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: 0047316

Facility Name: Manor Court of Peru

Address: 3230 Becker Drive (Number) Peru (City) 61354 (Zip Code)

County: La Salle

Telephone Number: (815) 220-1440 **Fax #** None

HFS ID Number:

Date of Initial License for Current Owners: 08/19/05

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 Peru # 0047316 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	94	Skilled (SNF)	94	34,310	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	36	Sheltered Care (SC)	36	13,140	5
6		ICF/DD 16 or Less			6
7	130	TOTALS	130	47,450	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	5,799	14,097	13,743	33,639	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		5,420		5,420	12
13	DD 16 OR LESS					13
14	TOTALS	5,799	19,517	13,743	39,059	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.32%

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 02/08/05

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 01/01/05 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 94 and days of care provided 13,185

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 Peru # 0047316 **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	253,906	24,547	8,324	286,777		286,777		286,777			1
2	Food Purchase		421,879		421,879		421,879	(7,683)	414,196			2
3	Housekeeping	177,635	43,156		220,791		220,791		220,791			3
4	Laundry	35,844	20,120		55,964		55,964		55,964			4
5	Heat and Other Utilities			137,691	137,691		137,691		137,691			5
6	Maintenance	63,692	45,238	39,747	148,677		148,677		148,677			6
7	Other (specify):*											7
8	**TOTAL General Services**	531,077	554,940	185,762	1,271,779		1,271,779	(7,683)	1,264,096			8
	B. Health Care and Programs											
9	Medical Director			23,832	23,832		23,832		23,832			9
10	Nursing and Medical Records	2,641,605	198,655	12,023	2,852,283		2,852,283		2,852,283			10
10a	Therapy			1,419,468	1,419,468		1,419,468		1,419,468			10a
11	Activities	136,960	2,532		139,492		139,492		139,492			11
12	Social Services	61,018			61,018		61,018		61,018			12
13	CNA Training											13
14	Program Transportation			4,193	4,193		4,193		4,193			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,839,583	201,187	1,459,516	4,500,286		4,500,286		4,500,286			16
	C. General Administration											
17	Administrative	104,346			104,346		104,346		104,346			17
18	Directors Fees							3,896	3,896			18
19	Professional Services			294,751	294,751		294,751	6,998	301,749			19
20	Dues, Fees, Subscriptions & Promotions			15,136	15,136		15,136	5	15,141			20
21	Clerical & General Office Expenses	123,901	55,334	42,278	221,513		221,513		221,513			21
22	Employee Benefits & Payroll Taxes			574,344	574,344		574,344	6	574,350			22
23	Inservice Training & Education			1,702	1,702		1,702		1,702			23
24	Travel and Seminar			1,285	1,285		1,285		1,285			24
25	Other Admin. Staff Transportation			4,190	4,190		4,190		4,190			25
26	Insurance-Prop.Liab.Malpractice			57,324	57,324		57,324	97,991	155,315			26
27	Other (specify):*											27
28	**TOTAL General Administration**	228,247	55,334	991,010	1,274,591		1,274,591	108,896	1,383,487			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,598,907	811,461	2,636,288	7,046,656		7,046,656	101,213	7,147,869			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 Peru #0047316 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			43,050	43,050		43,050	642,303	685,353			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							540,340	540,340			32
33	Real Estate Taxes							37,002	37,002			33
34	Rent-Facility & Grounds			940,646	940,646		940,646	(940,646)				34
35	Rent-Equipment & Vehicles			5,464	5,464		5,464		5,464			35
36	Other (specify):* Loan Fee Amort							21,845	21,845			36
37	TOTAL Ownership			989,160	989,160		989,160	300,844	1,290,004			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			4,075	4,075		4,075		4,075			38
39	Ancillary Service Centers		338,753		338,753		338,753		338,753			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			2,710	2,710		2,710		2,710			41
42	Provider Participation Fee			147,715	147,715		147,715		147,715			42
43	Other (specify):* See Schedule III	41,269		145,267	186,536		186,536	(169,045)	17,491			43
44	TOTAL Special Cost Centers	41,269	338,753	299,767	679,789		679,789	(169,045)	510,744			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,640,176	1,150,214	3,925,215	8,715,605		8,715,605	233,012	8,948,617			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 Peru # 0047316 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	(144)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,166)	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	(4,075)	30		9
10	Interest and Other Investment Income	(14,311)	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	(2,269)	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				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(79,343)	43		24
25	Fund Raising, Advertising and Promotional	(85,267)	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	(7,539)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (195,114)		$	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)	428,126		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 428,126		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 233,012		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 Peru

ID# **0047316**

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

Ending: **3/31/2014**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Machine Income offset	$ (7,539)	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**	(7,539)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manor Court of Peru **#** 0047316 **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	(7,683)	0	0	0	0	0	0	0	0	0	0	(7,683)	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**	(7,683)	0	0	0	0	0	0	0	0	0	0	(7,683)	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	3,896	0	0	0	0	0	0	0	0	0	3,896	18
19	Professional Services	0	6,998	0	0	0	0	0	0	0	0	0	6,998	19
20	Fees, Subscriptions & Promotions	0	5	0	0	0	0	0	0	0	0	0	5	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	6	0	0	0	0	0	0	0	0	0	6	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	2,177	95,814	0	0	0	0	0	0	0	0	97,991	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	13,082	95,814	0	0	0	0	0	0	0	0	108,896	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(7,683)	13,082	95,814	0	0	0	0	0	0	0	0	101,213	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manor Court of Peru # 0047316 **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	(4,075)	0	646,378	0	0	0	0	0	0	0	0	642,303	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(14,311)	0	554,651	0	0	0	0	0	0	0	0	540,340	32
33	Real Estate Taxes	0	0	37,002	0	0	0	0	0	0	0	0	37,002	33
34	Rent-Facility & Grounds	0	0	(940,646)	0	0	0	0	0	0	0	0	(940,646)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	21,845	0	0	0	0	0	0	0	0	21,845	36
37	TOTAL Ownership	(18,386)	0	319,230	0	0	0	0	0	0	0	0	300,844	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):*	(169,045)	0	0	0	0	0	0	0	0	0	0	(169,045)	43
44	TOTAL Special Cost Centers	(169,045)	0	0	0	0	0	0	0	0	0	0	(169,045)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(195,114)	13,082	415,044	0	0	0	0	0	0	0	0	233,012	45

Facility Name & ID Number Manor Court of Peru # 0047316 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%	$ 3,896	$ 3,896	1
2	V	19	Professional Services		Residential Alternatives of Illinois, Inc.	100.00%	6,998	6,998	2
3	V	20	Dues, Fees & Subscriptions		Residential Alternatives of Illinois, Inc.	100.00%	5	5	3
4	V	22	Employee Benefits & PR Taxes		Residential Alternatives of Illinois, Inc.	100.00%	6	6	4
5	V	26	Property Insurance		Residential Alternatives of Illinois, Inc.	100.00%	2,177	2,177	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			$			$ 13,082	$ * 13,082	14

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

Facility Name & ID Number Manor Court of Peru # 0047316 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	$ 940,646	Peru Becker, Ltd., NFP	0.00%	$	$ (940,646)	15
16	V	26	Insurance-Prop & Liab		Peru Becker, Ltd., NFP	0.00%	95,814	95,814	16
17	V	30	Depreciation		Peru Becker, Ltd., NFP	0.00%	646,378	646,378	17
18	V	32	Interest		Peru Becker, Ltd., NFP	0.00%	555,061	555,061	18
19	V	32	Interest		Peru Becker, Ltd., NFP	0.00%	(410)	(410)	19
20	V	33	Real Estate Taxes		Peru Becker, Ltd., NFP	0.00%	37,002	37,002	20
21	V	36	Loan Fee Amortization		Peru Becker, Ltd., NFP	0.00%	21,845	21,845	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			$ 940,646			$ 1,355,690	$ * 415,044	39

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

Facility Name & ID Number Manor Court of Peru # 0047316 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Attached Schedule II								$ 3,896	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	$ 3,896		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 Peru # 0047316 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		113	$ 3,896	1
2	19	Professional Services	Weighted Avg Beds	876	16	54,254		113	6,998	2
3	20	Dues, Fees & Subscriptions	Weighted Avg Beds	876	16	35		113	5	3
4	22	Employee Benefits & PR Taxes	Weighted Avg Beds	876	16	43		113	6	4
5	26	Property Insurance	Weighted Avg Beds	876	16	16,880		113	2,177	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	$		$ 13,082	25

Facility Name & ID Number Manor Court of Peru # 0047316 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge Realty Capital						$	$			$	1
2	Ltd. Of Illinois - SNF		X	Facility Purchase (Refinance)	$72,624.00	7/1/2009	13,860,000		8/1/2044	5.3000	118,949	2
3												3
4	Cambridge Realty Capital		X	Refinance - w/ trade premium								4
5	Ltd. Of Illinois - SNF			of $592,646 as of 3/31/14	$63,289.78	6/1/2013	13,860,000	14,275,820	5/1/2043	3.8000	436,112	5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$135,913.78		$ 27,720,000	$ 14,275,820			$ 555,061	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13									Interest Income offset		(14,721)	13
14	TOTAL Non-Facility Related						$	$			$ (14,721)	14
15	TOTALS (line 9+line14)						$ 27,720,000	$ 14,275,820			$ 540,340	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 83,842 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 Peru # 0047316 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.**	$ 134,319	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.)		$ 54,897	2
3. Under or (over) accrual (line 2 minus line 1).		$ (79,422)	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	**See Attached Sch VII**	$ 132,282	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	**Adjust out SLF portion of expense**	$ (15,858)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 37,002	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2009	33,641	8
2010	45,530	9
2011	43,288	10
2012	54,897	11
2013	55,482	12

This facility was leased from an unrelated for-profit entity and was purchased by a related party in July 2009. Amount accrued includes 12 months of 2013 and 3 months of 2014. The real estate tax estimate is based on the 2012 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 attached schedule VII for allocation.

	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 Peru COUNTY La Salle

FACILITY IDPH LICENSE NUMBER 0047316

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.	17-09-139-001	Liberty Village Second Add Lot 7	$ 35,230.52	$ 24,661.00
2.			$	$
3.	17-09-139-001E	3230 Becker Drive	$ 4,150.96	$ 2,906.00
4.			$	$
5.	17-09-124-003	Liberty Lane Village Subd Lot 1, 3	$ 1,756.64	$ 1,230.00
6.			$	$
7.	17-09-124-004	Liberty Lane Village Subd Lot 1, 2	$ 14,343.82	$ 10,041.00
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 55,481.94	$ 38,838.00

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 Peru # 0047316 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 27,166 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 [X] (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	3.42 acres	2009	$ 350,000	1
2					2
3	TOTALS	#VALUE!		$ 350,000	3

Facility Name & ID Number Manor Court of Peru # 0047316 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	130		2009		$ 13,641,000	$	25	$ 545,670	$ 545,670	$ 2,591,944	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Electric Sign and Water Heater			2005	7,758	776	10	776		6,878	9
10	Roof			2006	5,050	505	10	505		3,788	10
11	Sprinkler System, Asphalt Ramp, Paved parking lot & sidewalks			2009	1,060,899	1,208	8-15 yrs	71,208	70,000	338,019	11
12	Call Light System in Therapy			2010	4,877	488	10	488		2,032	12
13	Wander Security Panel			2012	3,140	314	10	314		471	13
14	Vinyl Tile/Wallpaper/Paint in Dining Room			2013	11,511	1,151	10	1,151		1,151	14
15	Water Heater			2013	8,877	814	10	814		814	15
16	Air Conditioner			2013	3,150	289	10	289		289	16
17	Mag Lock/Electromagnetic Lock			2013	2,998	250	10	250		250	17
18	Water Softener			2014	6,540	109	10	109		109	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 Peru # 0047316 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)		$ 14,755,800	$ 5,904		$ 621,574	$ 615,670	$ 2,945,745	70

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

Facility Name & ID Number Manor Court of Peru # 0047316 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	$ 666,441	$ 28,431	$ 59,139	$ 30,708	3-15 yrs	$ 380,360	71
72	Current Year Purchases	44,143	3,442	3,442		7-15 yrs	3,442	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 710,584	$ 31,873	$ 62,581	$ 30,708		$ 383,802	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	2003 GMC Van	2005	$ 29,800	$	$	$	4	$ 29,800	76
77	Snow Removal	1990 Ford F250 Snow Plow	2005	5,800				4	5,800	77
78	Patient Care	2003 Chevy Silverado	2013	14,380	1,198	1,198		4	1,198	78
79										79
80	TOTALS			$ 49,980	$ 1,198	$ 1,198	$		$ 36,798	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)	$ 15,866,364	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 38,975	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 685,353	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 646,378	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,366,345	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	2010 Toyota Corolla - 2010	$ 16,300	$ 4,075	$ 14,942	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 16,300	$ 4,075	$ 14,942	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 Peru # 0047316 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: $ 5,464 Description: See Attached Schedule VI
    (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	N/A		$	$	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 Peru # 0047316 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 Peru # 0047316 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	$	25,259	$ 454,663	$	25,259	$ 454,663	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		10,077	181,385		10,077	181,385	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		42,434	763,803		42,434	763,803	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				338,753		338,753	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	10A(3)			1,090	19,617		1,090	19,617	12
13	Other (specify):									13
14	TOTAL			$	78,860	$ 1,419,468	$ 338,753	78,860	$ 1,758,221	14

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

Facility Name & ID Number Manor Court of Peru # 0047316 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	$ 58,401	$ 145,727	1
2	Cash-Patient Deposits	13,196	13,196	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 103,000)	1,857,881	1,857,881	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,759	53,287	6
7	Other Prepaid Expenses	2,654	15,694	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	6,574,980	3,595,217	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,534,871	$ 5,681,002	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		350,000	13
14	Buildings, at Historical Cost	64,800	14,755,800	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	469,064	760,564	16
17	Accumulated Depreciation (book methods)	(310,999)	(3,366,345)	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		1,743,092	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 222,865	$ 14,243,111	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,757,736	$ 19,924,113	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 180,146	$ 189,171	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,196	13,196	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	105,137	105,137	30
31	Accrued Taxes Payable (excluding real estate taxes)	56,291	56,291	31
32	Accrued Real Estate Taxes(Sch.IX-B)		92,597	32
33	Accrued Interest Payable		43,330	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 354,770	$ 499,722	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,275,820	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Security Deposits	65,967	65,967	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 65,967	$ 14,341,787	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 420,737	$ 14,841,509	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 8,336,999	$ 5,082,604	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,757,736	$ 19,924,113	48

*(See instructions.)

Facility Name & ID Number Manor Court of Peru **#** 0047316 **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**	$ 6,813,405	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,813,405	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,523,594	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,523,594	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)**	$ 8,336,999	24	*

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

Facility Name & ID Number Manor Court of Peru # 0047316 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	$ 10,136,507	1
2	Discounts and Allowances for all Levels	(2,183)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,134,324	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	48,530	6
7	Oxygen	16,924	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 65,454	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	7,539	12
13	Barber and Beauty Care	8,999	13
14	Non-Patient Meals	144	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	579	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	134	20
21	Other Medical Services	5,199	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 22,594	23
	D. Non-Operating Revenue		
24	Contributions	2,516	24
25	Interest and Other Investment Income***	14,311	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 16,827	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)**	$ 10,239,199	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,271,779	31
32	Health Care	4,500,286	32
33	General Administration	1,274,591	33
	B. Capital Expense		
34	Ownership	989,160	34
	C. Ancillary Expense		
35	Special Cost Centers	532,074	35
36	Provider Participation Fee	147,715	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,715,605	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,523,594	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,523,594	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 744,437	44
45	Private Pay - Net Inpatient Revenue	2,973,835	45
46	Medicare - Net Inpatient Revenue	6,215,847	46
47	Other-(specify) Medicare Replacement	200,205	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,134,324	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 Peru # 0047316 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	1,852	1,920	$ 61,424	$ 31.99	1
2	Assistant Director of Nursing	1,976	2,080	62,367	29.98	2
3	Registered Nurses	25,597	28,031	685,997	24.47	3
4	Licensed Practical Nurses	17,185	18,871	410,907	21.77	4
5	CNAs & Orderlies	98,702	105,438	1,246,667	11.82	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,201	12,012	136,960	11.40	10
11	Social Service Workers	4,113	4,668	61,018	13.07	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,816	27,041	253,906	9.39	15
16	Dishwashers					16
17	Maintenance Workers	3,811	4,014	63,692	15.87	17
18	Housekeepers	18,265	19,323	177,635	9.19	18
19	Laundry	3,886	4,183	35,844	8.57	19
20	Administrator	1,688	1,840	64,252	34.92	20
21	Assistant Administrator	1,980	2,072	40,094	19.35	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,800	8,916	123,901	13.90	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	2,312	2,431	24,560	10.10	31
32	Other Health C: MDS/SCU coord	5,851	6,522	149,683	22.95	32
33	Other(specify) Marketing	1,916	2,080	41,269	19.84	33
34	TOTAL (lines 1 - 33)	232,951	251,442	$ 3,640,176 *	$ 14.48	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	$ 8,324	L1, C3	35
36	Medical Director	Monthly	23,832	L9, C3	36
37	Medical Records Consultant	Monthly	1,960	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,355	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)		$ 41,471		49

C. CONTRACT NURSES

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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Tiffany Green	Administrator	None	$ 25,940
Lisa Funfsinn	Asst. Administrator	None	38,312
Angela Taylor	Asst. Administrator	None	40,094
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 104,346

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	$ 144,000
LTC Support Services, LLC	Support Services	116,880
McGladrey LLP	Accounting Services	32,799
Blue Orange	HIPPA Compliance Cons.	1,072
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 294,751

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 128,325
Unemployment Compensation Insurance	19,064
FICA Taxes	255,149
Employee Health Insurance	148,315
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 (k)	19,663
Other Employee Benefits	3,828
Indirect costs	6
TOTAL (agree to Schedule V, line 22, col.8)	$ 574,350

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	257
Health Care Worker Background Check	
(Indicate # of checks performed 54)	540
Patient Background Checks 151	5,305
Subscriptions	1,318
IHCA Dues	4,818
Other Licenses & Fees	2,898
Indirect costs	5
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,141

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,285
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,285

**See instructions.

Facility Name & ID Number Manor Court of Peru # 0047316 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 Peru # 0047316 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. **4,818 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? **7-15 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **38,783** 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. $ **147,715**
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. $ **144**

(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	253,906	24,547	8,324	286,777	0	286,777	0	286,777
2. Food Purchase	0	421,879	0	421,879	0	421,879	-7,683	414,196
3. Housekeeping	177,635	43,156	0	220,791	0	220,791	0	220,791
4. Laundry	35,844	20,120	0	55,964	0	55,964	0	55,964
5. Heat and Other Utilities	0	0	137,691	137,691	0	137,691	0	137,691
6. Maintenance	63,692	45,238	39,747	148,677	0	148,677	0	148,677
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	531,077	554,940	185,762	1,271,779	0	1,271,779	-7,683	1,264,096
9. Medical Director	0	0	23,832	23,832	0	23,832	0	23,832
10. Nursing & Medical Records	2,641,605	198,655	12,023	2,852,283	0	2,852,283	0	2,852,283
10a. Therapy	0	0	1,419,468	1,419,468	0	1,419,468	0	1,419,468
11. Activities	136,960	2,532	0	139,492	0	139,492	0	139,492
12. Social Services	61,018	0	0	61,018	0	61,018	0	61,018
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	4,193	4,193	0	4,193	0	4,193
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,839,583	201,187	1,459,516	4,500,286	0	4,500,286	0	4,500,286
17. Administrative	104,346	0	0	104,346	0	104,346	0	104,346
18. Directors Fees	0	0	0	0	0	0	3,896	3,896
19. Professional Services	0	0	294,751	294,751	0	294,751	6,998	301,749
20. Fees, Subscriptions & Promotion	0	0	15,136	15,136	0	15,136	5	15,141
21. Clerical & General Office	123,901	55,334	42,278	221,513	0	221,513	0	221,513
22. Employee Benefits & Payroll	0	0	574,344	574,344	0	574,344	6	574,350
23. Inservice Training & Education	0	0	1,702	1,702	0	1,702	0	1,702
24. Travel and Seminar	0	0	1,285	1,285	0	1,285	0	1,285
25. Other Admin. Staff Trans	0	0	4,190	4,190	0	4,190	0	4,190
26. Insurance-Prop.Liab.Malpractice	0	0	57,324	57,324	0	57,324	97,991	155,315
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	228,247	55,334	991,010	1,274,591	0	1,274,591	108,896	1,383,487
29. Total General Administrative	3,598,907	811,461	2,636,288	7,046,656	0	7,046,656	101,213	7,147,869
30. Depreciation	0	0	43,050	43,050	0	43,050	642,303	685,353
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	540,340	540,340
33. Real Estate	0	0	0	0	0	0	37,002	37,002

34. Rent - Facility & Grounds		0	0	940,646	940,646	0	940,646	-940,646	0
35. Rent - Equipment & Vehicles		0	0	5,464	5,464	0	5,464	0	5,464
36. Other (specify):*		0	0	0	0	0	0	21,845	21,845
37. Total Ownership		0	0	989,160	989,160	0	989,160	300,844	1,290,004
38. Medically Necessary T		0	0	4,075	4,075	0	4,075	0	4,075
39. Ancillary Service Cent		0	338,753	0	338,753	0	338,753	0	338,753
40. Barber and Beauty Shop		0	0	0	0	0	0	0	0
41. Coffee and Gift Shops		0	0	2,710	2,710	0	2,710	0	2,710
	42	0	0	147,715	147,715	0	147,715	0	147,715
43. Other (specify):*		41,269	0	145,267	186,536	0	186,536	-169,045	17,491
44. Total Special Cost Ce		41,269	338,753	299,767	679,789	0	679,789	-169,045	510,744
45. Grand Total		3,640,176	1,150,214	3,925,215	8,715,605	0	8,715,605	233,012	8,948,617

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	58,401	145,727
2. Cash - Patient Deposits	13,196	13,196
3. Accounts & Notes Recievable	1,857,881	1,857,881
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	27,759	53,287
7. Other Prepaid Expenses	2,654	15,694
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	6,574,980	3,595,217
10. Total current assets	8,534,871	5,681,002
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	350,000
14. Buildings, at Historical Cost	64,800	14,755,800
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	469,064	760,564
17. Accumulated Depreciation (book methods)	-310,999	-3,366,345
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	1,743,092
24. Total Long-Term Assets	222,865	14,243,111
25. Total Assets	8,757,736	19,924,113
CURRENT LIABILITIES		
26. Accounts Payable	180,146	189,171
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	13,196	13,196
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	105,137	105,137
31. Accrued Taxes Payable	56,291	56,291
32. Accrued Real Estate Taxes	0	92,597
33. Accrued Interest Payable	0	43,330
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	354,770	499,722
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	14,275,820
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	65,967	65,967
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	65,967	14,341,787
46.Total Liabilities	420,737	14,841,509
47.Total Equity	8,336,999	5,082,604
48.Total Liabilities and Equity	8,757,736	19,924,113

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	10,136,507
2. Discounts and Allowances for all Levels	-2,183
Subtotal - Inpatient Care	10,134,324
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	48,530
7. Oxygen	16,924
Subtotal - Anciliary Revenue	65,454
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	7,539
13. Barber and Beauty Care	8,999
14. Non-Patient Meals	144
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	579
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	134
21. Other Medical Services	5,199
22. Laundry	0
Subtotal - Other Operating Revenue	22,594
24. Contributions	2,516
25. Interest and Other Investments Income	14,311
Subtotal - Non-Operating Revenue	16,827
27. Other Revenue (specify):	0
28. Other Revenue (specify):	0
Subtotal - Other Revenue	-
30. Total Revenue	10,239,199
31. General Services	1,271,779
32. Health Care	4,496,093
33. General Administration	1,278,784
34. Ownership	989,160

35.	Special Cost Centers	532,074
35.	Provider Participation Fee	147,715
37.	Other	0
40.	Total Expenses	8,715,605
41.	Income Before Income Taxes	1,523,594
42.	Income Taxes	0
43.	Net Income or Loss for the Year	1,523,594