

		FOR BHF USE					

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0024356

Facility Name: Lee Manor

Address: 1301 Lee Street Des Plaines 60018
Number City Zip Code

County: Cook

Telephone Number: (847) 635-4000 Fax # (847) 827-5796

HFS ID Number:

Date of Initial License for Current Owners: 6/29/1979

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☒ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Allan S. Gabrys Telephone Number: 331-472-4500
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Christopher Vangel
(Title) Owner

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

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

Facility Name & ID Number Lee Manor

0024356 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

B. Census-For the entire report period.						
	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>56,026</u>	<u>17,480</u>	<u>5,888</u>	<u>79,394</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>56,026</u>	<u>17,480</u>	<u>5,888</u>	<u>79,394</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.02%

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

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 06/29/1979

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 6/29/1979 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 5,158

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Lee Manor # 0024356 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	501,418	122,724	12,680	636,822		636,822	(1,553)	635,269			1
2	Food Purchase		447,332		447,332		447,332	1,544	448,876			2
3	Housekeeping	412,258	51,763	47,414	511,435		511,435		511,435			3
4	Laundry	126,414	37,831		164,245		164,245		164,245			4
5	Heat and Other Utilities			216,307	216,307		216,307	4,105	220,412			5
6	Maintenance	149,526	33,951	202,440	385,917		385,917	28,637	414,554			6
7	Other (specify):*											7
8	TOTAL General Services	1,189,616	693,601	478,841	2,362,058		2,362,058	32,733	2,394,791			8
	B. Health Care and Programs											
9	Medical Director			33,000	33,000		33,000	19,428	52,428			9
10	Nursing and Medical Records	5,707,999	318,138	71,483	6,097,620		6,097,620	14,708	6,112,328			10
10a	Therapy	696,094	8,240	98,335	802,669		802,669		802,669			10a
11	Activities	209,213	49,501	3,082	261,796		261,796	113	261,909			11
12	Social Services	119,230		1,504	120,734		120,734	19,402	140,136			12
13	CNA Training											13
14	Program Transportation			17,376	17,376		17,376		17,376			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	6,732,536	375,879	224,780	7,333,195		7,333,195	53,651	7,386,846			16
	C. General Administration											
17	Administrative	92,620		495,450	588,070		588,070	(141,276)	446,794			17
18	Directors Fees											18
19	Professional Services			453,303	453,303		453,303	(178,136)	275,167			19
20	Dues, Fees, Subscriptions & Promotions			90,992	90,992		90,992	(9,297)	81,695			20
21	Clerical & General Office Expenses	307,185	53,454	68,565	429,204		429,204	321,904	751,108			21
22	Employee Benefits & Payroll Taxes			1,448,911	1,448,911		1,448,911		1,448,911			22
23	Inservice Training & Education			(7,703)	(7,703)		(7,703)		(7,703)			23
24	Travel and Seminar			10,197	10,197		10,197	252	10,449			24
25	Other Admin. Staff Transportation			23,910	23,910		23,910	2,543	26,453			25
26	Insurance-Prop.Liab.Malpractice			414,839	414,839		414,839	81,496	496,335			26
27	Other (specify):*							76,398	76,398			27
28	TOTAL General Administration	399,805	53,454	2,998,464	3,451,723		3,451,723	153,884	3,605,607			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,321,957	1,122,934	3,702,085	13,146,976		13,146,976	240,268	13,387,244			29

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

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

Facility Name & ID Number Lee Manor #0024356 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			180,000	180,000		180,000	245,749	425,749			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			41,523	41,523		41,523	392,761	434,284			32
33	Real Estate Taxes							553,115	553,115			33
34	Rent-Facility & Grounds			2,886,000	2,886,000		2,886,000	(2,771,604)	114,396			34
35	Rent-Equipment & Vehicles			51,375	51,375		51,375	5,448	56,823			35
36	Other (specify):*											36
37	TOTAL Ownership			3,158,898	3,158,898		3,158,898	(1,574,531)	1,584,367			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		246,912		246,912		246,912		246,912			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			587,677	587,677		587,677		587,677			42
43	Other (specify):*			1,524,041	1,524,041		1,524,041	(681,985)	842,056			43
44	TOTAL Special Cost Centers		246,912	2,111,718	2,358,630		2,358,630	(681,985)	1,676,645			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,321,957	1,369,846	8,972,701	18,664,504		18,664,504	(2,016,248)	16,648,256			45

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(505)	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	(27,173)	30		9
10	Interest and Other Investment Income	(247)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,044)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,782)	43		18
19	Entertainment	(35,278)	43		19
20	Contributions	(18,595)	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	(419,950)	43		24
25	Fund Raising, Advertising and Promotional	(102,905)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(5,562)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(354,141)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (968,182)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,048,066)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,048,066)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,016,248)		37

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

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

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

Lee Manor

ID#

0024356

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

Lee Manor
0024356
12/31/2016

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL
NON-ALLOWABLE EXPENSES
LINE 29 - Other

Description	Amount	Schedule V Reference
To disallow non-allowable seminar		24
To disallow X-Ray expense	(30,491)	43
To disallow Lab expense	(8,577)	43
To disallow Resident Personal Items	(12,078)	43
To disallow Lost Items	(346)	43
To disallow non-allowable Physicians Services	(38,325)	43
To offset Other Income against Office Expenses	(15)	21
To disallow out of period Legal Fees	0	19
To disallow Consolidated Billing	(6,052)	43
To disallow Management Fees	(246,810)	17
To disallow COPE Dues	(9,009)	20
To disallow non-allowable dues	(200)	20
To offset Vending Income	(1,553)	1
To disallow non -allowale licenses	(685)	20
Total	(354,141)	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lee Manor# 0024356

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	(505)	0	2,049	0	0	0	0	0	0	0	0	1,544	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	0	4,105	0	0	0	0	0	0	0	0	4,105	5
6	Maintenance	0	0	28,637	0	0	0	0	0	0	0	0	28,637	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(505)	0	34,791	0	0	0	0	0	0	0	0	34,286	8
	B. Health Care and Programs													
9	Medical Director	0	0	19,428	0	0	0	0	0	0	0	0	19,428	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	14,708	0	0	0	0	0	0	0	0	14,708	11
12	Social Services	0	0	113	0	0	0	0	0	0	0	0	113	12
13	CNA Training	0	0	19,402	0	0	0	0	0	0	0	0	19,402	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	53,651	0	0	0	0	0	0	0	0	53,651	16
	C. General Administration													
17	Administrative	0	0	105,534	0	0	0	0	0	0	0	0	105,534	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	13,851	(191,987)	0	0	0	0	0	0	0	0	(178,136)	19
20	Fees, Subscriptions & Promotions	0	200	397	0	0	0	0	0	0	0	0	597	20
21	Clerical & General Office Expenses	0	597	321,322	0	0	0	0	0	0	0	0	321,919	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	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	252	0	0	0	0	0	0	0	0	252	24
25	Other Admin. Staff Transportation	0	0	2,543	0	0	0	0	0	0	0	0	2,543	25
26	Insurance-Prop.Liab.Malpractice	0	80,889	607	0	0	0	0	0	0	0	0	81,496	26
27	Other (specify):*	0	0	76,398	0	0	0	0	0	0	0	0	76,398	27
28	TOTAL General Administration	0	95,537	315,066	0	0	0	0	0	0	0	0	410,603	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(505)	95,537	403,508	0	0	0	0	0	0	0	0	498,540	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Lee Manor # 0024356 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(27,173)	266,400	6,522	0	0	0	0	0	0	0	0	245,749	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(247)	393,008	0	0	0	0	0	0	0	0	0	392,761	32
33	Real Estate Taxes	0	553,115	0	0	0	0	0	0	0	0	0	553,115	33
34	Rent-Facility & Grounds	0	(2,880,000)	108,396	0	0	0	0	0	0	0	0	(2,771,604)	34
35	Rent-Equipment & Vehicles	0	0	5,448	0	0	0	0	0	0	0	0	5,448	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(27,420)	(1,667,477)	120,366	0	0	0	0	0	0	0	0	(1,574,531)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(586,116)	0	0	0	0	0	0	0	0	0	0	(586,116)	43
44	TOTAL Special Cost Centers	(586,116)	0	0	0	0	0	0	0	0	0	0	(586,116)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(614,041)	(1,571,940)	523,874	0	0	0	0	0	0	0	0	(1,662,107)	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
Chester Plodzien	10					
Eva Dimas Family LP	90					
		See Schedule 6A				
				Seneca Building	Des Plaines	Lessor
				Limited Partnership		

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Repairs and Maintenance	\$	Seneca Building Limited Partnership	100.00%	\$	\$	1
2	V	19	Professional Fees		Seneca Building Limited Partnership	100.00%	13,851	13,851	2
3	V	20	Licenses		Seneca Building Limited Partnership	100.00%	200	200	3
4	V	21	Bank Charges		Seneca Building Limited Partnership	100.00%	597	597	4
5	V	26	Mortgage Insurance		Seneca Building Limited Partnership	100.00%	61,344	61,344	5
6	V	26	Property Insurance		Seneca Building Limited Partnership	100.00%	19,545	19,545	6
7	V	30	Depreciation		Seneca Building Limited Partnership	100.00%	266,400	266,400	7
8	V	32	Loan Amortization		Seneca Building Limited Partnership	100.00%	6,690	6,690	8
9	V	32	Interest		Seneca Building Limited Partnership	100.00%	386,508	386,508	9
10	V	32	Interest	190	Seneca Building Limited Partnership	100.00%		(190)	10
11	V	33	Real Estate Taxes		Seneca Building Limited Partnership	100.00%	553,115	553,115	11
12	V	33	Real Estate Taxes - Appeal		Seneca Building Limited Partnership	100.00%			12
13	V	34	Rent Facility & Grounds	2,880,000	Seneca Building Limited Partnership	100.00%		(2,880,000)	13
14	Total			\$ 2,880,190			\$ 1,308,250	\$ * (1,571,940)	14

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

Facility Name & ID Number Lee Manor# 0024356Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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%	\$ 2,049	\$ 2,049 15
16	V	3 Housekeeping		Butterfield Health Care Group, Inc.	0.00%		16
17	V	5 Utilities		Butterfield Health Care Group, Inc.	0.00%	4,105	4,105 17
18	V	6 Repairs & Maintenance		Butterfield Health Care Group, Inc.	0.00%	28,637	28,637 18
19	V	9 Medical Director		Butterfield Health Care Group, Inc.	0.00%	19,428	19,428 19
20	V	11 Nursing		Butterfield Health Care Group, Inc.	0.00%	14,708	14,708 20
21	V	12 Activities		Butterfield Health Care Group, Inc.	0.00%	113	113 21
22	V	13 Social Services		Butterfield Health Care Group, Inc.	0.00%	19,402	19,402 22
23	V	17 Administrative Costs		Butterfield Health Care Group, Inc.	0.00%	105,534	105,534 23
24	V	19 Professional Services	204,000	Butterfield Health Care Group, Inc.	0.00%	12,013	(191,987) 24
25	V	20 Dues,Fees & Subscriptions		Butterfield Health Care Group, Inc.	0.00%	397	397 25
26	V	21 Clerical & General Office exp.		Butterfield Health Care Group, Inc.	0.00%	321,322	321,322 26
27	V	23 Training & Education		Butterfield Health Care Group, Inc.	0.00%		27
28	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	0.00%	252	252 28
29	V	25 Auto Expense		Butterfield Health Care Group, Inc.	0.00%	2,543	2,543 29
30	V	26 Insurance		Butterfield Health Care Group, Inc.	0.00%	607	607 30
31	V	27 Employee Benefits General & Admin.		Butterfield Health Care Group, Inc.	0.00%	76,398	76,398 31
32	V	30 Depreciation		Butterfield Health Care Group, Inc.	0.00%	6,522	6,522 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%	108,396	108,396 34
35	V	35 Equipment Rental		Butterfield Health Care Group, Inc.	0.00%	5,448	5,448 35
36	V				0.00%		36
37	V				0.00%		37
38	V				0.00%		38
39	Total		\$ 204,000			\$ 727,874	\$ * 523,874 39

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

Lee Manor
0024356
12/31/2016

Schedule 6A

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

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

Facility Name & ID Number Lee Manor # 0024356 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	0	8	20.00	Mgmt. Fee	48,240	17(3)	2
3	Nick Vangel	Administrative	Administrative	0.00	0	8	20.00	Mgmt. Fee	54,000	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	0	8	20.00	Mgmt. Fee	54,000	17(3)	5
6	Emy Plodzien	DON	Nursing	0.00	0	40	100.00	Salary	90,941	10(1)	6
7	Mark Hocuk	Administrator	Administrative	0.00	78,944	0	0.00	N/A	0	N/A	7
8	Chris Vangel	Administrative	Administrative	0.00	81,941	0	0.00	Mgmt. Fee	30,196	19	8
9	Nick Vangel	Administrative	Administrative	0.00	38,265	0	0.00	Mgmt. Fee	14,101	19	9
10	Katherine Hocuk	Administrative	Administrative	0.00	12,140	0	0.00	Mgmt. Fee	4,474	19	10
11											11
12											12
13								TOTAL	\$ 388,352		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:

01/01/2016Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

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

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	2	Food	Resident Days	294,843	4	\$ 7,608	\$	79,394	\$ 2,049	1
2	3	Housekeeping	Resident Days	294,843	4			79,394	0	2
3	5	Utilities	Resident Days	294,843	4	15,243		79,394	4,105	3
4	6	Repairs & Maintenance	Resident Days	294,843	4	106,350	86,233	79,394	28,637	4
5	9	Medical Director	Resident Days	294,843	4	72,150		79,394	19,428	5
6	11	Nursing	Resident Days	294,843	4	54,619	54,619	79,394	14,708	6
7	12	Activities	Resident Days	294,843	4	421		79,394	113	7
8	13	Social Services	Resident Days	294,843	4	72,054	72,054	79,394	19,402	8
9	17	Administrative Costs	Resident Days	294,843	4	391,918	391,918	79,394	105,534	9
10	19	Professional Services	Resident Days	294,843	4	44,612		79,394	12,013	10
11	20	Dues,Fees & Subscriptions	Resident Days	294,843	4	1,475		79,394	397	11
12	21	Clerical & General Office exp.	Resident Days	294,843	4	1,193,284	1,073,152	79,394	321,322	12
13	23	Training & Education	Resident Days	294,843	4	0		79,394	0	13
14	24	Travel & Seminar	Resident Days	294,843	4	936		79,394	252	14
15	25	Auto Expense	Resident Days	294,843	4	9,444		79,394	2,543	15
16	26	Insurance	Resident Days	294,843	4	2,253		79,394	607	16
17	27	Employee Benefits General &Admin.	Resident Days	294,843	4	283,715		79,394	76,398	17
18	30	Depreciation	Resident Days	294,843	4	24,219		79,394	6,522	18
19	32	Interest	Resident Days	294,843	4			79,394	0	19
20	34	Rent Building	Resident Days	294,843	4	402,545		79,394	108,396	20
21	35	Equipment rental	Resident Days	294,843	4	20,232		79,394	5,448	21
22					4					22
23					4					23
24					4					24
25	TOTALS					\$ 2,703,078	\$ 1,677,976		\$ 727,874	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9		10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	First Merit - First Bank		X	Mortgage	\$70,810.00	6/15/09	\$ 10,800,000	\$ 12,129,368	6/15/2039	0.6100	\$ 386,508	1	
2												2	
3												3	
4	First Merit - First Bank		X	Amortization of mortgage costs							6,690	4	
5												5	
	Working Capital												
6	First Merit - First Bank		X	Line of Credit	Interest Only	05/15/04	2,000,000	1,859,684	05/30/2018	Variable	34,318	6	
7	West Suburban Bank		X	Working Capital	\$4,119.00	01/25/06	600,000	69,041	02/01/2017	0.0668	3,928	7	
8	See Page 9A						511,577	60,136			3,277	8	
9	TOTAL Facility Related				\$74,929.00		\$ 13,911,577	\$ 14,118,229			\$ 434,721	9	
	B. Non-Facility Related*												
10									Interest Income Offset		(247)	10	
11												11	
12												12	
13								Real Estate Entity Interest Income			(190)	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (437)	14	
15	TOTALS (line 9+line14)						\$ 13,911,577	\$ 14,118,229			\$ 434,284	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,344 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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1								\$				\$	1
2													2
3													3
4													4
5													5
6													6
7			X	Van Purchase	\$784.89	10/06/11	33,848	248	9/7/2015	0.0000			7
8			X	Car Purchase	\$1,726.60	4/06/15	75,988	47,473				2,481	
8a			X	Bus Purchase	\$681.64	10/29/14	30,000	12,415	10/30/2018	0.0425		796	8
9	TOTAL Facility Related				\$3,193.13		\$ 139,836	\$ 60,136			\$ 3,277		9
	B. Non-Facility Related*												
10												0	10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ 0		14
15	TOTALS (line 9+line14)						\$ 139,836	\$ 60,136			\$ 3,277		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$

N/A

Line #

N/A

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1. Real Estate Tax accrual used on 2015 report.					\$	748,806	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.)					\$	728,508	2
3. Under or (over) accrual (line 2 minus line 1).					\$	(20,298)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)					\$	745,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)					\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.							
TOTAL REFUND \$ 72,439 For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)					\$	(171,587)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.					\$	553,115	7
Real Estate Tax History:							
Real Estate Tax Bill for Calendar Year:		2011	456,491	8			
		2012	478,299	9			
		2013	814,516	10			
		2014	713,137	11			
		2015	728,508	12			
Based on prior years' tax bills.							
Real Estate Tax Payments							
2015 \$728,508 X 1.02 = 743.078.16							
Use= \$745,000							
Use= \$745,000							
					FOR BHF USE ONLY		
					13	FROM R. E. TAX STATEMENT FOR 2015 \$	13
					14	PLUS APPEAL COST FROM LINE 5 \$	14
					15	LESS REFUND FROM LINE 6 \$	15
					16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Lee Manor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0024356

CONTACT PERSON REGARDING THIS REPORT Allan S. Gabrys

TELEPHONE 331-472-4500 FAX #: (847) 827-5796

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. 09-20-400-033-0000	Seneca Nursing Home	\$ 728,508.28	\$ 728,508.28
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 728,508.28	\$ 728,508.28

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

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

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	Facility	110,000	1979	\$ 273,400	1
2					2
3	TOTALS	110,000		\$ 273,400	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	252		1979	1979	\$ 4,087,968	\$	40	\$ 102,999	\$ 102,999	\$ 3,756,385	4
5			1979	1979	337,653		40	8,441	8,441	316,000	5
6	10		1985	1985	226,649		40	6,475	6,475	203,963	6
7											7
8											8
	Improvement Type**										
9	Improvements		1979		6,000		N/A				9
10	Audit Adjustment		1979		2,779		40	69	69	2,594	10
11	Audit Adjustment		1981		90,599		40	2,265	2,265	42,147	11
12	Improvements		1988		8,536		31.5	271	271	7,611	12
13	Improvements		1989		7,785		31.5			7,785	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	21,091	18
19	Improvements		1994		16,738		40	418	418	9,405	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	46,372	22
23	Brick work		1996		3,040		20	76	76	3,040	23
24	Roof Replacement		1996		1,465		20	41	41	1,465	24
25	FACIA, Overhang Renovation		1996		75,200		39	1,902	1,902	49,004	25
26	Hot Water heater		1996		16,084		39	417	417	8,546	26
27	Insulation		1997		38,770		39	994	994	19,383	27
28	Roofing		1997		5,875		39	150	150	2,925	28
29	Refurbishing of hallways and patient rooms		1997		59,595		20	2,980	2,980	58,339	29
30	Tile		1997		20,696		20	1,035	1,035	20,262	30
31	Electrical improvements		1997		4,112		20	206	206	4,033	31
32	Plumbing Improvements		1997		3,773		20	188	188	3,681	32
33	Basement remodeling		1998		13,578		20	679	679	12,561	33
34	smoke dampers		1998		2,235		20	112	112	2,072	34
35	Circulating pump		1998		2,630		20	132	132	2,442	35
36	Fire alarm system		1998		4,715		20	236	236	4,366	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 7,067	37
38	Boiler Valve	1998	3,233		20	162	162	2,997	38
39	Window Glazing	1998	2,566		20	128	128	2,368	39
40	Landscaping	1998	977		20	48	48	888	40
41	Patio Brick	1998	2,590		20	130	130	2,405	41
42	Ceiling Tiles	1998	2,233		20	112	112	2,917	42
43	Window Treatments	1998	2,470		20	124	124	2,294	43
44	Sliding Doors	1999	854		20	43	43	752	44
45	Air Conditioning improvements	1999	685		20	34	34	595	45
46	Code Alert Wandering System	1999	511		20	26	26	455	46
47	Elevator upgrade	1999	50,000		20	2,500	2,500	43,750	47
48	Roof Improvements	1999	3,567		20	178	178	3,112	48
49	Hallway renovation-ceiling tile,wiring,painting , doors & tile	2000	40,411		39	1,036	1,036	17,213	49
50	Elevators	2000	20,000		39	513	513	8,615	50
51	hallway renovation-Labor	2000	9,048		39	232	232	3,857	51
52	Hallway Renovation- materials. Painting and labor	2000	7,303		39	187	187	3,095	52
53	Painting- labor	2000	2,859		39	73	73	1,208	53
54	windows	2000	91,557		39	2,348	2,348	37,862	54
55	Automatic Doors	2000	1,985		39	51	51	856	55
56	Painting - Labor	2000	11,630		39	298	298	4,880	56
57	Furnace Room Improvements	2001	3,259		39	84	84	1,326	57
58	Third floor remodeling	2001	72,480		39	1,858	1,858	28,330	58
59	fourth floor remodeling	2001	64,481		39	1,653	1,653	24,863	59
60	remodeling	2001	5,768		39	148	148	2,313	60
61	Window Systems	2001	8,059		39	207	207	3,303	61
62	Renovation Floor 2 & 5, balance of floor 3&4	2002	340,426		39	8,729	8,729	118,418	62
63	Renovation floor 1, residual of floor 2 & 5	2002	181,976		39	4,666	4,666	65,519	63
64	Building Signs	2002	1,449		39	37	37	529	64
65	Beauty Parlor	2002	681		39	17	17	240	65
66	Alarm	2002	893		39	23	23	334	66
67	Door Enunciator	2002	1,944		39	50	50	727	67
68	2nd Floor Renovation	2003	87,417		39	2,241	2,241	29,324	68
69	Exterior Rehab - Dryvit	2003	23,197		39	595	595	7,786	69
70	TOTAL (lines 4 thru 69)		\$ 6,322,837	\$		\$ 162,072	\$ 162,072	\$ 5,143,440	70

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

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,322,837	\$		\$ 162,072	\$ 162,072	\$ 5,143,440	1
2	Exterior Rehab - Dryvit	2003	36,728		39	942	942	12,326	2
3	Fuel Tank	2003	16,616		39	426	426	5,574	3
4	Alarm System	2003	35,000		39	897	897	11,738	4
5	Kitchen Repairs	2003	2,005		39	51	51	893	5
6	Parking lot repairs	2003	2,155		39	55	55	638	6
7	Door Hardware	2003	1,354		39	35	35	469	7
8	Carpet for offices	2003	1,468		39	38	38	496	8
9	Landscaping	2003	6,386		39	164	164	2,146	9
10	Rebuild Kitchen Stairwell	2003	1,580		39	41	41	536	10
11	Grab bars	2003	1,102		39	28	28	366	11
12	Water Heater & Storage Tanks	2003	13,634		39	350	350	4,580	12
13	Landscaping	2004	11,953		15	797	797	9,785	13
14	Dialysis room	2004	3,188		27.5	116	116	1,449	14
15	Air handler	2004	8,529		27.5	310	310	3,875	15
16	Back entrance renovation	2004	4,104		27.5	149	149	1,863	16
17	Building face resurfacing	2004	47,218		27.5	1,717	1,717	21,463	17
18	Chimney inducer	2004	32,366		27.5	1,177	1,177	14,712	18
19	Dialysis room	2004	13,645		27.5	496	496	6,200	19
20	Floor renovation	2004	78,376		27.5	2,850	2,850	35,625	20
21	Tunner cleaning	2004	1,260		27.5	46	46	575	21
22	Refuse disposal	2004	5,012		27.5	182	182	2,275	22
23	Roofing	2004	14,500		27.5	527	527	6,588	23
24	Security System	2004	59,500		27.5	2,164	2,164	27,050	24
25	Water heater & storage tank	2004	20,208		27.5	735	735	9,187	25
26	Painting	2004	3,510		27.5	128	128	1,600	26
27	Pump	2004	4,922		27.5	179	179	2,237	27
28	Remodeling 2nd floor Transitional Care Unit Capital Audit	2006	74,660		27.5	2,715	2,715	28,508	28
29	Compressor	2006	13,495		27.5	490	490	5,145	29
30	Parking lot and sidewalk renovation	2006	16,730		27.5	608	608	6,384	30
31	Chiller Capital Audit reduce total by 10,900	2007	88,100		15	5,873	5,873	55,794	31
32	Paving Patched Capital Audit reduce total by \$5,500	2008	2,800		20	140	140	1,190	32
33	First floor remodel-painting,drywall,wiring,carpeting C A	2008	541,763		27.5	19,700	19,700	147,750	33
34	TOTAL (lines 1 thru 33)		\$ 7,486,704	\$		\$ 206,198	\$ 206,198	\$ 5,572,457	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:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,486,704	\$		\$ 206,198	\$ 206,198	\$ 5,572,457	1
2	Landscaping - Patio	2009	26,289		20	1,314	1,314	9,855	2
3	1st&2nd remodel -drywall, wiring, carpeting, plumbing	2009	337,622		27.5	12,277	12,277	92,078	3
4	Sprinkler System	2010	17,840		27.5	649	649	4,219	4
5	Resident Rooms Carpeting	2010	12,649		5			12,649	5
6	Nursing Home Roof	2010	164,704		27.5	5,989	5,989	38,929	6
7	Remodeling the Nursing Station	2010	8,802		27.5	320	320	2,080	7
8	Repairs to the facilities Exterior Wall	2010	61,080		27.5	2,221	2,221	14,436	8
9	Remodeling to the Bathrooms	2010	104,830		27.5	3,812	3,812	24,778	9
10	Second floor remodel-painting,drywall,wiring,carpeting	2010	107,704		27.5	3,917	3,917	25,460	10
11	Remodeling of the Lounge (Club Room)	2010	61,118		27.5	2,222	2,222	14,443	11
12	Landscaping - Patio	2010	4,062		27.5	148	148	962	12
13	Fire Place Damper and Access Doore	2010	5,550		27.5	202	202	1,312	13
14	Laundry&Kitchen remodel-painting,drywall,wiring,carpeting	2010	23,246		27.5	845	845	5,493	14
15	Remodeling of the Nursing station 3rd & 4th floor wiring	2011	23,106		27.5	840	840	5,040	15
16	drywall								16
17	Remodeling Patient rooms- Tile,drywall,wiring, painting , &	2011	43,325		27.5	1,575	1,575	9,450	17
18	Plumbing								18
19	Replacing the ceiling tiles in bulding	2011	8,053		27.5	293	293	1,758	19
20	Remodeling the 2nd floor hallways with new tile	2011	5,158		27.5	188	188	1,128	20
21	Improvements to the facility boiler system Paragon Mechanical	2011	155,802		27.5	5,666	5,666	33,996	21
22	Blacktop work in front of the facility	2011	16,946		27.5	616	616	3,696	22
23	Remmdeling the Bathrooms, & Common Showers-plumbing	2011	144,376		27.5	5,250	5,250	31,500	23
24	wiring,tiles, drywall								24
25	Improvements to the facility exterior wall	2011	75,491		27.5	2,745	2,745	16,470	25
26	Building improvemts -carpeting, wiring, doors	2011	4,364		27.5	159	159	954	26
27	The 2nd floor Addition	2012	33,736		27.5	1,227	1,227	5,521	27
28	Remodeling to the the Shower Areas	2012	50,390		27.5	1,832	1,832	8,244	28
29	the EIFS System over Elevators	2012	89,825		27.5	3,266	3,266	14,697	29
30	Ceiling Titles	2012	6,227		27.5	226	226	1,017	30
31	Second Floor Rooms Remodeling	2012	8,371		27.5	304	304	1,368	31
32	Improvements to the facility boiler system Paragon Mechanical	2012	19,596		27.5	713	713	3,208	32
33	First Floor Dining Room Carpet	2012	14,459		27.5	526	526	2,367	33
34	TOTAL (lines 1 thru 33)		\$ 9,121,425	\$		\$ 265,540	\$ 265,540	\$ 5,959,565	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:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,121,425	\$		\$ 265,540	\$ 265,540	\$ 5,959,565	1
2	Remodeling to the Nursing Station	2012	13,625		27.5	495	495	2,228	2
3	Remodeling to the Nursing Station	2012	100,644		27.5	3,660	3,660	16,470	3
4	Signs for the Patients Rooms	2012	4,130		27.5	150	150	675	4
5	Bathroom Remodeling in the Basement	2012	3,089		27.5	112	112	504	5
6	Room Remodeling	2012	20,313		27.5	739	739	3,325	6
7	Install Fire Damper	2012	74,645		27.5	2,714	2,714	12,213	7
8	Compressor in the Kitchen	2012	7,324		27.5	266	266	1,197	8
9	Sealing Coating	2012	2,200		27.5	80	80	360	9
10	Replacement of Fogged Windows	2012	4,490		27.5	163	163	734	10
11	Masonry work to Building	2012	43,000		27.5	1,564	1,564	7,038	11
12	2nd Floor remodeling to Bookeeping & Therapy Rooms	2012	199,483		27.5	7,254	7,254	25,029	12
13	Remodeling to thre 2nd floor Bathroom	2012	11,044		27.5	402	402	1,406	13
14	Upgrade the Sprinkler System	2013	13,935		27.5	507	507	1,774	14
15	Etectrical work in the Boiler Room	2013	4,559		27.5	166	166	581	15
16	Chiller Repairs	2013	125,701		27.5	4,571	4,571	15,998	16
17	Remodeling to the Fire Dampers	2013	42,683		27.5	1,552	1,552	5,432	17
18	Repairs Transformer	2013	18,519		27.5	673	673	2,356	18
19	First Floor Dining Room - Electrical, Tile, Paint etc	2013	182,195		27.5	6,625	6,625	23,188	19
20	Administrative Office Remodeling	2013	10,387		27.5	378	378	1,323	20
21	Parking Lot Resurface and Stripe	2013	64,000		15	4,267	4,267	14,934	21
22	Dinning Room Remodel -2nd and 5th Floor Electrical work	2013	84,428		27.5	3,070	3,070	7,675	22
23	Paint, Drywall, Design fees	2013							23
24	Chiller Repairs -vendor Paragon	2014	5,350		27.5	194	194	485	24
25	Flooring for rooms on 3rd and 4th Floor Century Tile,		81,129		27.5	2,950	2,950	7,375	25
26	Labor and Materials	2014							26
27	Resident Rooms Remodels - Built in Cabinets 4 rooms 5th FL	2014	42,970		27.5	1,562	1,562	3,905	27
28	Sprinkler System Labor and Supplyhouse Sprinkler		19,923		27.5	724	724	1,810	28
29	Remodel the DON & Therapy Office Built in Cabinets	2014	9,858		27.5	358	358	895	29
30	Dampers/Air Handler Repairs	2014	8,318		5	1,664	1,664	4,160	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,319,367	\$		\$ 312,400	\$ 312,400	\$ 6,122,635	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:

01/01/2016

Ending:

12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,319,367	\$		\$ 312,400	\$ 312,400	\$ 6,122,635	1
2	Gas Line Repairs	2015	10,217		15	681	681	1,022	2
3	Dining Rooms Remodel 2-5 Floors Dry Wall, electrical,	2015	90,767		27.5	3,301	3,301	4,951	3
4	Cabinets, Painting, Demo, Wallcovering								4
5	Parking Lot Resurface & Stripe	2015	9,463		15	631	631	946	5
6	Chiller Repairs Plumbing and Motor	2015	18,241		15	1,216	1,216	1,824	6
7	Residents Rooms upgrade- Built in Cabinets	2015	45,550		27.5	1,656	1,656	2,484	7
8	Fire Alarm Systems - 2nd, 3rd, 4th & 5th floor Dampers,	2015	120,463		27.5	4,380	4,380	6,570	8
9	Engineering of System dry wall repair, Fire Alarm Panel								9
10	Laundry Room Project - Blueprints, Permits, Labor, Material	2015	9,537		27.5	347	347	520	10
11	Relocation of Room								11
12									12
13	Install Automatic Door Equipment	2016	24,996		27.5	454	454	454	13
14	Install Fire Alarm System	2016	12,160		27.5	221	221	221	14
15	Install Built in Cabinets on First and Five Floors	2016	106,800		27.5	1,942	1,942	1,942	15
16									16
17	Nursing Station Remodeling Granite Stone	2016	3,000		15	100	100	100	17
18	Dining Rooms Remodel 2-5 Floors Dry Wall, electrical,	2016	9,820		27.5	179	179	179	18
19	Light fixtures, Tiles, Wallcovering								19
20	Parking Lot Resurface & Stripe	2016	66,841		15	2,228	2,228	2,228	20
21	Compressor	2016	18,450		15	615	615	615	21
22	Fire Alarm Systems - 2nd, 3rd, 4th & 5th floor Dampers,	2016	83,312		27.5	1,515	1,515	1,515	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Current Booked Depreciation			180,000			(180,000)		33
34	TOTAL (lines 1 thru 33)		\$ 10,948,984	\$ 180,000		\$ 331,866	\$ 151,866	\$ 6,148,206	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 342,844	\$ 61,627	\$ 61,627	\$	3-15 yrs.	\$ 217,561	71
72	Current Year Purchases	79,166	8,074	8,074		3-7 yrs.	8,074	72
73	Fully Depreciated Assets	584,338				5-15 yrs.	584,338	73
74	Allcoated from BHC fees		6,522		(6,522)			74
75	TOTALS	\$ 1,006,348	\$ 76,223	\$ 69,701	\$ (6,522)		\$ 809,973	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
77	Van	E-150 Ford Wheelchair Van	2012	36,923				4 yrs.	36,923
78	Bus	2007 Ford Bus	2014	39,010	7,802	7,802		5 yrs.	19,505
79	Car	2015 Mercedes	2015	81,901	16,380	16,380		5 yrs.	24,570
80	TOTALS			\$ 182,335	\$ 24,182	\$ 24,182	\$		\$ 105,499

E. Summary of Care-Related Assets					1	2
		Reference			Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$	12,411,067
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	280,405
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	425,749
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	145,344
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	7,063,678

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		\$	\$	
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Allocated from Management Company				108,396			5
6	Parking Lot		N/A		6,000			6
7	TOTAL				\$ 114,396			7

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

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

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

15. Is Movable equipment rental included in building rental?
- ☐ YES
☒ NO
16. Rental Amount for movable equipment: \$ 56,823
- Description: \$480 Water Soft , \$25,741 Copier , \$25,154 Medical Equip, Allocation Home \$5,448
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2017	\$ N/A
13.	/2018	\$ N/A
14.	/2019	\$ N/A

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C1	5046 hrs	\$ 206,704		\$	\$	5,046	\$ 206,704	1
2	Licensed Speech and Language Development Therapist	L10A, C1	3186 hrs	68,201	7	1,655		3,193	69,856	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C1,C2	10678 hrs	421,189			8,240	10,678	429,429	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				246,912		246,912	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Respiratory Therapy</u>	L10A, C3				30,161			30,161	12
13	Other (specify): <u></u>									13
14	TOTAL			\$ 696,094	7	\$ 31,816	\$ 255,152	18,917	\$ 983,062	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.

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 23,748	\$ 330,485	1
2	Cash-Patient Deposits	51,418	51,418	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 87,555)	6,933,161	6,933,161	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	503,268	552,132	6
7	Other Prepaid Expenses	4,940	4,940	7
8	Accounts Receivable (owners or related parties)	601,671	306,345	8
9	Other(specify): See SCH17C	29,266	1,510,830	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,147,472	\$ 9,689,311	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		273,400	13
14	Buildings, at Historical Cost		7,599,894	14
15	Leasehold Improvements, at Historical Cost	1,939,400	3,349,090	15
16	Equipment, at Historical Cost	1,174,377	1,188,683	16
17	Accumulated Depreciation (book methods)	(1,752,948)	(7,063,678)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) Loan Cost Amort		170,037	22
23	Other(specify): CPI	166,989	166,989	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,527,818	\$ 5,684,415	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,675,290	\$ 15,373,726	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,354,488	\$ 1,456,588	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,038	36,038	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	479,928	479,928	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		745,000	32
33	Accrued Interest Payable	4,321	36,161	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See SCH17C	2,812,728	2,812,728	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,687,503	\$ 5,566,443	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,988,861	1,988,861	39
40	Mortgage Payable		12,129,368	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,988,861	\$ 14,118,229	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,676,364	\$ 19,684,672	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,998,926	\$ (4,310,946)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,675,290	\$ 15,373,726	48

*(See instructions.)

Lee Manor
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Schedule 17C

XV. Balance Sheet

<u>A. Current Assets</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 9 -Other		
Escrow Real Estate Taxes		
Payroll Advance	2,486	2,486
Due From Residents	2,792	2,792
Other Receivables	1,081	1,081
Refund Clearing	16,638	16,638
Payroll Clearing	6,062	6,062
Garnishment	207	207
Mortgage Insurance Premium		53,934
Prepaid Insurance Premium		30,431
Prepaid Property Ins. Escrow		
Pepaid Property Tax Escrow		602,643
Reserve-Non Critical Repairs		640,006
Reserve-Capital Replacement		154,550
	<u>29,266</u>	<u>1,510,830</u>

<u>C. Current Liabilities</u>	<u>Operating</u>	<u>After Consolidation</u>
Line 36 -Other Current Liabilities		
Accrued Expenses	42,291	42,291
Due to Third Party Payor	1,910,221	1,910,221
Due to PA Audit Settlement	415,279	415,279
Due to/From BCBS	157,938	157,938
Accrued IDPA Assessment	73,963	73,963
Accrued 401(K) Matching	51,119	51,119
401K Withholding	14,757	14,757
Sales Tax Pyable		
State Corp. Income Tax		
Professional Liability Insurance	314,223	314,223
Due to/from Butterfield HC Group	(167,757)	(167,757)
Due to/from Meadowbrook (NAP)	694	694
	<u>2,812,728</u>	<u>2,812,728</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,581,899	1
2	Restatements (describe):		2
3	Rounding	(2)	3
4	Year-end Adjustments Depreciation 29,045 PTO 6,984	(57,963)	4
5	Maintenance Supplies, 12,765, Data Processing 9,169		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,523,934	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(525,008)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (525,008)	17
	B. Transfers (Itemize):		
18			18
19	Rounding		19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,998,926	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lee Manor

0024356

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 18,578,996	1
2	Discounts and Allowances for all Levels	(2,432,280)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,146,716	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,669,036	6
7	Oxygen	46,481	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,715,517	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,531	13
14	Non-Patient Meals	505	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	220,120	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,744	19
20	Radiology and X-Ray	33,090	20
21	Other Medical Services	7,967	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 273,957	23
	D. Non-Operating Revenue		
24	Contributions	1,491	24
25	Interest and Other Investment Income***	247	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,738	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending Income	1,553	28
28a	Other Income	15	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,568	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,139,496	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,362,058	31
32	Health Care	7,333,195	32
33	General Administration	3,451,723	33
	B. Capital Expense		
34	Ownership	3,158,898	34
	C. Ancillary Expense		
35	Special Cost Centers	1,770,953	35
36	Provider Participation Fee	587,677	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,664,504	40
41	Income before Income Taxes (line 30 minus line 40)**	(525,008)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (525,008)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 9,216,615	44
45	Private Pay - Net Inpatient Revenue	3,210,286	45
46	Medicare - Net Inpatient Revenue	1,989,666	46
47	Other-(specify) <u>Private Insurance</u>	28,880	47
48	Other-(specify) <u>Hospice</u>	1,701,269	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,146,716	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.

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	1,944	2,080	\$ 90,941	\$ 43.72	1
2	Assistant Director of Nursing	1,752	2,080	80,651	38.77	2
3	Registered Nurses	60,698	68,297	1,968,879	28.83	3
4	Licensed Practical Nurses	18,792	21,798	517,039	23.72	4
5	CNAs & Orderlies	90,355	149,468	2,161,979	14.46	5
6	CNA Trainees					6
7	Licensed Therapist	17,240	18,909	696,094	36.81	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,856	2,240	43,030	19.21	9
10	Activity Assistants	19,481	21,462	166,183	7.74	10
11	Social Service Workers	7,294	7,782	119,230	15.32	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,409	42,771	501,418	11.72	15
16	Dishwashers					16
17	Maintenance Workers	8,505	9,373	149,526	15.95	17
18	Housekeepers	38,775	42,455	412,258	9.71	18
19	Laundry	11,185	12,120	126,414	10.43	19
20	Administrator	1,904	2,160	92,620	42.88	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,056	16,576	307,185	18.53	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	3,835	4,175	63,611	15.24	31
32	Other Health Care SCH20A	28,497	32,619	824,899	25.29	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	366,578	456,365	\$ 8,321,957 *	\$ 18.24	34

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	292	\$ 12,680	C1,L3	35
36	Medical Director	Monthly	33,000	C9,L3	36
37	Medical Records Consultant	83	3,960	C10,L3	37
38	Nurse Consultant	385	19,278	C10,L3	38
39	Pharmacist Consultant	Monthly	16,578	C10,L3	39
40	Physical Therapy Consultant	Monthly	66,519	C10a,L3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,532	C11,L3	44
45	Social Service Consultant	24	1,504	C12, L2	45
46	Other(specify) MDS Consultant	Monthly	28,120	C10,L3	46
47	Religious	11	550	C11,L3	47
48	Other Purchase Services		3,547	C10,L3	48
49	TOTAL (lines 35 - 48)	843	\$ 188,268		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

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

** See instructions.

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Schedule 20 A

XXVIII. A. Staffing and Salary costs

Name	Number of Hrs Worked	Number Hrs Paid	Tot Sal & Wages	Ave. Hourly
Nurse Supv	1,782	1,963	63,967	32.59
MDS Coordinator	7,688	8,375	299,589	35.77
Nursing Admin	6,406	7,040	181,344	25.76
Rehab Director	2,007	2,241	110,458	49.29
Restorative Aide	10,614	13,000	169,541	13.04
Total	28,497	32,619	824,899	25.29

Lee Manor
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Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Life Safety Resources, LLC	Life Safety	8,510
Anthony's Mobile Fingerprinting	Human Resources	955
Doreen Gregory & Associates,, Inc	Tax Work	1,710
Frank C Urban & Co	Appraisal Services	4,000
Law Office of Steve Sher	Legal -HUD	4,294
Personnel Planners	Unemployment	1,068
AGA World Partners	IT Consulting	37,197
D.V.C.J. Company LLC	Professional Services	1,200
Polsineli Shughart PC	Legal - Employees & residents	29,184
Hamilton Thies Lorch & Hagnell LLP	Corporate Matters LOC	1,339
First Merit	LOC Legal Services	5,519
Cerner Corp.	Software Program	18,067
Total for Schedule 21A		<u>113,043</u>
Total Per Schedule 3 Line 19 Column 3		453,303
Allocated from Building Company		13,851
Allocated from BHC Management Fees		12,013
To disallow non-allowable legal fees		0
To disallow non-allowable Prof Fees -Other		(204,000)
Total Per Schedule 3 Line 19 Column 8		275,167

Lee Manor
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LEGAL SERVICES

Non
Allowable

DATE	PAYEE/VENDOR	AMOUNT
	Hamilton Thies Lorch & Hagneil LLP Corporate Matters - Line Of Credit	1,338.75
	Poisnelli Shughart PC Employee Related Residents Contracts with Insurance Co.	29,183.88
	First Merit Bank Line of Credit Fees	5,519.28
		\$ 36,041.91

0.00

Lee Manor
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DATE	Employee/Vendor	Position	Auto Expense					Auto Allowance
			License	Repairs	Gas	Mileage	Tickets	
	Artisan and Truckers Casualty							
	GWC Customer Care							
	Credit card	Bus						
	Chester a Plodzien	Bus Gas - Credit Card			5,550.14			
	Like New Auto Spa			830.00				
	Progressive			180.00				
	Chris Vangel	Owner						
	Nick Vangel	Owner			4,048.73			
	Secretary of State	Bus	277.00					
	Butterfield Health Care roup, Inc					366.46		
	Bartosz Sawcki					374.41		
	Camela Castillo					34.25		
	Dana Macklin					21.62		
	Ellyn Hanson	Admission				40.00		12,000.00
	Emila Aliser - Plodzien	DON						
	Jackie Molen	Admission						
	Kim Barges					134.19		
	Nayeli Hernandez					53.68		
	Allocated from Mgmt Co					2,543.00		
TOTALS			\$ 277.00	\$ 1,010.00	\$ 9,598.87	\$ 3,567.61	\$ -	\$ 12,000.00

Lee Manor
Provider #:
01/01/2016

0024356
to
12/31/2016

DATE	PAYEE	TOPIC	ATTENDEE	JOB CLASS	LOCATION	FEE
03/31/16	Paladin Mgmt. Consultant, Inc.	In-service Class- Business Strategy	Administrative Staff		Facility	1,900.00
05/28/16	Fox Valley Fire & Safety	In-service on Fire Safety	Staff		Facility	2,087.00
06/30/16	Career Options Inc.	Nursing In-service Class	Aides		Facility	825.00
11/30/16	Jose Victorio	School Reimbursement			N/A	300.00
12/31/16	Rovena Silo	School Reimbursement			N/A	250.00
	Omnicare Northern, IL	In-service classes credits	Staff		Facility	(13,065.00)
TOTAL						\$ (7,703.00)

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?
If YES, give association name and amount.

Yes
ICLTC - \$ 27,300
- (3)

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

No
N/A
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A
- (5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
4.84 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 92,328 Line 10
- (7)

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

Yes
- (8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
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.
This amount is to be recorded on line 42 of Schedule V.

\$ 587,677
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

- (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?
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.

No
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 58,400
Yes
Indicate the amount. \$ 505
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No
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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	501,418	122,724	12,680	636,822	0	636,822	-1,553	635,269
2. Food Purchase	0	447,332	0	447,332	0	447,332	1,544	448,876
3. Housekeeping	412,258	51,763	47,414	511,435	0	511,435	0	511,435
4. Laundry	126,414	37,831	0	164,245	0	164,245	0	164,245
5. Heat and Other Utilities	0	0	216,307	216,307	0	216,307	4,105	220,412
6. Maintenance	149,526	33,951	202,440	385,917	0	385,917	28,637	414,554
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,189,616	693,601	478,841	2,362,058	0	2,362,058	32,733	2,394,791
9. Medical Director	0	0	33,000	33,000	0	33,000	19,428	52,428
10. Nursing & Medical Records	5,707,999	318,138	71,483	6,097,620	0	6,097,620	14,708	6,112,328
10a. Therapy	696,094	8,240	98,335	802,669	0	802,669	0	802,669
11. Activities	209,213	49,501	3,082	261,796	0	261,796	113	261,909
12. Social Services	119,230	0	1,504	120,734	0	120,734	19,402	140,136
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	17,376	17,376	0	17,376	0	17,376
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	6,732,536	375,879	224,780	7,333,195	0	7,333,195	53,651	7,386,846
17. Administrative	92,620	0	495,450	588,070	0	588,070	-141,276	446,794
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	453,303	453,303	0	453,303	-178,136	275,167
20. Fees, Subscriptions & Promotion	0	0	90,992	90,992	0	90,992	-9,297	81,695
21. Clerical & General Office	307,185	53,454	68,565	429,204	0	429,204	321,904	751,108
22. Employee Benefits & Payroll	0	0	1,448,911	1,448,911	0	1,448,911	0	1,448,911
23. Inservice Training & Education	0	0	-7,703	-7,703	0	-7,703	0	-7,703
24. Travel and Seminar	0	0	10,197	10,197	0	10,197	252	10,449
25. Other Admin. Staff Trans	0	0	23,910	23,910	0	23,910	2,543	26,453
26. Insurance-Prop.Liab.Malpractice	0	0	414,839	414,839	0	414,839	81,496	496,335
27. Other (specify)*	0	0	0	0	0	0	76,398	76,398
28. Total General Adminis	399,805	53,454	2,998,464	3,451,723	0	3,451,723	153,884	3,605,607
29. Total General Administrative	8,321,957	1,122,934	3,702,085	13,146,976	0	13,146,976	240,268	13,387,244
30. Depreciation	0	0	180,000	180,000	0	180,000	245,749	425,749
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	41,523	41,523	0	41,523	392,761	434,284
33. Real Estate	0	0	0	0	0	0	553,115	553,115
34. Rent - Facility & Grounds	0	0	2,886,000	2,886,000	0	2,886,000	-2,771,604	114,396
35. Rent - Equipment & Vehicles	0	0	51,375	51,375	0	51,375	5,448	56,823
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	3,158,898	3,158,898	0	3,158,898	-1,574,531	1,584,367
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	246,912	0	246,912	0	246,912	0	246,912
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	587,677	587,677	0	587,677	0	587,677
43. Other (specify):*	0	0	1,524,041	1,524,041	0	1,524,041	-681,985	842,056
44. Total Special Cost Ce	0	246,912	2,111,718	2,358,630	0	2,358,630	-681,985	1,676,645
45. Grand Total	8,321,957	1,369,846	8,972,701	18,664,504	0	18,664,504	-2,016,248	16,648,256

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	23,748	330,485
2. Cash - Patient Deposits	51,418	51,418
3. Accounts & Notes Recievable	6,933,161	6,933,161
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	503,268	552,132
7. Other Prepaid Expenses	4,940	4,940
8. Accounts Receivable-Owner/Related Party	601,671	306,345
9. Other (specify):	29,266	1,510,830
10. Total current assets	8,147,472	9,689,311
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	7,599,894
15. Leasehold Improvements, Historical Cost	1,939,400	3,349,090
16. Equipment, at Historical Cost	1,174,377	1,188,683
17. Accumulated Depreciation (book methods)	-1,752,948	-7,063,678
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	170,037
23. other (specify):	166,989	166,989
24. Total Long-Term Assets	1,527,818	5,684,415
25. Total Assets	9,675,290	15,373,726
CURRENT LIABILITIES		
26. Accounts Payable	1,354,488	1,456,588
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	36,038	36,038
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	479,928	479,928
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	745,000
33. Accrued Interest Payable	4,321	36,161
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	2,812,728	2,812,728
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	4,687,503	5,566,443
LONG TERM LIABILITES		
39.Long-Term Notes Payable	1,988,861	1,988,861
40.Mortgage Payable	0	12,129,368
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	1,988,861	14,118,229
46.Total Liabilities	6,676,364	19,684,672
47.Total Equity	2,998,926	-4,310,946
48.Total Liabilities and Equity	9,675,290	15,373,726

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	18,578,996
2. Discounts and Allowances for all Levels	-2,432,280
Subtotal - Inpatient Care	16,146,716
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,669,036
7. Oxygen	46,481
Subtotal - Anciliary Revenue	1,715,517
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	2,531
14. Non-Patient Meals	505
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	220,120
18. Sale of Supplies to Non-Patients	0
19. Laboratory	9,744
20. Radiologyand X-Ray	33,090
21. Other Medical Services	7,967
22. Laundry	0
Subtotal - Other Operating Revenue	273,957
24. Contributions	1,491
25. Interest and Other Investments Income	247
Subtotal - Non-Operating Revenue	1,738
27. Other Revenue (specify):	1,553
28. Other Revenue (specify):	15
Subtotal - Other Revenue	1,568
30. Total Revenue	18,139,496
31. General Services	2,362,058
32. Health Care	7,333,195
33. General Administration	3,451,723
34. Ownership	3,158,898
35. Special Cost Centers	1,770,953
35. Provider Participation Fee	587,677
37. Other	0
40. Total Expenses	18,664,504
41. Income Before Income Taxes	-525,008
42. Income Taxes	0
43. Net Income or Loss for the Year	-525,008