FOR BHF USE

LL1

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.

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

I. IDPH License ID Number: 0047068

Facility Name: Manor Court of Peoria

Address: 6900 N Stalworth Dr (Number) Peoria (City) 61615 (Zip Code)

County: Peoria

Telephone Number: (309) 691-2020 **Fax #** (309) 683-3491

HFS ID Number:

Date of Initial License for Current Owners: 08/03/06

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501 (c) 3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Ron Wilson **Telephone Number:** (309) 343-1550
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 4/1/2013 to 3/31/2014 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) Darcee Fanning
(Title) Regional Director

Paid Preparer

(Signed) (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 9, Dunlap, IL 61525
(Telephone) (630) 361-2868 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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	50	Skilled (SNF)	50	18,250	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	50	TOTALS	50	18,250	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,429	10,920	4,258	17,607	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	2,429	10,920	4,258	17,607	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.48%

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 [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 8/22/06

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 8/1/06 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 50 and days of care provided 3,518

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 3/31/2014 Fiscal Year: 3/31/2014

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	131,068	10,325	5,620	147,013		147,013		147,013			1
2	Food Purchase		164,531		164,531		164,531	(312)	164,219			2
3	Housekeeping	92,391	14,768		107,159		107,159		107,159			3
4	Laundry	23,638	18,333		41,971		41,971		41,971			4
5	Heat and Other Utilities			61,695	61,695		61,695		61,695			5
6	Maintenance	48,337	34,366	25,867	108,570		108,570		108,570			6
7	Other (specify):*											7
8	TOTAL General Services	295,434	242,323	93,182	630,939		630,939	(312)	630,627			8
	B. Health Care and Programs											
9	Medical Director			8,250	8,250		8,250		8,250			9
10	Nursing and Medical Records	1,340,330	118,863	8,176	1,467,369		1,467,369		1,467,369			10
10a	Therapy			452,435	452,435		452,435		452,435			10a
11	Activities	68,677	4,801		73,478		73,478		73,478			11
12	Social Services	32,033			32,033		32,033		32,033			12
13	CNA Training											13
14	Program Transportation			3,560	3,560		3,560		3,560			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,441,040	123,664	472,421	2,037,125		2,037,125		2,037,125			16
	C. General Administration											
17	Administrative	156,317			156,317		156,317		156,317			17
18	Directors Fees							1,724	1,724			18
19	Professional Services			169,186	169,186		169,186	3,097	172,283			19
20	Dues, Fees, Subscriptions & Promotions			8,424	8,424		8,424	2	8,426			20
21	Clerical & General Office Expenses	72,326	30,314	35,506	138,146		138,146		138,146			21
22	Employee Benefits & Payroll Taxes			306,465	306,465		306,465	2	306,467			22
23	Inservice Training & Education			1,528	1,528		1,528		1,528			23
24	Travel and Seminar			2,095	2,095		2,095		2,095			24
25	Other Admin. Staff Transportation			3,428	3,428		3,428		3,428			25
26	Insurance-Prop.Liab.Malpractice			84,726	84,726		84,726	27,743	112,469			26
27	Other (specify):*											27
28	TOTAL General Administration	228,643	30,314	611,358	870,315		870,315	32,568	902,883			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,965,117	396,301	1,176,961	3,538,379		3,538,379	32,256	3,570,635			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 Manor Court of Peoria #0047068 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			20,763	20,763		20,763	232,608	253,371			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							212,227	212,227			32
33	Real Estate Taxes							47,300	47,300			33
34	Rent-Facility & Grounds			369,600	369,600		369,600	(369,600)				34
35	Rent-Equipment & Vehicles			13,774	13,774		13,774		13,774			35
36	Other (specify):* Loan Fee Amort							3,541	3,541			36
37	**TOTAL Ownership**			404,137	404,137		404,137	126,076	530,213			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			3,917	3,917		3,917		3,917			38
39	Ancillary Service Centers		96,759		96,759		96,759		96,759			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			2,528	2,528		2,528		2,528			41
42	Provider Participation Fee			112,070	112,070		112,070		112,070			42
43	Other (specify):* See Att Sch III	40,034		86,275	126,309		126,309	(108,141)	18,168			43
44	**TOTAL Special Cost Centers**	40,034	96,759	204,790	341,583		341,583	(108,141)	233,442			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,005,151	493,060	1,785,888	4,284,099		4,284,099	50,191	4,334,290			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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	(190)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,870)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,890)	30		9
10	Interest and Other Investment Income	(3,408)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(873)	43		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers		19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(23,723)	43		24
25	Fund Raising, Advertising and Promotional	(79,675)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(122)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (114,751)		$	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)	164,942		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 164,942		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 50,191		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

STATE OF ILLINOIS **Page 5A**

Manor Court of Peoria

ID# **0047068**

Report Period Beginning: **4/1/2013**

Ending: **3/31/2014**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Machine Income Offset	$ (122)	2	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**	(122)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manor Court of Peoria **#** 0047068 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(312)	0	0	0	0	0	0	0	0	0	0	(312)	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	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(312)	0	0	0	0	0	0	0	0	0	0	(312)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	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	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	1,724	0	0	0	0	0	0	0	0	0	1,724	18
19	Professional Services	0	3,097	0	0	0	0	0	0	0	0	0	3,097	19
20	Fees, Subscriptions & Promotions	0	2	0	0	0	0	0	0	0	0	0	2	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	2	0	0	0	0	0	0	0	0	0	2	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	963	26,780	0	0	0	0	0	0	0	0	27,743	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	5,788	26,780	0	0	0	0	0	0	0	0	32,568	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(312)	5,788	26,780	0	0	0	0	0	0	0	0	32,256	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manor Court of Peoria # 0047068 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(2,890)	0	235,498	0	0	0	0	0	0	0	0	232,608	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,408)	0	215,635	0	0	0	0	0	0	0	0	212,227	32
33	Real Estate Taxes	0	0	47,300	0	0	0	0	0	0	0	0	47,300	33
34	Rent-Facility & Grounds	0	0	(369,600)	0	0	0	0	0	0	0	0	(369,600)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	3,541	0	0	0	0	0	0	0	0	3,541	36
37	TOTAL Ownership	(6,298)	0	132,374	0	0	0	0	0	0	0	0	126,076	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):*	(108,141)	0	0	0	0	0	0	0	0	0	0	(108,141)	43
44	TOTAL Special Cost Centers	(108,141)	0	0	0	0	0	0	0	0	0	0	(108,141)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(114,751)	5,788	159,154	0	0	0	0	0	0	0	0	50,191	45

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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
Residential Alternatives of Illinois, Inc.	100	Frances House, Inc. (FH)				
(Non-profit Organization)		Residential Alternatives of Illinois, Inc. (FH is sole member)		See Attached Schedule I		
		Residential Alternatives of Iowa				
		Pioneer Concepts, Inc. (FH is sole member)				
		Pinnacle Opportunities, Inc. (FH is sole member)				
		Concepts Plus, Inc. (FH is sole member)				
		See Attached Schedule I for specific homes				

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	18	Director Fees	$	Residential Alternatives of Illinois, Inc.	100.00%	$ 1,724	$ 1,724	1
2	V	19	Professional Services		Residential Alternatives of Illinois, Inc.	100.00%	3,097	3,097	2
3	V	20	Dues, Fees & Subscriptions		Residential Alternatives of Illinois, Inc.	100.00%	2	2	3
4	V	22	Employee Benefits & PR Taxes		Residential Alternatives of Illinois, Inc.	100.00%	2	2	4
5	V	26	Property Insurance		Residential Alternatives of Illinois, Inc.	100.00%	963	963	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 5,788	$ * 5,788	14

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Facility Rent	$ 369,600	Peoria Manor Court, Ltd., NFP	0.00%	$	$ (369,600)	15
16	V	26	Property/MIP Insurance		Peoria Manor Court, Ltd., NFP		26,780	26,780	16
17	V	30	Depreciation Expense		Peoria Manor Court, Ltd., NFP		235,498	235,498	17
18	V	32	Interest Expense		Peoria Manor Court, Ltd., NFP		(131)	(131)	18
19	V	32	Interest Expense		Peoria Manor Court, Ltd., NFP		215,766	215,766	19
20	V	33	Real Estate Tax Expense		Peoria Manor Court, Ltd., NFP		47,300	47,300	20
21	V	36	Amortization Expense		Peoria Manor Court, Ltd., NFP		3,541	3,541	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 369,600			$ 528,754	$ * 159,154	39

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	See Attached Schedule II								$ 1,724	L18, C7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,724		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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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 [X] NO [ ]

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

Name of Related Organization: Residential Alternatives of Illinois, Inc.
Street Address: 285 S. Farnham
City / State / Zip Code: Galesburg, IL 61401
Phone Number: (309) 343-1550
Fax Number: (309) 343-2857

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	18	Director Fees	Weighted Avg Beds	876	16	30,200		50	$ 1,724	1
2	19	Professional Services	Weighted Avg Beds	876	16	54,254		50	3,097	2
3	20	Dues, Fees & Subscriptions	Weighted Avg Beds	876	16	35		50	2	3
4	22	Employee Benefits & PR Taxes	Weighted Avg Beds	876	16	43		50	2	4
5	26	Property Insurance	Weighted Avg Beds	876	16	16,880		50	963	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 101,412	$		$ 5,788	25

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	Cambridge Realty Capital						$	$			$	1
2	Ltd. Of Illinois - SNF		X	Facility Purchase	$22,950.00	12/1/2009	4,605,300	4,375,920	1/1/2045	4.9000	215,766	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$22,950.00		$ 4,605,300	$ 4,375,920			$ 215,766	9
	B. Non-Facility Related*											
10												10
11									Interest Income offset		(3,539)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (3,539)	14
15	TOTALS (line 9+line14)						$ 4,605,300	$ 4,375,920			$ 212,227	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$ 22,016** **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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 143,144	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.)	2012	$ 107,631	2
3. Under or (over) accrual (line 2 minus line 1).		$ (35,513)	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 143,149	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.	Adjust out SLF portion of expense	(60,336)	
TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 47,300	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2009	149,676	8
	2010	107,824	9
	2011	109,111	10
	2012	107,631	11
	2013	113,612	12

This facility was leased from an unrelated for-profit entity and was purchased by a related party in December 2009. The lease agreement requires the lessee to pay the R/E taxes. Amount accrued includes 12 months of 2013 and 3 months of 2014. The R/E tax estimate is based on 2013 tax bill. Taxes paid are for the 2012 tax bill. The related party also pays real estate taxes for property not operated by the SNF. See Att Sch VI for the allocation of SNF portion.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manor Court of Peoria COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0047068

CONTACT PERSON REGARDING THIS REPORT Ron Wilson

TELEPHONE (309) 343-1550 FAX #: (309) 343-2857

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	13-11-352-005	Fieldstone Estates	$	$
2.		SW 1/4 Sec 11-9N-7E 3.264 AC	$ 111,016.10	$ 46,627.00
3.		Lot 83B	$	$
4.			$	$
5.	13-11-352-025	Fieldstone Estates Extn 1 SW 1/4	$ 1,298.06	$ 1,298.06
6.		Sec 11-9N-7E	$	$
7.		Lot 89A Liberty Villas III	$	$
8.	13-11-352-026	Fieldstone Estates Extn 1 SW 1/4	$ 1,298.06	$ 1,298.06
9.		Sec 11-9N-7E	$	$
10.		Lot 89B Liberty Villas III	$	$
		TOTALS	$ 113,612.22	$ 49,223.12

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? X 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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,840 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility - SNF	62,400	2009	$ 147,000	1
2					2
3	TOTALS	62,400		$ 147,000	3

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	50		2009		$ 4,869,143	$	25	$ 194,768	$ 194,768	$ 843,995	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Sign			2007	3,100	311	10	311		2,041	9
10	Fire Doors, Paved Parking Lot & Sidewalks			2009	232,895	218	15	15,526	15,308	67,426	10
11	Electromagnetic Lock			2010	8,319	832	10	832		3,120	11
12	Water Heater			2010	4,758	475	10	475		1,665	12
13	Concrete-Handycap Ramp/Sidewalk Repairs			2011	4,191	279	15	279		768	13
14	Water Heater			2013	5,248	525	10	525		569	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

*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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	
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									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,127,654	$ 2,640		$ 212,716	$ 210,076	$ 919,584	70

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	$ 457,175	$ 14,683	$ 40,105	$ 25,422	3-15 yrs	$ 232,459	71
72	Current Year Purchases	8,560	550	550		5-7 yrs	550	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 465,735	$ 15,233	$ 40,655	$ 25,422		$ 233,009	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	Patient Care	Toyota Corolla 2006	2006	$ 15,288	$	$	$	4	$ 15,288	76
77										77
78										78
79										79
80	TOTALS			$ 15,288	$	$	$		$ 15,288	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)	$ 5,755,677	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 17,873	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 253,371	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 235,498	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,167,881	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	1999 Chevy Silverado 2500 - 2012	11,559	2,890	6,502	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 11,559	$ 2,890	$ 6,502	91

G. Construction-in-Progress

	Description	Cost	
92			92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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								5
6								6
7	TOTAL				$ **			7

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

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.	/2015	$
13.	/2016	$
14.	/2017	$

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: $ 13,774 Description: See Attached Schedule VII
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

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

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.

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(3)	hrs	$	9,909	$ 178,365	$	9,909	$ 178,365	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		4,620	83,152		4,620	83,152	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		10,458	188,239		10,458	188,239	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				96,759		96,759	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	10A(3)			149	2,679		149	2,679	12
13	Other (specify):									13
14	TOTAL			$	25,136	$ 452,435	$ 96,759	25,136	$ 549,194	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.

STATE OF ILLINOIS

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/2014 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 24,929	$ 157,148	1
2	Cash-Patient Deposits	8,899	8,899	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 22,000)	351,696	502,975	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,844	33,981	6
7	Other Prepaid Expenses	2,819	7,631	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	2,476,597	1,503,425	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,880,784	$ 2,214,059	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		147,000	13
14	Buildings, at Historical Cost	28,891	4,898,034	14
15	Leasehold Improvements, at Historical Cost		229,620	15
16	Equipment, at Historical Cost	238,345	481,023	16
17	Accumulated Depreciation (book methods)	(153,891)	(1,167,881)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Att Sch V		341,502	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 113,345	$ 4,929,298	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,994,129	$ 7,143,357	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 69,078	$ 69,082	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,899	8,899	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	43,262	43,262	30
31	Accrued Taxes Payable (excluding real estate taxes)	46,950	46,950	31
32	Accrued Real Estate Taxes(Sch.IX-B)		60,122	32
33	Accrued Interest Payable		17,868	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Interdivision Payable			36
37	Current Maturity of Mortgage Note			37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 168,189	$ 246,183	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,375,920	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Security Deposits	45,000	45,000	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 45,000	$ 4,420,920	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 213,189	$ 4,667,103	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,780,940	$ 2,476,254	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,994,129	$ 7,143,357	48

*(See instructions.)

Facility Name & ID Number Manor Court of Peoria **#** 0047068 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,457,107	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,457,107	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	323,833	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)**	$ 323,833	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,780,940	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,586,457	1
2	Discounts and Allowances for all Levels	(717)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,585,740	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	134	6
7	Oxygen	10,966	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 11,100	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	122	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	190	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6,148	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 6,460	23
	D. Non-Operating Revenue		
24	Contributions	1,224	24
25	Interest and Other Investment Income***	3,408	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 4,632	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,607,932	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	630,939	31
32	Health Care	2,037,125	32
33	General Administration	870,315	33
	B. Capital Expense		
34	Ownership	404,137	34
	C. Ancillary Expense		
35	Special Cost Centers	229,513	35
36	Provider Participation Fee	112,070	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,284,099	40
41	**Income before Income Taxes (line 30 minus line 40)****	323,833	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 323,833	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 334,247	44
45	Private Pay - Net Inpatient Revenue	2,293,816	45
46	Medicare - Net Inpatient Revenue	1,692,616	46
47	Other-(specify) Medicare Replacement	265,061	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 4,585,740	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 Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,068	2,201	$ 74,918	$ 34.04	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,672	12,148	310,508	25.56	3
4	Licensed Practical Nurses	10,651	11,213	229,650	20.48	4
5	CNAs & Orderlies	54,743	57,434	650,661	11.33	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,495	6,774	68,677	10.14	10
11	Social Service Workers	1,805	1,954	32,033	16.39	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	11,309	11,870	131,068	11.04	15
16	Dishwashers					16
17	Maintenance Workers	3,930	4,112	48,337	11.76	17
18	Housekeepers	8,581	8,958	92,391	10.31	18
19	Laundry	2,657	2,739	23,638	8.63	19
20	Administrator	1,976	2,080	109,500	52.64	20
21	Assistant Administrator	1,952	2,080	46,817	22.51	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,910	5,222	72,326	13.85	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	1,883	2,003	22,921	11.44	31
32	Other Health C: MDS coord	1,973	2,041	51,672	25.32	32
33	Other(specify) Marketing	1,968	2,080	40,034	19.25	33
34	TOTAL (lines 1 - 33)	128,573	134,909	$ 2,005,151 *	$ 14.86	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 5,620	L1, C3	35
36	Medical Director	Monthly	8,250	L9, C3	36
37	Medical Records Consultant	Monthly	940	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,398	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 18,208		49

C. CONTRACT NURSES

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

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Linda Patton	Administrator	None	$ 109,500
Beth Lister	Asst. Administrator	None	46,817
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 156,317

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
RFMS, Inc.	Administrative Services	$ 74,400
LTC Support Services, LLC	Support Services	72,480
McGladrey LLP	Accounting Services	19,020
Blue Orange	HIPPA Compliance Cons.	1,072
Davis & Campbell, LLC	Legal Services	334
Michael T. Mahoney	Legal Services	220
Polsinelli Shughart	Legal Services	1,660
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 169,186

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 69,767
Unemployment Compensation Insurance	7,763
FICA Taxes	149,476
Employee Health Insurance	54,033
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 (k)	16,679
Other Employee Benefits	8,747
Indirect costs	2
TOTAL (agree to Schedule V, line 22, col.8)	$ 306,467

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,556
Health Care Worker Background Check	
(Indicate # of checks performed 79)	1,494
Patient Background Checks	
Subscriptions	1,067
IHCA Dues	1,853
Other Licenses & Fees	2,454
Indirect costs	2
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,426

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,095
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,095

**See instructions.

Facility Name & ID Number Manor Court of Peoria # 0047068 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

Facility Name & ID Number **Manor Court of Peoria** **#** **0047068** **Report Period Beginning:** **4/1/2013** **Ending:** **3/31/2014**

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. **1,853 IHCA**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes - IHCA Dues** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **5-7 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **36,226** 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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **112,070**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **190**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
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? **Yes**
Firm Name: **McGladrey & Pullen, LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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	Adjustments	Adjusted Total
1. Dietary	131,068	10,325	5,620	147,013	0	147,013	0	147,013
2. Food Purchase	0	164,531	0	164,531	0	164,531	-312	164,219
3. Housekeeping	92,391	14,768	0	107,159	0	107,159	0	107,159
4. Laundry	23,638	18,333	0	41,971	0	41,971	0	41,971
5. Heat and Other Utilities	0	0	61,695	61,695	0	61,695	0	61,695
6. Maintenance	48,337	34,366	25,867	108,570	0	108,570	0	108,570
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	295,434	242,323	93,182	630,939	0	630,939	-312	630,627
9. Medical Director	0	0	8,250	8,250	0	8,250	0	8,250
10. Nursing & Medical Records	1,340,330	118,863	8,176	1,467,369	0	1,467,369	0	1,467,369
10a. Therapy	0	0	452,435	452,435	0	452,435	0	452,435
11. Activities	68,677	4,801	0	73,478	0	73,478	0	73,478
12. Social Services	32,033	0	0	32,033	0	32,033	0	32,033
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	3,560	3,560	0	3,560	0	3,560
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	1,441,040	123,664	472,421	2,037,125	0	2,037,125	0	2,037,125
17. Administrative	156,317	0	0	156,317	0	156,317	0	156,317
18. Directors Fees	0	0	0	0	0	0	1,724	1,724
19. Professional Services	0	0	169,186	169,186	0	169,186	3,097	172,283
20. Fees, Subscriptions & Promotion	0	0	8,424	8,424	0	8,424	2	8,426
21. Clerical & General Office	72,326	30,314	35,506	138,146	0	138,146	0	138,146
22. Employee Benefits & Payroll	0	0	306,465	306,465	0	306,465	2	306,467
23. Inservice Training & Education	0	0	1,528	1,528	0	1,528	0	1,528
24. Travel and Seminar	0	0	2,095	2,095	0	2,095	0	2,095
25. Other Admin. Staff Trans	0	0	3,428	3,428	0	3,428	0	3,428
26. Insurance-Prop.Liab.Malpractice	0	0	84,726	84,726	0	84,726	27,743	112,469
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	228,643	30,314	611,358	870,315	0	870,315	32,568	902,883
29. Total General Administrative	1,965,117	396,301	1,176,961	3,538,379	0	3,538,379	32,256	3,570,635
30. Depreciation	0	0	20,763	20,763	0	20,763	232,608	253,371
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	212,227	212,227
33. Real Estate	0	0	0	0	0	0	47,300	47,300

34.	Rent - Facility & Grounds		0	0	369,600	369,600	0	369,600	-369,600	0
35.	Rent - Equipment & Vehicles		0	0	13,774	13,774	0	13,774	0	13,774
36.	Other (specify):*		0	0	0	0	0	0	3,541	3,541
37.	Total Ownership		0	0	404,137	404,137	0	404,137	126,076	530,213
38.	Medically Necessary T		0	0	3,917	3,917	0	3,917	0	3,917
39.	Ancillary Service Cent		0	96,759	0	96,759	0	96,759	0	96,759
40.	Barber and Beauty Shop		0	0	0	0	0	0	0	0
41.	Coffee and Gift Shops		0	0	2,528	2,528	0	2,528	0	2,528
		42	0	0	112,070	112,070	0	112,070	0	112,070
43.	Other (specify):*		40,034	0	86,275	126,309	0	126,309	-108,141	18,168
44.	Total Special Cost Ce		40,034	96,759	204,790	341,583	0	341,583	-108,141	233,442
45.	Grand Total		2,005,151	493,060	1,785,888	4,284,099	0	4,284,099	50,191	4,334,290

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	24,929	157,148
2. Cash - Patient Deposits	8,899	8,899
3. Accounts & Notes Recievable	351,696	502,975
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	15,844	33,981
7. Other Prepaid Expenses	2,819	7,631
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	2,476,597	1,503,425
10. Total current assets	2,880,784	2,214,059
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	147,000
14. Buildings, at Historical Cost	28,891	4,898,034
15. Leasehold Improvements, Historical Cost	0	229,620
16. Equipment, at Historical Cost	238,345	481,023
17. Accumulated Depreciation (book methods)	-153,891	-1,167,881
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	0
23. other (specify):	0	341,502
24. Total Long-Term Assets	113,345	4,929,298
25. Total Assets	2,994,129	7,143,357
CURRENT LIABILITIES		
26. Accounts Payable	69,078	69,082
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	8,899	8,899
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	43,262	43,262
31. Accrued Taxes Payable	46,950	46,950
32. Accrued Real Estate Taxes	0	60,122
33. Accrued Interest Payable	0	17,868
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	0	0

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	168,189	246,183
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	4,375,920
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	45,000	45,000
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	45,000	4,420,920
46.Total Liabilities	213,189	4,667,103
47.Total Equity	2,780,940	2,476,254
48.Total Liabilities and Equity	2,994,129	7,143,357

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	4,586,457
2. Discounts and Allowances for all Levels	-717
Subtotal - Inpatient Care	4,585,740
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	134
7. Oxygen	10,966
Subtotal - Anciliary Revenue	11,100
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	122
13. Barber and Beauty Care	0
14. Non-Patient Meals	190
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	6,148
22. Laundry	0
Subtotal - Other Operating Revenue	6,460
24. Contributions	1,224
25. Interest and Other Investments Income	3,408
Subtotal - Non-Operating Revenue	4,632
27. Other Revenue (specify):	0
28. Other Revenue (specify):	0
Subtotal - Other Revenue	-
30. Total Revenue	4,607,932
31. General Services	630,939
32. Health Care	2,037,125
33. General Administration	870,315
34. Ownership	404,137

35.	Special Cost Centers	229,513
35.	Provider Participation Fee	112,070
37.	Other	0
40.	Total Expenses	4,284,099
41.	Income Before Income Taxes	323,833
42.	Income Taxes	0
43.	Net Income or Loss for the Year	323,833