTAL (lines 35 - 48)	502	\$ 181,511		49

**C. CONTRACT NURSES**

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

Lee Manor  
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12/31/2015

Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Nurse Supv	1,954	2,186	66,808	30.56
MDS Coordinator	8,477	9,265	276,793	29.88
Nursing Admin	6,998	7,826	193,594	24.74
Rehab Director	2,142	2,319	105,847	45.64
Restorative Aide	8,618	10,235	138,712	13.55
Total	28,189	31,831	781,754	24.56

**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	
<u>William McNiff</u>	<u>Administrator</u>	<u>0</u>	<u>\$ 88,964</u>	<u>Workers' Compensation Insurance</u>	<u>\$ 223,949</u>	<u>IDPH License Fee</u>	<u>\$</u>	
				<u>Unemployment Compensation Insurance</u>	<u>41,053</u>	<u>Advertising: Employee Recruitment</u>	<u>33,350</u>	
				<u>FICA Taxes</u>	<u>634,735</u>	<u>Health Care Worker Background Check</u>		
				<u>Employee Health Insurance</u>	<u>345,598</u>	<u>(Indicate # of checks performed <u>172</u>)</u>	<u>1,753</u>	
				<u>Employee Meals</u>	<u>58,400</u>	<u>Patient Background Checks</u>	<u>7,000</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>IL Council Long Term Care</u>	<u>35,025</u>	
				<u>401 K Contributions</u>	<u>46,600</u>	<u>Miscellaneous Licenses</u>	<u>6,089</u>	
				<u>Uniforms</u>	<u>(111)</u>	<u>Miscellaneous Subscriptions</u>	<u>7,623</u>	
				<u>Other Employee Benefits</u>	<u>45,954</u>	<u>Miscellaneous Dues</u>	<u>4,072</u>	
				<u>Life Insurance</u>	<u>23,201</u>	<u>Less COPE from IL Council of LTC</u>	<u>(11,558)</u>	
				<u>Employee Sick</u>	<u>2,493</u>	<u>Less: Public Relations Expense</u>	<u>( )</u>	
						<u>Non-allowable advertising</u>	<u>( )</u>	
						<u>Yellow page advertising</u>	<u>( )</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ 88,964</b>	<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ 1,421,872</b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ 83,354</b>	
<b>(List each licensed administrator separately.)</b>								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
<u>Management Fees</u>			<u>\$ 522,408</u>				<u>Out-of-State Travel</u>	<u>\$</u>
<u>Management Fees (eliminated on Sch V, col. 7)</u>				<u>N/A</u>				
							<u>In-State Travel</u>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ 522,408</b>					
<b>(Attach a copy of any management service agreement)</b>							<u>Seminar Expense</u>	<u>8,188</u>
							<u>Allocated from Mgmt. Co.</u>	<u>1,460</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Ilirian Cobo</u>	<u>Medicaid Consulting</u>		<u>\$ 8,355</u>					
<u>Mueller &amp; Company LLP</u>	<u>401 K Audit</u>		<u>10,050</u>					
<u>Innovation LTC Solution</u>	<u>Billing for Oxygen</u>		<u>10,148</u>					
<u>McGladrey LLP</u>	<u>Accounting</u>		<u>34,625</u>					
<u>Michael G. Kaplan</u>	<u>Accounting</u>		<u>26,712</u>					
<u>Ronald Cournaya</u>	<u>Financial Consulting</u>		<u>5,000</u>					
<u>AHACPA</u>	<u>HUD Accounting</u>		<u>300</u>					
<u>Mark Swiderski</u>	<u>Bookkeeping</u>		<u>946</u>					
<u>Cori Freckelton</u>	<u>Bookkeeping</u>		<u>155</u>					
<u>Connect Search</u>	<u>Financial Consulting</u>		<u>2,275</u>					
<u>Butterfield Health Care Group</u>	<u>Financial Consulting</u>		<u>68,000</u>					
<u>See Schedule 21A</u>			<u>201,060</u>					
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ 367,626</b>	<b>TOTAL</b>		<b>\$</b>	<u>Entertainment Expense</u>	<u>( )</u>
<b>(For legal fee disclosure, see page 39 of instructions)</b>							<u>(agree to Sch. V, line 24, col. 8)</u>	
							<b>TOTAL</b>	<b>\$ 9,648</b>

\* Attach copy of IMRF notifications

\*\*See instructions.

Lee Manor  
 Provider #: 0024356  
 01/01/2015 to 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULE  
 C. Professional Services

Life Safety Resources, LLC	Life Safety	6,576
Anthony's Mobile Fingerprinting	Human Resources	1,845
Cori Condon	Bookkeepers	235
Gutnick LL	Legal	8,392
Law Office of Steve Sher	Legal	9,046
Personnel Planners	Unemployment	1,941
AGA World Partners	IT Consulting	29,286
First Merit	Financial Consulting	100
Automatic Data Processing	401K Administration	371
Bridge Point Technologies	IT Consulting	632
Automatic Data Processing	Payroll Processing	34,419
Wescom Solutions	Accounting System	24,140
Medifax - EDI LLC	Medicare Billing	874
Nebo System, Inc	Medicare Billing	254
Security Metric	Computer Consulting	450
Data Recovery Services	Computer Consulting	32,700
Cerner Corp.	Software Program	4,584
Direct Supply	Maint Log System	783
Hamilton Thies Lorch & Hagnell LLP	Legal - Corporate Matters	2,149
Polsineli Shughart PC	Legal - Employees & residents	42,283
Total for Schedule 21A		<u>201,060</u>
Total Per Schedule 3 Line 19 Column 3		367,626
Allocated from Building Company		8,488
Allocated from BHC Management Fees		35,456

To disallow non-allowable legal fees	(2,149)
To disallow non-allowable Prof Fees -Other	(68,000)
Total Per Schedule 3 Line 19 Column 8	341,421



Lee Manor  
 Provider #:  
 01/01/2015

to 0024356  
 12/31/2015

8640-850-89-1 Seminar Expenses

Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
Daniela Lemus Tim Nolan	PT OT	02/12/15	Schaumburg, IL	" Effective Geriatric Rehab " seminar presented by Summit Professional Education	\$ 378.00
Jim Rybicki	PTA	02/19/15	Chicago, IL	" Overcoming Sensory " seminar presented by Summit Professional Education	\$ 199.00
Carmel Thomas	Physical Therapist Assistant	03/13/15	Schaumburg, IL	" His Health / Her Health " seminar presented by INR	\$ 81.00
Maria Serrano Jasmin Blancarte	Cook Diet aide	01/28/15		" State Certification " by Paladin Management	\$ 390.00
William McNiff Emilia Aliser Plodzien Helen Reyes Hristina Kachakova Pinky Dapiton	Administrator DON ADON Sup Sup	03/12/15 03/10/15 03/10/15 03/10/15 03/10/15	Oak Lawn, IL Skokie, IL Skokie, IL Skokie, IL Skokie, IL	" The State Operations " seminar presented by Illinois Council	\$ 525.00
Mary Ann Cruz	COTA	04/26/15	Rolling Meadows, IL	" Heart Failure Course " presented by Professional Therapy Seminar	\$ 180.00
James Rybicki	PTA	05/04/15	Schaumburg, IL	" Mananging Challenging Patient & Family Behaviors " seminar presented by Pepsi Healthcare	\$ 189.99
Deepa George	PT/L	03/18/15	Skokie, IL	"Reasoning with Unreasonable People: Focus on Disorders of Emotional Regulation " seminar presented by Institute For Brain Potential	\$ 79.00
Yvonne Cosmiano Mary Ann Cruz	PT/L COAT / L	03/26/15	Skokie, IL	" His Health / Her Health " seminar presented by INR	\$ 162.00

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**8640-850-89-1 Seminar Expenses**

Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
Janelly Vazquez	Activities Director	04/16/15	Chicago, IL	" Utilizing Activities to Reduce Behaviors & Antipsychotic " presented by Healthcare Information Network	\$ 179.00
Janelly Vazquez	Activities Director	04/23/15	Naperville, IL	" Professional Enhancement for Activity Professionals " seminar presented by IAPA	\$ 75.00
Mary Ann Cruz	COAT / L	04/26/15	Rolling Meadows, IL	Remaniting Balance for " Heart Failure Course" presented by Proffessional Therapy Seminar	\$ 30.00
Pinky Dapiton Susan Hooper Hristina Kachakova Ana Arizmendi Janelly Vazques	Sup Social Services Director Sup Activities Director Activities Director	05/28/15	Skokie, IL	" Innovative Ways To Reduce Psychotropic Medications for Residents with Dementia" seminar presented by Illinois Council	\$ 525.00
Daniela Lemus	Physical Therapist	04/26/15	Park Ridge, IL	" Advances in Orthopedic Surgery..." by Advocate Healthcare	\$ 50.00
Yvonne Cosmano	PT/L	04/26/15	Park Ridge, IL	" Advances in Orthopedic Surgery..." by Advocate Healthcare	\$ 50.00
Zeny Engracia Sherita Ardison	Controllor AR	04/22/15	Skokie, IL	" 2015 Medicare Updates for Skilled Nursing Facilities" seminar presented by Illinois Council	\$ 210.00
Tim Nolan	Occupational Therapist	07/09/15	Schaumburg, IL	" Cognition, Diet & Longevity " seminar presented by INR	\$ 81.00
Carmel Thomas	Physical Therapist Assistant	06/25/15	Schaumburg, IL	" Revolutionary Yoga Rehabilitation " seminar presented by Cross Country Education	\$ 199.00
Daniela Lemus	Physical Therapist	08/08/15	Naperville, IL	" Joint Replacement and Post-Operative Rehabilitation" seminar presented by Summit Professional Education	\$ 199.00

Lee Manor  
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**8640-850-89-1 Seminar Expenses**

Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
Rovena Sillo Rolla Gabiosa Angela Galvez	MDS Case Manager MDS Case Manager MDS Case Manager	05 /27,28/ 15	Schaumburg, IL	"ICD - 10 - CM Training for LTC.. " seminar presented by The Healthcare Information Network, Inc	\$ 1,437.00
Darryl Jenkins	OT / L	07/01/15	Chicago, IL	" Nurse and other Allied Health Professionals " seminar presented by The University of Chicago	\$ 150.00
Darryl Jenkins	OT / L	08/19/15	Schaumburg, IL	" Neuromuscular & Neurodegenerative Disorders " seminar presented by Pepsi Healthcare	\$ 199.99
William McNiff	Administrator	09/ 14-17 /15	Peoria, IL	" 65th Annual Convention & Expo" presented by IHCA	\$ 795.00
Janelly Vazquez Ana Arizmendi	Activities Directors	09/24,25/15	Arlington Heigts, IL	" 36th Annual Conference" presented by IAPA	\$ 650.00
Deepa George	PT/L	09/11/15	Rolling Meadows, IL	" Coding & Billing for Therapy & Rehab " seminar presented by Cross Country Education	\$ 174.00
Deepa George	PT/L	11/12/15	Skokie, IL	" Understanding Diabetes " seminar presented by INR	\$ 81.00
Tim Nolan	OT	09/16/15	Schaumburg, IL	" Geriatric Rehab " seminar presented by Summit Professional Education	\$ 219.00
Emilia Aliser Plodzien Irma Dunn Rovena Silo Rolla Gabiosa	DON Restorative Nurse MDS Case Manager MDS Case Manager	10/13/15	Skokie, IL	"Understanding the Complicated Long Term Care Survey Process " seminar presented by Illinois Council	\$ 420.00
Carmel Thomas	Physical Therapist Assistant	10/22/15	Schaumburg, IL	" Dynamic Stretching " seminar presented by Cross Country Education	\$ 199.00

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**8640-850-89-1 Seminar Expenses**

Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
Mary Ann Cruz	COAT / L	0//15/16	Palatine, IL	" Courge, PTSD, Trauma, & Anxiety " seminar presented by INR	\$ 81.00

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8640-850-89-1 Seminar Expenses

Person(s) Attending	Title	Date Attended	Location	Title/Sponsor	Cost
Yvonne Cosmiano	PT / L	11/04/15	Skokie, IL	" Viruses & Germs " seminar presented by INR	\$ 81.00
		09/09/15			\$ 390.00
		12/12/15			\$ 81.00
		12/12/15			\$ 1,063.98
Allocation from Butterfield Health					\$ 1,460.00
Non-allowable Seminars					\$ (1,615.98)
<b>TOTAL</b>					<b>\$ 9,647.98</b>

Lee Manor  
 Provider #: 0024356  
 01/01/2015 to 12/31/2015

DATE	Employee/Vendor	Position	Auto Expense				
			License	Repairs	Gas	Mileage	Tickets
	Artisan and Truckers Casualty			193.00			
	GWC Customer Care			2,999.00			
	Petty Cash	N/A					
	Credit card	Bus					
	Chester a Plodzien	Bus Gas - Credit Card			5,649.25		
	Like New Auto Spa			1,395.00			
	Chris Vangel	Owner					
	Mark Hocuk					199.25	
	Nick Vangel	Owner			4,622.98		
	Secretary of State	Bus	123.00				
	William McNiff	Administrator				177.70	
	Samantha Frigo	Office					
	Tim Nolan						
	Ellyn Hanson	Admission					
	Emila Aliser - Plodzien	DON					
	Jackie Molen	Admission					
	City of Des Plaines						
	Dana Macklin					96.48	
	Susan Hooper					95.43	
	Zoila Sancher					35.65	
	Natalie Flores					70.20	
	Bartosz Sawcki					654.07	
	Donna Devine					14.38	
	Eric Haugan					44.11	
	Evelina Gorska					28.98	
	Jennifer Shimanski					1,460.34	
	Nancy Longfield					2,365.34	
	Allocated from Mgmt Co					1,529.00	

TOTALS			\$ 123.00	\$ 4,587.00	\$ 10,272.23	\$ 6,770.93	\$ -
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**\$ 12,000.00**

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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Lee Manor

# 0024356

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

## 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 - \$ 35,025
- (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? \_\_\_\_\_
- (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? 5.12 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 98,590 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. \$ 591,680  
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. \$ 575
- (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. \$ 0
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- 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) 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. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	466,408	129,578	13,039	609,025	0	609,025	0	609,025
2. Food Purchase	0	483,360	0	483,360	0	483,360	807	484,167
3. Housekeeping	421,657	54,228	48,712	524,597	0	524,597	0	524,597
4. Laundry	104,227	42,457	0	146,684	0	146,684	0	146,684
5. Heat and Other Utilities	0	0	239,116	239,116	0	239,116	1,782	240,898
6. Maintenance	146,492	36,788	153,671	336,951	0	336,951	18,999	355,950
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,138,784	746,411	454,538	2,339,733	0	2,339,733	21,588	2,361,321
9. Medical Director	0	0	42,000	42,000	0	42,000	11,347	53,347
10. Nursing & Medical Records	5,686,003	364,990	48,404	6,099,397	0	6,099,397	8,080	6,107,477
10a. Therapy	808,361	11,244	74,659	894,264	0	894,264	0	894,264
11. Activities	101,413	48,267	2,985	152,665	0	152,665	26	152,691
12. Social Services	121,990	0	4,058	126,048	0	126,048	10,825	136,873
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	9,047	9,047	0	9,047	0	9,047
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	6,717,767	424,501	181,153	7,323,421	0	7,323,421	30,278	7,353,699
17. Administrative	88,964	0	522,408	611,372	0	611,372	-238,704	372,668
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	367,626	367,626	0	367,626	-26,205	341,421
20. Fees, Subscriptions & Promotion	0	0	94,404	94,404	0	94,404	-11,050	83,354
21. Clerical & General Office	463,317	54,379	53,237	570,933	0	570,933	205,913	776,846
22. Employee Benefits & Payroll	0	0	1,421,872	1,421,872	0	1,421,872	0	1,421,872
23. Inservice Training & Education	0	0	-1,529	-1,529	0	-1,529	76	-1,453
24. Travel and Seminar	0	0	9,804	9,804	0	9,804	-156	9,648
25. Other Admin. Staff Trans	0	0	32,224	32,224	0	32,224	1,529	33,753
26. Insurance-Prop.Liab.Malpractice	0	0	336,136	336,136	0	336,136	72,479	408,615
27. Other (specify)*	0	0	0	0	0	0	39,539	39,539
28. Total General Adminis	552,281	54,379	2,836,182	3,442,842	0	3,442,842	43,421	3,486,263
29. Total General Administrative	8,408,832	1,225,291	3,471,873	13,105,996	0	13,105,996	95,287	13,201,283
30. Depreciation	0	0	180,000	180,000	0	180,000	229,074	409,074
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	41,289	41,289	0	41,289	400,910	442,199
33. Real Estate	0	0	0	0	0	0	674,567	674,567

34. Rent - Facility & Grounds	0	0	2,886,000	2,886,000	0	2,886,000	-2,826,854	59,146
35. Rent - Equipment & Vehicles	0	0	77,904	77,904	0	77,904	5,995	83,899
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	3,185,193	3,185,193	0	3,185,193	-1,516,308	1,668,885
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	418,486	0	418,486	0	418,486	0	418,486
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	591,680	591,680	0	591,680	0	591,680
43. Total Special Cost Ce	0	418,486	2,442,193	2,860,679	0	2,860,679	-1,850,513	1,010,166
44. Grand Total	8,408,832	1,643,777	9,099,259	19,151,868	0	19,151,868	-3,271,534	15,880,334

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	23,618	1,182,941
2. Cash - Patient Deposits	56,375	56,375
3. Accounts & Notes Recievable	6,618,396	6,618,396
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	1,297,891	1,347,764
7. Other Prepaid Expenses	20,319	20,319
8. Accounts Receivable-Owner/Related Party	1,411,233	6,676
9. Other (specify):	82,152	1,768,021
10. Total current assets	9,509,984	11,000,492
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	7,574,871
15. Leasehold Improvements, Historical Cost	1,758,004	3,048,734
16. Equipment, at Historical Cost	1,112,493	1,109,518
17. Accumulated Depreciation (book methods)	-1,543,903	-6,638,351
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):	0	176,727
23. other (specify):	0	0
24. Total Long-Term Assets	1,326,594	5,544,899
25. Total Assets	10,836,578	16,545,391
CURRENT LIABILITIES		
26. Accounts Payable	1,341,304	1,396,547
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	60,195	60,195
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	450,853	450,853
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	748,806
33. Accrued Interest Payable	0	32,641
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	3,740,648	3,740,648

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	5,593,000	6,429,690
LONG TERM LIABILITES		
39. Long-Term Notes Payable	1,661,679	1,661,679
40. Mortgage Payable	0	12,434,654
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	1,661,679	14,096,333
46. Total Liabilities	7,254,679	20,526,023
47. Total Equity	3,581,899	-3,980,632
48. Total Liabilities and Equity	10,836,578	16,545,391

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	19,622,677
2. Discounts and Allowances for all Levels	-2,813,671
Subtotal - Inpatient Care	16,809,006
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,916,185
7. Oxygen	61,987
Subtotal - Anciliary Revenue	1,978,172
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	2,985
14. Non-Patient Meals	575
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	284,620
18. Sale of Supplies to Non-Patients	0
19. Laboratory	5,744
20. Radiology and X-Ray	18,710
21. Other Medical Services	111,139
22. Laundry	0
Subtotal - Other Operating Revenue	423,773
24. Contributions	474
25. Interest and Other Investments Income	12
Subtotal - Non-Operating Revenue	486
27. Other Revenue (specify):	0
28. Other Revenue (specify):	4,888
Subtotal - Other Revenue	4,888
30. Total Revenue	19,216,325
31. General Services	2,339,733
32. Health Care	7,323,421
33. General Administration	3,442,842
34. Ownership	3,185,193

35. Special Cost Centers	2,268,999
35. Provider Participation Fee	591,680
37. Other	0
40. Total Expenses	19,151,868
41. Income Before Income Taxes	64,457
42. Income Taxes	0
43. Net Income or Loss for the Year	64,457