

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	72	Skilled (SNF)	72	26,280	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	72	TOTALS	72	26,280	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	9,297	14,058	1,817	25,172	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	9,297	14,058	1,817	25,172	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.78%

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)

OUTPATIENT THERAPY

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

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

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

I. On what date did you start providing long term care at this location?
Date started 01/01/1971

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary NORIDIAN

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

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

Facility Name & ID Number **GOOD SAMARITAN SOCIETY - GENESE** # **0004721** Report Period Beginning: **01/01/2009** Ending: **12/31/2009**

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	197,236	13,540	7,508	218,284		218,284	(153)	218,131		1
2	Food Purchase		189,394		189,394		189,394	(4,902)	184,492		2
3	Housekeeping	96,947	20,995		117,942		117,942	(250)	117,692		3
4	Laundry	57,110	19,967	85	77,162		77,162	(178)	76,984		4
5	Heat and Other Utilities			95,165	95,165		95,165		95,165		5
6	Maintenance	57,422	15,846	158,776	232,044		232,044	(6,123)	225,921		6
7	Other (specify):*			9,139	9,139		9,139	(1,284)	7,855		7
8	TOTAL General Services	408,715	259,742	270,673	939,130		939,130	(12,890)	926,240		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,252,496	142,374	22,017	1,416,887		1,416,887	(69,686)	1,347,201		10
10a	Therapy		3,564	251,973	255,537		255,537	(111,733)	143,804		10a
11	Activities	78,388	14,090	9,677	102,155		102,155	(854)	101,301		11
12	Social Services	47,628	695	1,880	50,203		50,203	(9)	50,194		12
13	CNA Training										13
14	Program Transportation			4,326	4,326		4,326		4,326		14
15	Other (specify):*	23,833			23,833		23,833		23,833		15
16	TOTAL Health Care and Programs	1,402,345	160,723	289,873	1,852,941		1,852,941	(182,282)	1,670,659		16
	C. General Administration										
17	Administrative	66,063		172,090	238,153		238,153	28,716	266,869		17
18	Directors Fees										18
19	Professional Services			4,931	4,931		4,931	(1,680)	3,251		19
20	Dues, Fees, Subscriptions & Promotions			42,296	42,296		42,296	(34,957)	7,339		20
21	Clerical & General Office Expenses	65,854	41,753	55,619	163,226		163,226	(4,851)	158,375		21
22	Employee Benefits & Payroll Taxes			434,753	434,753		434,753	(24,541)	410,212		22
23	Inservice Training & Education			30,079	30,079		30,079	(1,894)	28,185		23
24	Travel and Seminar			9,211	9,211		9,211	(3,734)	5,477		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			28,590	28,590		28,590	320	28,910		26
27	Other (specify):*	15,527		6,007	21,534		21,534	(21,533)	1		27
28	TOTAL General Administration	147,444	41,753	783,576	972,773		972,773	(64,154)	908,619		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,958,504	462,218	1,344,122	3,764,844		3,764,844	(259,326)	3,505,518		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 GOOD SAMARITAN SOCIETY - GENESEO VILLAGE #0004721 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			261,768	261,768		261,768	(19,001)	242,767			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,519	1,519		1,519	(1,518)	1			32
33	Real Estate Taxes			10,966	10,966		10,966	(10,966)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			7,420	7,420		7,420	(857)	6,563			35
36	Other (specify):*											36
37	TOTAL Ownership			281,673	281,673		281,673	(32,342)	249,331			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			39,501	39,501		39,501		39,501			42
43	Other (specify):*			20,552	20,552		20,552	(20,552)				43
44	TOTAL Special Cost Centers			60,053	60,053		60,053	(20,552)	39,501			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,958,504	462,218	1,685,848	4,106,570		4,106,570	(312,220)	3,794,350			45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,902)	2		4
5	Telephone, TV & Radio in Resident Rooms	(707)	11		5
6	Rented Facility Space				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				10
11	Discounts, Allowances, Rebates & Refunds	1,952	21		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				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				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				28
29	Other-Attach Schedule	(314,208)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (317,865)		\$	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)	5,645		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 5,645		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (312,220)		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.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	52

GOOD SAMARITAN SOCIETY - GENESEO VILLAGEID# 0004721Report Period Beginning: 01/01/2009Ending: 12/31/2009

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Uniform	\$ (8,984)	10	1
2	Administration	(50)	21	2
3	Op/Maint	(434)	6	3
4	Postage	(4)	21	4
5	Transportation	(5,599)	6	5
6	Resident Supplies	(1,284)	7	6
7	Int Inc Past Due Accts	(2,233)	21	7
8	O/P Nursing Supplies	(53)	10	8
9	Garnishment Fees	(102)	21	9
10	Depr Exp Apt and Duplex	(19,001)	30	10
11	Real Estates Tax	(10,966)	33	11
12	Adv Promo/ Newsletter Marketing	(2,427)	20	12
13	Public Rel- Reimb	(3,392)	20	13
14	Legal Fees/Legal Fees 64360	(1,680)	19	14
15	Dues Non reimb	(865)	20	15
16	Prescr Drugs Reimb	(57,255)	10	16
17	Equip Rent	(857)	35	17
18	Bank Charges/Supplies Marketing	(1,145)	21	18
19	P/Serv Laboratory MDCR	(6,372)	43	19
20	Therapy Offset	(111,732)	10a	20
21	P/Serv Clinic	(14,180)	43	21
22	Salaries Marketing / Credit Card Fees	(7,607)	27	22
23	FICA Marketing	(560)	22	23
24	Travel Out of State	(3,134)	24	24
25	Staff Development Marketing	(174)	23	25
26	Advertising Radio	(30)	20	26
27	Inter Center Reimb Marketing	(2,403)	20	27
28	Advertising Marketing	(24,921)	20	28
29	Adv Promo Yellow Page Marketing	(919)	20	29
30	Staff Dev Res Dev	(1,720)	23	30
31	Med Supplies Part B	-2430	10	31
32	Discount allowance Admin	-159	21	32
33	Discount Allowance Nuring	-964	10	33
34	Discount Allowance PT	-1	10a	34
35	Discount Allowance Activities	-147	11	35
36	Discount Allowance Social Service	-9	12	36
37	Discount Allowance Landry	-178	4	37
38	Discount Allowance House Keeping	-250	3	38
39	Discount Allowance Dietary	-153	1	39
40	Discount Allowance Operations	-90	6	40
41	Salaries Res Dev	-7605	27	41
42	Taxable Gifts Resource Dev	-30	22	42
43	Vacation/Contract Service Res Dev/Misc Fund F	-6321	27	43
44	Travel Resource Dev	-600	24	44
45	FICA Resource Dev	-560	22	45
46	Supplies Resource Dev	-2645	21	46
47	Small Equipment Resource Dev	-465	21	47
48	Annuities Interest	-1518	32	48
49	Total	(314,208)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE# 0004721

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(153)	0	0	0	0	0	0	0	0	0	0	(153)	1
2	Food Purchase	(4,902)	0	0	0	0	0	0	0	0	0	0	(4,902)	2
3	Housekeeping	(250)	0	0	0	0	0	0	0	0	0	0	(250)	3
4	Laundry	(178)	0	0	0	0	0	0	0	0	0	0	(178)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(6,123)	0	0	0	0	0	0	0	0	0	0	(6,123)	6
7	Other (specify):*	(1,284)	0	0	0	0	0	0	0	0	0	0	(1,284)	7
8	TOTAL General Services	(12,890)	0	0	0	0	0	0	0	0	0	0	(12,890)	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	(69,686)	0	0	0	0	0	0	0	0	0	0	(69,686)	10
10a	Therapy	(111,733)	0	0	0	0	0	0	0	0	0	0	(111,733)	10a
11	Activities	(854)	0	0	0	0	0	0	0	0	0	0	(854)	11
12	Social Services	(9)	0	0	0	0	0	0	0	0	0	0	(9)	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	(182,282)	0	0	0	0	0	0	0	0	0	0	(182,282)	16
	C. General Administration													
17	Administrative	0	28,716	0	0	0	0	0	0	0	0	0	28,716	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,680)	0	0	0	0	0	0	0	0	0	0	(1,680)	19
20	Fees, Subscriptions & Promotions	(34,957)	0	0	0	0	0	0	0	0	0	0	(34,957)	20
21	Clerical & General Office Expenses	(4,851)	0	0	0	0	0	0	0	0	0	0	(4,851)	21
22	Employee Benefits & Payroll Taxes	(1,150)	(23,391)	0	0	0	0	0	0	0	0	0	(24,541)	22
23	Inservice Training & Education	(1,894)	0	0	0	0	0	0	0	0	0	0	(1,894)	23
24	Travel and Seminar	(3,734)	0	0	0	0	0	0	0	0	0	0	(3,734)	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	320	0	0	0	0	0	0	0	0	0	320	26
27	Other (specify):*	(21,533)	0	0	0	0	0	0	0	0	0	0	(21,533)	27
28	TOTAL General Administration	(69,799)	5,645	0	(64,154)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(264,971)	5,645	0	(259,326)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE# 0004721

Report Period Beginning:

01/01/2009 Ending:

12/31/2009

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(19,001)	0	0	0	0	0	0	0	0	0	0	(19,001)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,518)	0	0	0	0	0	0	0	0	0	0	(1,518)	32
33	Real Estate Taxes	(10,966)	0	0	0	0	0	0	0	0	0	0	(10,966)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(857)	0	0	0	0	0	0	0	0	0	0	(857)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(32,342)	0	0	0	0	0	0	0	0	0	0	(32,342)	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):*	(20,552)	0	0	0	0	0	0	0	0	0	0	(20,552)	43
44	TOTAL Special Cost Centers	(20,552)	0	0	0	0	0	0	0	0	0	0	(20,552)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(317,865)	5,645	0	(312,220)	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

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	17 Admin Accounting	\$ 172,089	Evangelical Lutheran Good Samaritan Society	100.00%	\$ 200,805	\$ 28,716	1
2	V	22 Worker Comp	80,880			72,743	(8,137)	2
3	V	22 Unemployment Charges	2,371			2,454	83	3
4	V	26 Insurance	28,590			28,910	320	4
5	V	22 Group Health Ins	172,902			157,565	(15,337)	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		\$ 456,832			\$ 462,477	\$ * 5,645	14

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

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESE # 0004721 Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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									\$		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	\$		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 GOOD SAMARITAN SOCIETY - GENESEO VILLAGE # 0004721 Report Period Beginning: 01/01/2009 Ending: 2/31/2009

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									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

Facility Name & ID Number

GOOD SAMARITAN SOCIETY - GENESEC

0004721

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1						\$	\$			\$	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6											6							
7											7							
8											8							
9	TOTAL Facility Related					\$	\$			\$	9							
B. Non-Facility Related*																		
10	Annuities						38,000	38,000			1,518	10						
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	38,000	\$	38,000	\$	1,518	14						
15	TOTALS (line 9+line14)					\$	38,000	\$	38,000	\$	1,518	15						

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

* 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.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 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 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 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 2009 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.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GOOD SAMARITAN SOCIETY - GENESEO VILLAGE COUNTY HENRY

FACILITY IDPH LICENSE NUMBER 0004721

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2008 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 2008.

	(A)	(B)	(C)	(D) <u>Tax Applicable to Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,848 B. General Construction Type: Exterior Frame Number of Stories

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).

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: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1			1969	\$ 26,000	1
2					2
3	TOTALS			\$ 26,000	3

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		1971	1971	\$ 494,740	\$ 12,368	40	\$ 12,368	\$	\$ 479,279
5									
6									
7									
8									
Improvement Type**									
9			1977	1,100		varies			1,100
10			1978	7,629		20			7,629
11			1981	167,265	5,451	varies	5,451		159,099
12			1982	2,299		varies			2,299
13			1986	2,249		varies			2,249
14			1987	14,718		varies			14,718
15			1988	100,158	597	varies	597		98,368
16			1989	20,342	106	varies	106		20,342
17			1990	115,171	4,991	varies	4,991		110,596
18			1991	1,563					1,563
19			1992	28,123	724	varies	724		26,436
20			1993	74,780	1,682	varies	1,682		60,611
21			1994	58,324	2,252	varies	2,252		51,871
22			1995	76,373	3,832	varies	3,832		65,218
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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 GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CERAMIC FLOORING/BATHROOM	1996	\$ 107	\$ 5	20	\$ 5	\$	\$ 75	37
38	LAUNDRY WALL PROTECTIN	1996	1,109					1,109	38
39	ACTIVITY ROOM REMODEL/SINK	1996	2,132					2,132	39
40	LAUNDRY DOOR Q/A	1996	1,874	125	15	125		1,728	40
41	BATHROOM SINK	1996	678	34	20	34		472	41
42	AWNING FOR REHAB CLINIC	1996	983					983	42
43	KEMLITE IN CLOSETS	1996	653					653	43
44	POWER ACCESS DOOR OPERATOR PLA	1996	1,009					1,009	44
45	GENERATOR MOVE TO GSS	1996	3,431					3,431	45
46	A/C Roof Top on Wing 200	1996		11		11			46
47									47
48	ELECTRIC REMODEL PARLOR	1996	186	9	20	9		126	48
49	BUILDING REMODEL PARLOR	1996	1,132	57	20	57		764	49
50	PLUMBING REMODEL PARLOR	1996		22	20	22			50
51									51
52	SHOWER REMODEL GRAB BARS	1996	1,321					1,321	52
53	REPLACE FIXTURES FLOOR WALL FI	1996	3,955	198	20	198		2,604	53
54	WINDOWS	1996	25,212	1,681	15	1,681		22,131	54
55	BUILDING REMODELING	1996	1,692	85	20	85		1,135	55
56	WINDOW FOR DINING ROOM AND CON	1997	1,650	110	15	110		1,421	56
57									57
58	WALL BUILT IN LAUNDRY ROOM	1997	1,013		10			1,013	58
59	WINDOWS	1997	5,100	340	15	340		4,392	59
60	WALLPAPER FOR JACK ANDREWS	1997	2,221		5			2,221	60
61	WALL PROTECTION	1997	739					739	61
62									62
63									63
64	NEW SPRINKLERS FOR OFFICE AND	1997	909		10			909	64
65	WALLPAPER RESDIENTS ROOM 308	1997	2,667					2,667	65
66									66
67	ROOF-FRONT ENTRY	1997	21,178	1,059	20	1,059		13,677	67
68	SOCIAL SERVICE AND CONFERENCE ROOM	1997	1,392	93	15	93		1,160	68
69	DON AND STAFF DEVERLOPMENT OFFICE	1997	1,236	82	15	82		1,030	69
70	TOTAL (lines 4 thru 69)		\$ 1,248,413	\$ 35,914		\$ 35,914	\$	\$ 1,170,280	70

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

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,248,413	\$ 35,914		\$ 35,914	\$	\$ 1,170,280	1
2	WALLPAPER ROOM 308	1997	1,440					1,440	2
3	DRAIN/SEWER WORK	1997	389	26	15	26		322	3
4	REMODLE IN ROOM 309	1997	1,464	98	15	98		1,187	4
5									5
6									6
7	DRYWALL NURSE STATION	1997	625					625	7
8	REHAB WALL WORK	1997	414					414	8
9	REROOFING	1997	64,129	3,206	20	3,206		39,012	9
10	BUILDING REMODEL NURSES STATION	1998	18,510	740	25	740		8,885	10
11									11
12	WALLPAPER REMODEL NURSES STATION	1998	1,794					1,794	12
13	FORM AND POUR LAMP POST BASES	1998	800					800	13
14	SIDE RAILS	1998		40	15	40			14
15	KITCHEN DOOR	1998	1,242	83	15	83		973	15
16	CABINETRY AND INSTALLATION	1998	3,799	190	20	190		2,232	16
17	ROOM 204 WORK	1998	2,532		10			2,532	17
18									18
19	HANDRAIL AND INSTALLATION	1998	700	47	15	47		548	19
20	FIRE ALARM SYSTEM WORK	1998	1,090		10			1,090	20
21	BATHROOM FIXTURES	1998	412		10			412	21
22	ROOF FLASHING STALLATION	1998	753		10			753	22
23	KOROGUARD IN MED ROOM AND BATH	1998	1,008		10			1,008	23
24	GENERATOR	1998	47,534	2,377	20	2,377		27,926	24
25	DOOR FRAME GARDS	1998	593	40	15	40		455	25
26									26
27	FLOORCOVERING CEILING TILE	1998	1,398					1,398	27
28	RESIDENT ROOM WORK	1998	996					996	28
29	CEILING TILE	1998	20,525	1,026	20	1,026		11,631	29
30	2000 PROJECT	1998	6,817	341	20	341		3,834	30
31	BATHROOM WORK	1998	2,121					2,121	31
32	ALUMINUM ENTERANCE/;AMBULANCE	1999	1,726	115	15	115		1,256	32
33	AIR CONDITIONING	1998	24,279	1,624	15	1,624		17,918	33
34	TOTAL (lines 1 thru 33)		\$ 1,455,503	\$ 45,867		\$ 45,867	\$	\$ 1,301,842	34

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

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,455,503	\$ 45,867		\$ 45,867	\$	\$ 1,301,842	1
2	HVAC SYSTEM	1998	4,285	287	15	287		3,162	2
3	ROOF WORK	1999	2,800	116	10	116		2,800	3
4	HOUSE AND PROPERTY	1999	86,726	2,168	40	2,168		22,224	4
5	WOOD SIGN	1999	327	19	10	19		327	5
6	HVAC	1999	2,350	98	10	98		2,350	6
7	PLUMBING BATHROOM REMODEL	1999	4,739	237	20	237		2,527	7
8	BUILDING REMODEL RESIDETN ROOM	1999	6,265	251	25	251		2,548	8
9	DRAPES REMODEL RESIDENT ROOM	1999	279					279	9
10	ELECTRIC REMODEL RESIDENT ROOM	1999	197	10	20	10		100	10
11	PAINT REMODEL RESIDENT ROOM	1999	2,697					2,697	11
12	THERMOSTATES FOR APT	2000	1,412	94	15	94		918	12
13	FAUCETS	2000	1,159	58	20	58		555	13
14	OAK CABINETS FOR KITCHEN	2000	1,603	107	15	107		1,042	14
15	LAUNDRY REPAIR	2000	533					533	15
16	BUILDING RENTAL PROP IMPROVEMENT	2000	19,696	788	25	788		7,550	16
17	CARPET-RENTAL PROP IMPROVEMT	2000	60					60	17
18	GENERATOR REPAIR	2000	2,258	226	10	226		2,070	18
19	WATER SOFTENER	2000	541	54	10	54		491	19
20	MAINTENANCE GARAGE	2001	79,709	5,314	15	5,314		46,940	20
21	BLDG REDECORATE 300 WING CORR	2001	8,062	322	25	322		2,741	21
22									22
23	FIRE ALARM CONTROL PANEL	2001	414	41	10	41		345	23
24	WORK ON HEAT UNITS	2001	3,857	386	10	386		3,118	24
25	FURNACE	2001	508	51	10	51		406	25
26	LAMINATE CABINETS ACT ROOM	2002	2,779	185	15	185		1,451	26
27	PHONE CABLE WIRING TO ROOMS	2002	700	70	10	70		537	27
28	AIR CONDITIONERS BULDING A	2002	6,175	617	10	617		4,837	28
29	BUILDING REMODEL RESIDETN RMS	2002	32,873	1,315	25	1,315		10,081	29
30	CAULKING REMODEL RESIDETN RMS	2002	193	19	10	19		148	30
31	CERAMIC TILE REMDL RESIDENT RM	2002	181	9	20	9		70	31
32	CORNER GUARD REMODEL RESIDETN RM	2002	90	9	10	9		69	32
33	DRAPES REMODEL RESIDENT ROOM	2002	1,152		5			1,152	33
34	TOTAL (lines 1 thru 33)		\$ 1,730,123	\$ 58,718		\$ 58,718	\$	\$ 1,425,970	34

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

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,730,123	\$ 58,718		\$ 58,718	\$	\$ 1,425,970	1
2	DRAPERY RODS REMDL RESIDETN TM	2002	174	17	10	17		133	2
3	WALL PAPER REMDL RESIDENT RM	2002	1,809		5			1,809	3
4	BLINDS REMDL RESIDETN TM	2002	533		5			533	4
5									5
6	BUILDING REDECORATE 100/200 HA	2002	11,912	476	25	476		3,494	6
7	CARPET REDECORATE 100/200 HALL	2002	5,069		5			5,069	7
8	CORNER GUARDS REDECO 100/200	2002	170	17	10	17		125	8
9	DOORS REDECORATE 100/200	2002	199	13	15	13		97	9
10	WALLPAPER REDECORATE 100/200	2002	1,905		10			1,905	10
11	HOUSE AT CONGRESS ST	2002	86,553	3,462	25	3,462		24,523	11
12	SOLID CORE DOORS SNF	2003	1,656	110	15	110		754	12
13	HOUSE AT 725 S CONGRESS	2003	86,972	3,479	25	3,479		22,899	13
14	LIGHTING FIXTURES	2003	6,755	676	10	676		4,278	14
15	HOUSE REMODEL	2003	8,234	329	25	329		2,113	15
16	BLD REMODEL 200 WING TUBROOM	2003	5,173	207	25	207		1,328	16
17	WINDOWS	2003	2,494	166	15	166		1,025	17
18	DUAL SENSOR SMOKE ALARM	2003	1,276	128	10	128		776	18
19	HOUSE AT 721 CONGRESS	2004	66,566	2,663	25	2,663		15,976	19
20	TILE FOR DIETARY OFFICE	2004	775	78	10	78		452	20
21	ROOF SIDING RENTAL HOUSE	2004	4,326	216	20	216		1,262	21
22	REPAIR DINING ROOM ROOF	2004	3,253	325	10	325		1,843	22
23	BUILDING RMDL 721 S CONGRESS	2004	11,152	446	25	446		2,491	23
24	BLINDS RESIDENT ROOM REMODEL	2004	1,257	231	5	231		1,257	24
25	BUILDING RESIDENT ROOM REMODEL	2004	23,806	952	25	952		4,841	25
26	DRAPES RESIDENT ROOM REMODEL	2004	66	13	5	13		66	26
27	ELECTRIC RESIDENT TOOM REMODEL	2004	1,109	55	20	55		282	27
28	WALLPAPER RESIDENT ROOM REMODEL	2004	88	16	5	16		88	28
29	CERAMIC FLOOR KITCHEN	2005	1,280	64	20	64		309	29
30	FIRE SPRINKLER SYSTEM	2005	111,341	4,454	25	4,454		21,155	30
31	APT/NF LINK	2005	63,632	3,182	20	3,182		15,643	31
32	BOILER REPLACEMENT	2005	107,947	5,397	20	5,397		26,987	32
33	CEILING TILE	2005	7,373	367	20	367		1,751	33
34	TOTAL (lines 1 thru 33)		\$ 2,354,978	\$ 86,257		\$ 86,257	\$	\$ 1,591,234	34

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

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,354,978	\$ 86,257		\$ 86,257	\$	\$ 1,591,234	1
2	REKEY BUILDINGS	2005	5,753	575	10	575		2,589	2
3	REKEY CAMPUS	2005	6,484	648	10	648		2,648	3
4	FIRE PROTECTION SYSTEM UPGRADE	2005	20,284	2,028	10	2,028		8,452	4
5	FLOOR KIT AND DOOR	2006	420	28	15	28		110	5
6	BUILDING RESIDENT ROOM REMDL	2006	16,225	649	25	649		2,596	6
7	VINYL FLR RESIDENT ROOM REMDL	2006	1,076	108	10	108		430	7
8	LIFE SAFETY CODE UPGRADES	2005	22,517	901	25	901		4,128	8
9	CEILING TILES KTAG COMPLIANCE	2006	466	23	20	23		89	9
10	DOORS FOR RESIDENT ROOMS	2006	606	40	15	40		151	10
11	VENTILATION IMPROVMENTS	2006	404,885	26,992	15	26,992		98,972	11
12	LINEN CLOSETS	2006	5,277	264	20	264		968	12
13	DRAPES	2006	493	99	5	99		353	13
14	CABINETS	2006	611	31	20	31		107	14
15	GARAGE DOOR 720 S IL	2006	630	42	15	42		144	15
16	ROOF WORK	206	1,016	102	10	102		356	16
17	CANOPY AND PARKING	2006	4,100	205	20	205		700	17
18	STEEL DOORS	2006	769	51	15	51		184	18
19	BLDG RMDL 100/200 WING TUB RM	2006	5,358	214	25	214		714	19
20	TILE RMDL 100/200 WING TUB RM	2006	2,975	149	20	149		496	20
21	DRAPE TMDL 100/200 WING TUB RM	2006	343	69	5	69		229	21
22	NSG COUNTR 100/200 WING TUB RM	2006	21	1	15	1		5	22
23	PAINT RMDL 100/200 WING TUB RM	2006	25	5	5	5		17	23
24	PLUMB RMD 100/200 WING TUB RM	2006	1,291	65	20	65		215	24
25	VINAL RMDL 100/200 WING TUB RM	2006	663	66	10	66		221	25
26	WALLPAPER 100/200 WING TUB RM	2006	900	180	5	180		600	26
27	BUILDING RMDL RESIDENT ROOMS	2007	14,749	590	25	590		1,770	27
28	DRAPES RMDL RESIDENTS ROOMS	2007	120	12	10	12		36	28
29	PAINT RMDL RESIDENT ROOMS	2007	2,975	595	5	595		1,785	29
30	DOOR	2007	1,729	115	15	115		307	30
31	100 GAL /75K BTU GAS HEATER	2007	1,645	165	10	165		384	31
32	UPGRADE FIRE DETECTIONSYSTEM	2007	4,127	413	10	413		963	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,883,511	\$ 121,682		\$ 121,682	\$	\$ 1,721,953	34

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

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 2,883,511	\$ 121,682		\$ 121,682	\$	\$ 1,721,953	1
2	DRIVE THRU CANOPY	2007	68,562	2,742	25	2,742		5,942	2
3	CABINETS DINING ROOM	2007	19,676	984	20	984		2,132	3
4	SINK IN DINING ROOM	2007	570	28	20	28		57	4
5	100 GAL GAS WATER HEATER	2008	1,645	165	10	165		329	5
6	CARPET APT 10B	2008	752	150	5	150		301	6
7	DOORS AND PARTS	2008	988	66	15	66		121	7
8	CARPET	2008	2,826	565	5	565		1,083	8
9	DOORS	2008	750	50	15	50		92	9
10	ASBESTOS RESIENT ROOM REMODEL	2008	3,456	346	10	346		691	10
11	BLINDS RESIDENTS ROOM REMODEL	2008	382	76	5	76		153	11
12	BUILDING RESIDENT ROOM REMODEL	2008	31,295	1,252	25	1,252		2,504	12
13	CARPET RESIDENT ROOM REMODEL	2008		990		990			13
14	CORNER GUAR RESIDENT ROOM REMODEL	2008	582	29	20	29		58	14
15	DRAPES RESIDENT ROOM RMDL	2008	773	155	5	155		309	15
16	DOORS RESIDENT ROOM RMDL	2008	1,028	51	20	51		103	16
17	PAINT RESIDENT ROOM RMDL	2008	11,007	2,201	5	2,201		4,403	17
18	WALLPAPER RESIDENT ROOM REMODEL	2008	3,235	647	5	647		1,294	18
19	A.O. SMITH EC-52D WATER HEATER	2008	569	56	10	56		95	19
20	CARPET RENTAL HOUSE UNIT 01	2008	1,471	293	5	293		494	20
21	PARTIAL ROOF REPLACEMENT	2008	54,104	2,705	20	2,705		4,059	21
22	GARAGE DOORS 721 S CONGRESS	2008	521	35	15	35		52	22
23	VINAL FLOOR RMS 2002,2003,2004	2008	4,550	455	10	455		607	23
24	LAUNDRY ROOM PIPS	2008	2,663	133	20	133		178	24
25	ROOFTOP UNIT A/C WORK	2008	1,157	116	10	116		125	25
26	KITCHEN WATER HEATER	2008	6,498	650	10	650		704	26
27	CABINETS INSTALL/ ACTIVITIES	2008	6,865	458	15	458		458	27
28	ABSBESTOS FLOOR COVERINGS	2009	53,580	4,465	10	4,465		4,465	28
29	BUILDING FLOOR COVERINGS	2009	7,210	240	25	240		240	29
30	CARPET FLOOR COVERINGS	2009	46,839	7,806	5	7,806		7,806	30
31	CERAMIC TILE FLOOR COVERINGS	2009	500	21	20	21		21	31
32	VINYL FLOOR FLOOR COVERINGS	2009	13,980	1,165	10	1,165		1,165	32
33	WALLPAPER FLOOR COVERINGS	2009	200	33	5	33		33	33
34	TOTAL (lines 1 thru 33)		\$ 3,231,744	\$ 150,810		\$ 150,810	\$	\$ 1,762,027	34

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

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 3,231,744	\$ 150,810		\$ 150,810	\$	\$ 1,762,027	1
2	WINDOWS FLOOR COVERING	2009	1,320	73	15	73		73	2
3	BUISNESS OFFICE CARPET	2008	2,384	477	5	477		517	3
4	HANDRAIL PKDING LOT HANDICAP	2009	1,700	85	10	85		85	4
5	BUILDING REMODEL 2008	2009	18,153	605	25	605		605	5
6	CARPET REMODEL 2008	2009	25,508	4,251	5	4,251		4,251	6
7	CERAMIC REMODEL 2008	2009	57,028	2,376	20	2,376		2,376	7
8	VINYL FLOOR REMODEL 2008	2009	3,279	273	10	273		273	8
9	RUUD/RHEEM 10GAL WATER HEATER	2009	1,697	42	10	42		42	9
10	CCTV SYSTEM INSTALLATION	2009	37,049	1,544	10	1,544		1,544	10
11	BLINDS REMODEL 2009	2009	365	9	10	9		9	11
12	BUILDING REMODEL 2009	2009	19,434	194	25	194		194	12
13	CABINETS REMODEL 2009	2009	736	9	20	9		9	13
14	CERAMIC TILE REMODEL 2009	2009	1,160	15	20	15		15	14
15	ELECTRIC REMODEL 2009	2009	372	6	15	6		6	15
16	MILLWORK REMODEL 2009	2009	318	5	15	5		5	16
17	VINYL FLOOR ROOM 201 AND 309	2009	2,960	123	10	123		123	17
18	NEPA SAFETY UPGRADE	2009	5,885	245	10	245		245	18
19	WIRELESS PENDANTS AND PROGRAMMING	2009	4,613	308	5	308		308	19
20	100 WING RTU COMPRESSOR	2009	1,154	26	15	26		26	20
21									21
22	Pr Yr Depreciation (#71564)			624		624			22
23									23
24	Depreciation gain/loss on disposal of property			4,952		4,952			24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,416,859	\$ 167,052		\$ 167,052	\$	\$ 1,772,733	34

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

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning:

01/01/2009 Ending: 12/31/2009

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 3,416,859	\$ 167,052		\$ 167,052	\$	\$ 1,772,733	1
2	Drives grading walks	1971	9,171					9,171	2
3	Paving	1974	3,499					3,499	3
4	Improve West Side of Parking	1975	1,018					1,018	4
5	Dirt EE Snodgrass	1975	83					83	5
6	Resurface Parking Lot	1978	3,817					3,817	6
7	Sidewalk Around Center Drai	1981	3,842					3,796	7
8	Sod Around Bldg	1981	1,450					1,450	8
9	Paving Asphalt	1985	6,089					6,089	9
10	Parking Lot Chestnut Street	1988	62,030					62,030	10
11	Demolition of Houses	1990	2,985					2,985	11
12	Seed	1990	803					803	12
13	Landscape	1990	69					69	13
14	Gazebo	1991	11,223	561	20	561		10,241	14
15	Isabel Bloom for Memorial Foundaton	1992	300		15			300	15
16	Illuminated Sign Box and Cove	1992	5,288					5,288	16
17	To lay bridcks for new sign	1992	383					383	17
18	Landscaping material	1992	2,764					2,764	18
19	Gazebo	1995	9,618	641	15	641		9,137	19
20	Fence	1995	6,242	416	15	416		5,930	20
21	Bury Electric Line	1996	3,347					3,347	21
22	Site improvements Duplexes	1996	50,912					50,912	22
23	Gazebo	1997	2,850	143	20	143		1,805	23
24	Walk	1997	2,500	167	15	167		2,111	24
25	Entrance area landscaping	1997	2,450		10			2,450	25
26	Sprinkler System	1997	727	48	15	48		585	26
27	Parking Lot	1997	2,266	113	20	113		1,388	27
28	Courthouse Research for Prepari	1998	515		10			515	28
29	Padio	1998	1,314		10			1,314	29
30	Skylight and Flashing work	1998	1,607		10			1,607	30
31	Sidwalk	1999	475	20	10	20		475	31
32	Blocks/ Retention Pond	2001	1,129	56	20	56		470	32
33	Fencing around Screen	2002	1,520	152	10	152		1,127	33
34	TOTAL (lines 1 thru 33)		\$ 3,619,142	\$ 169,369		\$ 169,369	\$	\$ 1,969,692	34

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

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 3,619,142	\$ 169,369		\$ 169,369	\$	\$ 1,969,692	1
2	Parking Lot Lamp Posts	2003	508	51	10	51		351	2
3					5				3
4	Rehab Shed	2005	2,948	295	10	295		1,400	4
5	Slab for Building	2005	1,723	115	15	115		498	5
6	Bench for Memorial Garden	2005	321	32	10	32		137	6
7	Bricks for Memorial Garden	2005	350	18	20	18		76	7
8	CADD for Parking Lot and Camopy	2006	4,125	206	20	206		670	8
9	Front Parking Lot Replacement	2007	98,229	4,911	20	4,911		10,642	9
10	ENTRY SIGN	2007	2,545	255	10	255		636	10
11	LIGHT POLES AND BASES	2008	546	27	20	27		55	11
12	N STREET PARKING LOT PATCH	2008	5,247	1,049	5	1,049		1,574	12
13	POND IMPROVEMENTS	2008	8,457	849	10	849		1,102	13
14	Signs with New Logo	2007	2,071	207	10	207		518	14
15									15
16									16
17	PARKING LOT EXPANSION 50% TO SNF	1999	13,797	690	20	690		7,013	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	TOTAL (lines 1 thru 33)		\$ 3,760,009	\$ 178,074		\$ 178,074	\$	\$ 1,994,364	34

**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	\$ 541,720	\$ 63,604	\$ 63,604	\$		\$ 256,699	71
72	Current Year Purchases	54,550	4,148	4,148			4,148	72
73	Fully Depreciated Assets	568,242	4,974	4,974			568,242	73
74	Gain/Loss on Disposal Property		5,001	5,001				74
75	TOTALS	\$ 1,164,512	\$ 77,727	\$ 77,727	\$		\$ 829,089	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		19 Pass Van	1998	\$ 46,953	\$	\$	\$	4	\$ 46,953	76
77		W/CHAIR 2004 DODGE	2003	21,602	3,468	3,468			21,602	77
78		SNOW PLOW 2000 MIN VAN	2004	17,059	2,283	2,283			16,298	78
79		TAILGATE FOR TRUCK	2006	1,220	210	210			660	79
80	TOTALS			\$ 86,834	\$ 5,961	\$ 5,961	\$		\$ 85,513	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,037,355	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 261,762	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 261,762	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,908,966	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	Land	\$ 160,693	\$	\$	86
87	Building	2,997,032	93,402	1,133,621	87
88	Land Improvement	82,847	3,686	49,964	88
89	FFE	103,627	4,147	80,319	89
90	Non Care Assests Allocation to 01				90
91	TOTALS	\$ 3,344,199	\$ 101,235	\$ 1,263,904	91

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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. _____

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: _____*

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: \$ 7,420 Description: Computer Leasing and one time rentals

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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. _____/2010 \$ _____

13. _____/2011 \$ _____

14. _____/2012 \$ _____

* 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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.

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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$		\$	\$		\$	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 **GOOD SAMARITAN SOCIETY - GENESEO VILLAGE** # **0004721**Report Period Beginning: **01/01/2009**Ending: **12/31/2009****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

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	\$ 178,791	\$	1
2	Cash-Patient Deposits	21,671		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	476,970		3
4	Supply Inventory (priced at)	7,883		4
5	Short-Term Investments	1,783,744		5
6	Prepaid Insurance	912		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(27,604)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,442,367	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,693		13
14	Buildings, at Historical Cost	6,413,889		14
15	Leasehold Improvements, at Historical Cost	425,997		15
16	Equipment, at Historical Cost	1,354,972		16
17	Accumulated Depreciation (book methods)	(4,172,865)		17
18	Deferred Charges	137,676		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):	24,744		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,345,106	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,787,473	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 144,688	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	21,671		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	210,758		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	74,933		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37	<u>security deposit priority payment</u>	34,878		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 486,928	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Rfd-dplz ent fee</u>	1,713,732		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,713,732	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,200,660	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,586,814	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,787,474	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,225,813	1
2	Restatements (describe):		2
3	SENIOR LIVING	43,341	3
4	APARTMENTS	33,423	4
5	DUPLEX	124,987	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,427,564	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,150,399	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)	\$ 1,150,399	17
	B. Transfers (Itemize):		
18	Reserve Fund Assesment NC / NC Foundation Fd Trsfr	(95,055)	18
19	Technology User Assessment NC	(25,584)	19
20	NC Foundation Fund Transfer	(880,000)	20
21	Dnr Rst Prop gft Cash/Grant	7,163	21
22	Dnr Rst Oper gft Cash/dnr rest Endow Restr Int	2,327	22
23	TOTAL Transfers (sum of lines 18-22)	\$ (991,149)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,586,814	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VIL # 0004721 Report Period Beginning: 01/01/2009Ending: 12/31/2009

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	\$ 4,277,576	1
2	Discounts and Allowances for all Levels	(965,828)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,311,748	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	17,826	5
6	Therapy	790,687	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 808,513	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	1,788	13
14	Non-Patient Meals	4,901	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	28,390	16
17	Sale of Drugs	137,849	17
18	Sale of Supplies to Non-Patients	53	18
19	Laboratory	3,409	19
20	Radiology and X-Ray	3,684	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 180,074	23
D. Non-Operating Revenue			
24	Contributions	898,241	24
25	Interest and Other Investment Income***	73,473	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 971,714	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	NS&MED SUPPLIES	45,562	28
28a	SEE SCHEDULE ATTACHED	(60,640)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (15,078)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,256,971	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	939,130	31
32	Health Care	1,856,223	32
33	General Administration	969,493	33
B. Capital Expense			
34	Ownership	281,673	34
C. Ancillary Expense			
35	Special Cost Centers	20,552	35
36	Provider Participation Fee	39,501	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,106,572	40
41	Income before Income Taxes (line 30 minus line 40)**	1,150,399	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,150,399	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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 **GOOD SAMARITAN SOCIETY - GENESEO VILLAGE**

0004721

Report Period Beginning: **01/01/2009**

Ending:

12/31/2009

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	2,087	1,991	\$ 63,057	\$ 31.67	1
2	Assistant Director of Nursing	17	6	439	73.17	2
3	Registered Nurses	10,349	9,517	223,268	23.46	3
4	Licensed Practical Nurses	12,926	11,937	215,295	18.04	4
5	CNAs & Orderlies	65,017	59,792	721,451	12.07	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,702	6,055	77,158	12.74	10
11	Social Service Workers	2,259	2,159	47,045	21.79	11
12	Dietician					12
13	Food Service Supervisor	2,188	2,044	35,261	17.25	13
14	Head Cook	6,081	5,668	66,826	11.79	14
15	Cook Helpers/Assistants	10,947	10,233	90,685	8.86	15
16	Dishwashers					16
17	Maintenance Workers	3,695	3,269	56,746	17.36	17
18	Housekeepers	8,919	7,758	97,752	12.60	18
19	Laundry	5,174	4,655	56,763	12.19	19
20	Administrator	2,082	1,968	66,058	33.57	20
21	Assistant Administrator					21
22	Other Administrative	5,572	5,035	72,160	14.33	22
23	Office Manager	1,432	1,302	25,077	19.26	23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,700	1,562	24,242	15.52	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Marketing</u>	417	386	7,604	19.70	33
34	TOTAL (lines 1 - 33)	147,564	135,337	\$ 1,946,887 *	\$ 14.39	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	178	\$ 7,508	Ln1 Col 3	35
36	Medical Director		1,200	Ln 10 Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,088	Ln 10 Col 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	24	1,569	Ln 11 Col 3	44
45	Social Service Consultant	28	1,879	Ln 12 Col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	230	\$ 14,244		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	42	\$ 1,881		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	42	\$ 1,881		53

Facility Name & ID Number GOOD SAMARITAN SOCIETY - GENESEO VILLAGE

0004721

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. LSNI-4379
- (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? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period? _____
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 14,797 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. _____
- (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 _____ 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. \$ 39,501
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. \$ _____ Has any meal income been offset against related costs? YES Indicate the amount. \$ 4,901
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? _____
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. \$ YES
c. What percent of all travel expense relates to transportation of nurses and patients? 35%
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? _____
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? _____
**g. Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.** \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: LARSON ALLEN LLP
- (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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.