

Facility Name & ID Number Snyders-Vaughn Haven

0005363 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF	3,451	1,488	1,752	6,691	8
9	SNF/PED					9
10	ICF	13,167	5,698		18,865	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,618	7,186	1,752	25,556	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.72%

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

Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 1966

J. Was the facility purchased or leased after January 1, 1978?

YES Date 1992 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 49 and days of care provided 1,752

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

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

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2006 Ending: 12/31/2006

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	161,909	21,996		183,905		183,905		183,905		1
2	Food Purchase		121,077		121,077		121,077	(1,280)	119,797		2
3	Housekeeping	55,261	6,789	1,063	63,113		63,113		63,113		3
4	Laundry	39,479	13,231	200	52,910		52,910		52,910		4
5	Heat and Other Utilities			86,818	86,818		86,818		86,818		5
6	Maintenance	29,071	14,941	22,851	66,863		66,863		66,863		6
7	Other (specify):*										7
8	TOTAL General Services	285,720	178,034	110,932	574,686		574,686	(1,280)	573,406		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	782,182	49,730	1,695	833,607		833,607		833,607		10
10a	Therapy	39,592		13,299	52,891		52,891		52,891		10a
11	Activities	32,481	837	150	33,468		33,468		33,468		11
12	Social Services	20,505		3,520	24,025		24,025		24,025		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	874,760	50,567	18,664	943,991		943,991		943,991		16
	C. General Administration										
17	Administrative	118,360			118,360		118,360		118,360		17
18	Directors Fees										18
19	Professional Services			28,920	28,920		28,920	(650)	28,270		19
20	Dues, Fees, Subscriptions & Promotions			16,112	16,112		16,112	(1,915)	14,197		20
21	Clerical & General Office Expenses	39,271	3,677	29,267	72,215		72,215	(1,266)	70,949		21
22	Employee Benefits & Payroll Taxes			189,888	189,888		189,888		189,888		22
23	Inservice Training & Education			1,344	1,344		1,344		1,344		23
24	Travel and Seminar			114	114		114		114		24
25	Other Admin. Staff Transportation			1,816	1,816		1,816		1,816		25
26	Insurance-Prop.Liab.Malpractice			100,077	100,077		100,077		100,077		26
27	Other (specify):*										27
28	TOTAL General Administration	157,631	3,677	367,538	528,846		528,846	(3,831)	525,015		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,318,111	232,278	497,134	2,047,523		2,047,523	(5,111)	2,042,412		29

SEE ACCOUNTANTS' COMPILATION REPORT

*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.

**See schedule of adjustments attached at end of cost report.

Facility Name & ID Number

Snyders-Vaughn Haven

#0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			48,797	48,797		48,797	31,912	80,709			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,537	44,537		44,537	10,911	55,448			32
33	Real Estate Taxes			34,582	34,582		34,582	(511)	34,071			33
34	Rent-Facility & Grounds			225,600	225,600		225,600	(225,600)				34
35	Rent-Equipment & Vehicles			10,176	10,176		10,176		10,176			35
36	Other (specify):*											36
37	TOTAL Ownership			363,692	363,692		363,692	(183,288)	180,404			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		55,119	7,671	62,790		62,790		62,790			39
40	Barber and Beauty Shops			1,340	1,340		1,340		1,340			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify):* Nonallowable Cost			41,514	41,514		41,514	(41,514)				43
44	TOTAL Special Cost Centers		55,119	104,728	159,847		159,847	(41,514)	118,333			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,318,111	287,397	965,554	2,571,062		2,571,062	(229,913)	2,341,149			45

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

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Snyders-Vaughn Haven**

0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(81)	2		5
6	Rented Facility Space	(2,620)	43		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,354)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,930)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(778)	32		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				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,266)	21		28
29	Other-Attach Schedule See Schedule 5A	(65,716)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (78,745)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(151,168)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (151,168)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (229,913)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		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	Exceptional Care Program		x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY					
48		49		50	
				51	
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Snyders-Vaughn Haven

ID# 0005363

Report Period Beginning: 01/01/2006

Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Vending income	\$ (1,199)	2	1
2	Nonallowable Chamber of Commerce dues	(240)	20	2
3	Nonallowable lobbying dues	(1,675)	20	3
4	Real estate tax	(511)	33	4
5	Non-care related interest expense	(26,477)	32	5
6	Medicare treatments	(2,681)	43	6
7	Lab services	(23,501)	43	7
8	Legal retainer fees	(650)	19	8
9	Federal/State tax	(8,782)	43	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	(65,716)		49

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Snyders-Vaughn Haven# 0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,280)	0	0	0	0	0	0	0	0	0	0	(1,280)	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	(1,280)	0	(1,280)	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	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(650)	0	0	0	0	0	0	0	0	0	0	(650)	19
20	Fees, Subscriptions & Promotions	(1,915)	0	0	0	0	0	0	0	0	0	0	(1,915)	20
21	Clerical & General Office Expenses	(1,266)	0	0	0	0	0	0	0	0	0	0	(1,266)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	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	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,831)	0	(3,831)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,111)	0	(5,111)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyders-Vaughn Haven# 0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	31,912	0	0	0	0	0	0	0	0	0	31,912	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(31,609)	42,520	0	0	0	0	0	0	0	0	0	10,911	32
33	Real Estate Taxes	(511)	0	0	0	0	0	0	0	0	0	0	(511)	33
34	Rent-Facility & Grounds	0	(225,600)	0	0	0	0	0	0	0	0	0	(225,600)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(32,120)	(151,168)	0	(183,288)	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):*	(41,514)	0	0	0	0	0	0	0	0	0	0	(41,514)	43
44	TOTAL Special Cost Centers	(41,514)	0	0	0	0	0	0	0	0	0	0	(41,514)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(78,745)	(151,168)	0	(229,913)	45								

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50%	Collinsville Care Center (Sold 7/31/06)	Collinsville, IL	Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50%					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	30 Depreciation	\$	Snyder Properties	100.00%	\$ 31,912	\$ 31,912	1
2	V	32 Interest		Snyder Properties	100.00%	42,520	42,520	2
3	V	34 Rent	225,600	Snyder Properties	100.00%		(225,600)	3
4	V							4
5	V							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		\$ 225,600			\$ 74,432	\$ * (151,168)	14

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

Facility Name & ID Number

Snyders-Vaughn Haven

0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

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	John R. Snyder	Administrator	Administrator	50.00	0	50	100.00	Salary	\$ 60,500	17(1)	1
2	Marcia Dianne Snyder	DON	Nursing Admin.	0.00	0	50	100.00	Salary	34,320	10(1)	2
3	Vaughn Snyder	Officer	Officer	50.00	0	10	25.00	Salary	24,520	17(1)	3
4	Aaron Snyder	Clerical	Clerical	0.00	0	26	65.00	Salary	13,351	21(1)	4
5	Edna L. Busen	Clerical	Clerical	0.00	0	4	10.00	Salary	3,968	21(1)	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 136,659		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven

0005363 Report Period Beginning: 01/01/2006 Ending: 2/31/2006

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6			N/A						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				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Snyders-Vaughn Haven

0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		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	Chrysler Credit		X	Vehicle Purchase	\$613.72	12/22/04	\$ 30,744	\$ 20,152	01/06/10	0.0769	\$ 2,087	1						
2	First Bank		X	Mortgage	\$13,445.00	11/01/95	1,133,854	621,027	11/07/15	0.0894	42,520	2						
3	Schuyler State Bank		X	Vehicle Purchase	\$695.74	03/16/05	42,127	30,634	03/16/10	0.0590	1,998	3						
4												4						
5												5						
	Working Capital																	
6	Schuyler State Bank		X	Operations	Varies	09/30/05	125,000	200,000	08/30/07	0.0850	13,975	6						
7												7						
8												8						
9	TOTAL Facility Related				\$14,754.46		\$ 1,331,725	\$ 871,813			\$ 60,580	9						
	B. Non-Facility Related*																	
10												10						
11											(778)	11						
12											(4,354)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (5,132)	14						
15	TOTALS (line 9+line14)						\$ 1,331,725	\$ 871,813			\$ 55,448	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2005 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2005 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2005.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2005 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2006 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2005 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyders-Vaughn Haven COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE (217) 322-3201 FAX #: (217) 322-6537

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2005 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 2005.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>12-170-014-00</u>	<u>Nursing Home</u>	\$ <u>1,141.00</u>	\$ <u>1,141.00</u>
2. <u>12-131-009-00</u>	<u>Nursing Home</u>	\$ <u>193.00</u>	\$ <u>193.00</u>
3. <u>12-131-003-00</u>	<u>Nursing Home</u>	\$ <u>158.00</u>	\$ <u>158.00</u>
4. <u>12-126-006-00</u>	<u>Nursing Home</u>	\$ <u>261.00</u>	\$ <u>261.00</u>
5. <u>12-126-005-00</u>	<u>Nursing Home</u>	\$ <u>63.00</u>	\$ <u>63.00</u>
6. <u>12-126-004-00</u>	<u>Nursing Home</u>	\$ <u>355.00</u>	\$ <u>355.00</u>
7. <u>12-126-003-00</u>	<u>Nursing Home</u>	\$ <u>31,168.00</u>	\$ <u>31,168.00</u>
8. <u>12-131-007-00</u>	<u>Nursing Home</u>	\$ <u>67.00</u>	\$ <u>67.00</u>
9. <u>12-125-001-00 & 12-170-012-00</u>	<u>Nursing Home</u>	\$ <u>665.00</u>	\$ <u>665.00</u>
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>34,071.00</u>	\$ <u>34,071.00</u>

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation & 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 2005 tax bills which were listed in Section A to this statement. Be sure to use the 2005 tax bill which is normally paid during 2006.

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 Snyders-Vaughn Haven

0005363

Report Period Beginning:

01/01/2006 Ending:

12/31/2006

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>215,000</u>	<u>1992</u>	<u>\$ 41,500</u>	<u>1</u>
2	<u>Resident Care</u>		<u>1997</u>	<u>31,500</u>	<u>2</u>
3	TOTALS	215,000		\$ 73,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven# 0005363

Report Period Beginning:

01/01/2006 Ending: 12/31/2006

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99		1992		\$ 1,276,487	\$	40	\$ 31,912	\$ 31,912	\$ 450,919	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prior Years				173,475		Various			173,475	9
10	Drop Ceiling		1993		1,046	70	15	70		971	10
11	Alarm System		1996		9,173		10			9,173	11
12	Boiler		1996		2,242	114	10	114		2,242	12
13	Landscaping		1997		3,684	368	10	368		3,496	13
14	Roof		1997		3,427	343	10	343		3,258	14
15	Carpet		1997		3,080	308	10	308		2,926	15
16	Door		1997		4,494	449	10	449		4,266	16
17	Boiler		1997		503	50	10	50		475	17
18	A/C - Compressor		1997		839	84	10	84		798	18
19	Boiler		1999		2,840	284	10	284		2,130	19
20	Air Conditioner		1999		3,500	350	10	350		2,625	20
21	Fire Alarm System		1999		55,739	5,574	10	5,574		41,805	21
22	Parking Lot		1999		55,214	5,521	10	5,521		41,516	22
23	Landscaping		2000		23,959	2,396	10	2,396		15,574	23
24	Fire Alarm System		2000		7,032	704	10	704		4,576	24
25	Concrete Sidewalks and Drive		2000		3,379	338	10	338		2,198	25
26	Landscaping		2000		1,079	108	10	108		702	26
27	Concrete Sidewalks and Drive		2000		535	54	10	54		351	27
28	Plumbing Improvements		2000		2,257	226	10	226		1,469	28
29	Wall Coverings		2000		2,870	286	10	286		1,859	29
30	Electrical Improvements		2000		1,243	124	10	124		806	30
31	Door Frame		2000		791	80	10	80		520	31
32	Water Softner		2001		6,543	654	10	654		3,597	32
33	Landscaping		2001		1,804	180	10	180		990	33
34	Roofing		2001		2,934	293	10	293		1,612	34
35	Door Locks		2002		2,783	278	10	278		1,251	35
36	Storage		2003		7,281	728	10	728		2,548	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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Air Conditioners	2004	\$ 6,477	\$ 648	10	\$ 648	\$	\$ 1,620	37
38 Air Conditioners	2004	16,031	1,604	10	1,604		4,010	38
39 Air Conditioner	2005	4,700	470	10	470		705	39
40 Fire Alarm System	2005	3,379	338	10	338		507	40
41 Boiler	2005	2,728	272	10	272		408	41
42 Sidewalks	2005	4,286	428	10	428		642	42
43 Gutters	2005	1,326	132	10	132		198	43
44 Landscaping	2005	2,003	200	10	200		300	44
45 Sidewalks	2005	4,497	450	10	450		675	45
46 Air Conditioners	2005	14,630	1,463	10	1,463		2,195	46
47 Gazebo	2005	12,974	1,298	10	1,298		1,947	47
48 Boiler	2006	2,703	135	10	135		135	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)		\$ 1,735,967	\$ 27,402		\$ 59,314	\$ 31,912	\$ 791,470	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 20,768	\$ 2,691	\$ 2,691	\$	5-10	\$ 5,482	71
72	Current Year Purchases	12,983	649	649		10	649	72
73	Fully Depreciated Assets	745,387					745,387	73
74								74
75	TOTALS	\$ 779,138	\$ 3,340	\$ 3,340	\$		\$ 751,518	75

D. Vehicle Depreciation (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	See Schedule 13A	See Schedule 13A	See Sch 13A	\$ 30,300	\$ 508	\$ 508	\$	5	\$ 28,521	76
77	Resident Care	99 Chrysler van	2004	11,850	2,237	2,237		5	5,659	77
78	Resident Care	04 Ford Bus	2005	42,109	8,422	8,422		5	12,633	78
79	Maintenance	2005 Dodge Truck	2004	34,438	6,888	6,888		5	17,220	79
80	TOTALS			\$ 118,697	\$ 18,055	\$ 18,055	\$		\$ 64,033	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)	\$ 2,706,802	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 48,797	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 80,709	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 31,912	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,607,021	85

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

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

G. Construction-in-Progress

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

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

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

Snyder's Vaughn-Haven, Inc.

Provider #: 0005363

1/1/2006 to 12/31/2006

Schedule 13A

XI (D) - Vehicle Depreciation

Line 76

Use	Make & Model	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments in Years	Life	Accum Depreciation
Maintenance	2005 Dodge Cab Upgrade	2005	2,541	508	508	0	5	762
Maintenance	1990 Dodge van	1991	8,633			-	5	8,633
Maintenance	1995 Dodge truck	1996	11,665			-	5	11,665
Administrative	1997 Plymouth Neon	1997	7,461			-	5	7,461
			<u>30,300</u>	<u>508</u>	<u>508</u>	<u>0</u>		<u>28,521</u>

SEE ACCOUNTANTS' COMPILATION REPORT

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				<u>N/A</u>			4
5								5
6								6
7	TOTAL				\$			7

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 10,176 Description: Dishwasher \$1167; Copier \$4816; Medicare Equip \$4193

(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			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2007 \$ _____

13. _____ /2008 \$ _____

14. _____ /2009 \$ _____

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10(A)3	hrs	\$	81	\$ 4,851	\$	81	\$ 4,851	1
2	Licensed Speech and Language Development Therapist	10(A)3	hrs		54	3,250		54	3,250	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10(A)1, 3	1882 hrs	39,592	87	5,198		1,969	44,790	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 prescripts				55,119		55,119	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39(3)				7,671			7,671	12
13	Other (specify):									13
14	TOTAL			\$ 39,592	222	\$ 20,970	\$ 55,119	2,104	\$ 115,681	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Snyders-Vaughn Haven**
XV. BALANCE SHEET - Unrestricted Operating Fund.

0005363
As of **12/31/2006**

Report Period Beginning: **01/01/2006**
(last day of reporting year)

Ending: **12/31/2006**

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,354,866	\$ 1,354,866	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>None</u>)	1,268,822	1,268,822	3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	48,261	48,261	8
9	Other(specify): _____			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,702,389	\$ 2,702,389	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost	444,779	1,735,967	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	916,715	897,835	16
17	Accumulated Depreciation (book methods)	(1,210,620)	(1,607,021)	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): <u>Property tax escrow</u>	6,543	6,543	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 157,417	\$ 1,106,324	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,859,806	\$ 3,808,713	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 853,981	\$ 853,981	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,478	57,478	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,785	14,785	31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Schedule 17A</u>	251,204	251,204	36
37	_____			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,207,448	\$ 1,207,448	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	250,786	250,786	39
40	Mortgage Payable		621,027	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	_____			43
44	_____			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 250,786	\$ 871,813	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,458,234	\$ 2,079,261	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,401,572	\$ 1,729,452	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,859,806	\$ 3,808,713	48

Snyder's Vaughn-Haven, Inc.

Provider # 0005363

01/01/06 to 12/31/06

Schedule 17A

After

XV: Special Services

Operating Consolidation

Line 36 - Other Current Liabilities

Advanced Billing	99,482	99,482
Accrued Expenses	<u>151,722</u>	<u>151,722</u>
	<u>251,204</u>	<u>251,204</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,038,067	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,038,067	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	363,507	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) Rounding	(2)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 363,505	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,401,572	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1

Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 2,409,861	1
2	Discounts and Allowances for all Levels	72,853	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,482,714	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	96,759	6
7	Oxygen	3,810	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 100,569	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	81	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	52,052	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	15,996	19
20	Radiology and X-Ray		20
21	Other Medical Services	24,305	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 92,434	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	257,483	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 257,483	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Vending income</u>	1,199	28
28a	<u>Miscellaneous income</u>	170	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,369	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,934,569	30

2

Expenses		Amount	
A. Operating Expenses			
31	General Services	574,686	31
32	Health Care	943,991	32
33	General Administration	528,846	33
B. Capital Expense			
34	Ownership	363,692	34
C. Ancillary Expense			
35	Special Cost Centers	105,644	35
36	Provider Participation Fee	54,203	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,571,062	40
41	Income before Income Taxes (line 30 minus line 40)**	363,507	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 363,507	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
This entity is a cash basis taxpayer.

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

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

Facility Name & ID Number Snyders-Vaughn Haven

0005363

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 34,320	\$ 16.50	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,702	3,826	62,588	16.36	3
4	Licensed Practical Nurses	18,591	19,468	264,036	13.56	4
5	CNAs & Orderlies	47,990	50,098	421,238	8.41	5
6	CNA Trainees					6
7	Licensed Therapist	1,860	1,882	39,592	21.04	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,846	1,933	15,719	8.13	9
10	Activity Assistants	2,104	2,172	16,762	7.72	10
11	Social Service Workers	1,928	2,005	20,505	10.23	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	27,760	13.35	13
14	Head Cook	6,776	7,029	49,823	7.09	14
15	Cook Helpers/Assistants	6,690	6,940	48,987	7.06	15
16	Dishwashers	5,052	5,146	35,339	6.87	16
17	Maintenance Workers	3,487	3,727	29,071	7.80	17
18	Housekeepers	7,940	8,345	55,261	6.62	18
19	Laundry	4,911	5,149	39,479	7.67	19
20	Administrator	2,080	2,080	60,500	29.09	20
21	Assistant Administrator	2,080	2,080	33,340	16.03	21
22	Other Administrative	2,080	2,080	24,520	11.79	22
23	Office Manager					23
24	Clerical	5,824	5,968	39,271	6.58	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	129,101	134,088	\$ 1,318,111 *	\$ 9.83	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 1,695	10(3)	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	96 3,520	12(3)	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	96 \$ 5,215		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
John R. Snyder	Administrator	50	\$ 60,500	Workers' Compensation Insurance	\$ 68,742	IDPH License Fee	\$		
Vaughn I. Snyder	Finance	50	24,520	Unemployment Compensation Insurance	14,316	Advertising: Employee Recruitment	4,652		
David Grate	Asst. Administrator	0	33,340	FICA Taxes	98,686	Health Care Worker Background Check (Indicate # of checks performed <u>21</u>)	238		
				Employee Health Insurance		Patient Background Checks	1,263		
				Employee Meals		Illinois Health Care Association	5,464		
				Illinois Municipal Retirement Fund (IMRF)*		Long term care license	995		
				Other Employee Relations & Benefits	8,144	Miscellaneous Licenses Fees	906		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 118,360			Miscellaneous Dues & Subscriptions	1,830		
B. Administrative - Other						See Schedule 21A	764		
Description			Amount			Less: Public Relations Expense	(1,675)		
N/A			\$			Non-allowable advertising	(240)		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)		\$ 189,888	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 14,197
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Personnel Planners	U/C Consulting		\$ 1,056	N/A			Out-of-State Travel	\$	
Duane Morris, LLP	Legal		6,989						
Wessels & Pautsch, PC	Legal		650				In-State Travel		
Altschuler, Melvoin & Glasser	Accounting		8,750						
RSM McGladrey	Accounting		7,900				Seminar Expense	114	
Global exchange services	Data Processing		3,575						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 28,920	TOTAL		\$	Entertainment Expense (agree to Sch. V, line 24, col. 8)	()	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

Snyder's- Vaughn Haven
Provider #: 0005363
01/01/06 to 12/31/06

Schedule 21A

XIX : SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3) 28,920

Disallowed legal retainer fees
Wessels & Pautsch, PC (650)

Total (agrees to Schedule V, line 19, column 8) 28,270

F. Dues, Fees, Subscriptions & Promotions

ACHCA Dues 564
Illinois Nursing Home Admin. Assn. 200
764

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								
					FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven# 0005363Report Period Beginning: 01/01/2006Ending: 12/31/2006**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. IHCA \$5464; ACHCA \$564; INHAA \$200
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? 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? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,810 Line 10(2)
- (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. \$ 54,203
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ 1,280
- (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? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees