

Facility Name & ID Number Good Samaritan Home of Quincy

0009258 Report Period Beginning: 10/01/2010 Ending: 9/30/2011

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	72	Skilled (SNF)	72	26,280	1
2		Skilled Pediatric (SNF/PED)			2
3	131	Intermediate (ICF)	131	47,815	3
4		Intermediate/DD			4
5	54	Sheltered Care (SC)	54	19,710	5
6		ICF/DD 16 or Less			6
7	257	TOTALS	257	93,805	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	1,272	1,092	5,432	7,796	8
9	SNF/PED					9
10	ICF	24,394	37,137		61,531	10
11	ICF/DD					11
12	SC		13,966		13,966	12
13	DD 16 OR LESS					13
14	TOTALS	25,666	52,195	5,432	83,293	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.79%

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 - Pool Exercise Classes

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 Note : 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 02/22/1957

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 17 and days of care provided 5,274

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 9/30/2011 Fiscal Year: 9/30/2011

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

Facility Name & ID Number

Good Samaritan Home of Quincy

0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

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	1,081,154	60,261	29,032	1,170,447		1,170,447		1,170,447		1
2	Food Purchase		904,387		904,387		904,387	(69,293)	835,094		2
3	Housekeeping	319,334	58,251	30,947	408,532		408,532	(3,410)	405,122		3
4	Laundry	151,294		20,201	171,495		171,495		171,495		4
5	Heat and Other Utilities			430,174	430,174		430,174		430,174		5
6	Maintenance	319,554	82,824	279,430	681,808		681,808	(391)	681,417		6
7	Other (specify):*										7
8	TOTAL General Services	1,871,336	1,105,723	789,784	3,766,843		3,766,843	(73,094)	3,693,749		8
	B. Health Care and Programs										
9	Medical Director			3,010	3,010		3,010		3,010		9
10	Nursing and Medical Records	5,208,051	242,967	17,932	5,468,950		5,468,950		5,468,950		10
10a	Therapy		3,780	602,116	605,896		605,896		605,896		10a
11	Activities	200,455	4,552	9,763	214,770		214,770		214,770		11
12	Social Services	177,259	2,968	734	180,961		180,961		180,961		12
13	CNA Training			14,113	14,113		14,113		14,113		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,585,765	254,267	647,668	6,487,700		6,487,700		6,487,700		16
	C. General Administration										
17	Administrative	264,128			264,128		264,128		264,128		17
18	Directors Fees										18
19	Professional Services			46,457	46,457		46,457	(195)	46,262		19
20	Dues, Fees, Subscriptions & Promotions			51,255	51,255		51,255	(1,281)	49,974		20
21	Clerical & General Office Expenses	543,555	71,571	181,098	796,224		796,224	(65,441)	730,783		21
22	Employee Benefits & Payroll Taxes			1,772,711	1,772,711		1,772,711		1,772,711		22
23	Inservice Training & Education			336	336		336		336		23
24	Travel and Seminar			17,458	17,458		17,458	(814)	16,644		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			116,403	116,403		116,403		116,403		26
27	Other (specify):*										27
28	TOTAL General Administration	807,683	71,571	2,185,718	3,064,972		3,064,972	(67,731)	2,997,241		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,264,784	1,431,561	3,623,170	13,319,515		13,319,515	(140,825)	13,178,690		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 Home of Quincy

#0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			854,569	854,569		854,569	(6,960)	847,609			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			380,806	380,806		380,806		380,806			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,235,375	1,235,375		1,235,375	(6,960)	1,228,415			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		168,293		168,293		168,293		168,293			39
40	Barber and Beauty Shops	68,792	4,003	1,064	73,859		73,859		73,859			40
41	Coffee and Gift Shops	21,454	33,946	500	55,900		55,900		55,900			41
42	Provider Participation Fee			111,143	111,143		111,143		111,143			42
43	Other (specify):* Non-Allow Costs	79,888		845,513	925,401		925,401	(925,401)				43
44	TOTAL Special Cost Centers	170,134	206,242	958,220	1,334,596		1,334,596	(925,401)	409,195			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,434,918	1,637,803	5,816,765	15,889,486		15,889,486	(1,073,186)	14,816,300			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	(60,586)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,375)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,631)	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				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	(48,472)	43		24
25	Fund Raising, Advertising and Promotional	(6,365)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch. 5A	(953,757)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,073,186)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS)			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,073,186)		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						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	

Good Samaritan Home of Quincy

ID# 0009258

Report Period Beginning: 10/01/2010

Ending: 9/30/2011

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

SEE ACCOUNTANTS' COMPILATION REPORT

Good Samaritan Home of Quincy

0009258

9/30/2011

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
Resident Cable Expense	(44,088)	43
To disallow Rotary Club and Chamber of Commerce Dues	(1,281)	20
To disallow non-allowable Administrative Expenses	(5,554)	21
To disallow radio station expense	(793)	43
To disallow X-Ray expense	(12,767)	43
To disallow Lab expense	(13,506)	43
To disallow investment consultants	(257,968)	43
To disallow out of period seminar cost	(415)	24
To disallow out of state over fifty miles seminar cost	(1,683)	24
To record last year out of period cost for seminars that related to this year	1,284	24
To offset guest room income	(4,598)	30
To disallow cottage service income	(3,410)	3
To offset miscellaneous income	(116)	21
To offset miscellaneous income	(161)	6
To offset the income from adjustment		21
To offset discount earned income		21
To offset discount earned income	(230)	6
To offset discount earned income		6
To offset discount earned income	(8,707)	1
To offset income from sale of equipment	(987)	30
To disallow Property Taxes	(15,963)	43
To disallow rental property expenses	(88)	43
To disallow radio station depreciation	(13,252)	43
To disallow Assist Living depreciation	(1,196)	43
To disallow cottage expenses	(508,312)	43
To disallow Public Relation Wages	(59,771)	21
To disallow out of period Legal Fees	(195)	19
Total	<u>(953,757)</u>	

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A		N/A		N/A		

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V	N/A						6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 0	\$ *	39

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

Facility Name & ID Number

Good Samaritan Home of Quincy

#

0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

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	N/A										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 Home of Quincy

0009258

Report Period Beginning:

10/01/2010

Ending: 1/30/2011

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	N/A								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 Home of Quincy

0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

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	Mercantile Bond		X	Mortgage	\$65,550.75	12/01/09	\$ 12,000,000	\$ 11,659,798	12/01/2039	12/01/2039	\$ 377,542	1						
2			X	Amortization of Loan Cost							3,264	2						
3												3						
4												4						
5												5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related				\$65,550.75		\$ 12,000,000	\$ 11,659,798			\$ 380,806	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 12,000,000	\$ 11,659,798			\$ 380,806	15						

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2010 report.			\$	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2010		\$	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	3
4.	Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2006	<u>N/A</u>	8	
		2007		9	
		2008		10	
		2009		11	
		2010		12	
FOR BHF USE ONLY					
13	FROM R. E. TAX STATEMENT FOR 2010		\$		13
14	PLUS APPEAL COST FROM LINE 5		\$		14
15	LESS REFUND FROM LINE 6		\$		15
16	AMOUNT TO USE FOR RATE CALCULATION		\$		16

NOTES:

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Good Samaritan Home of Quincy COUNTY Adams

FACILITY IDPH LICENSE NUMBER 0009258

CONTACT PERSON REGARDING THIS REPORT Judy Graham

TELEPHONE (217) 223-8717 FAX #: (217) 223-6015

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u> </u>	<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
2. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
TOTALS		\$ <u> </u>	\$ <u> </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 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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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: 124,970 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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).

Residential Cottage Apartments 160 Units for 174,278 square feet

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: _____
(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>Facility</u>	<u>1,219,680</u>	<u>1956-2010</u>	<u>\$ 193,553</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	1,219,680		\$ 193,553	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	48			1962	\$ 683,823	\$	40	\$		\$ 683,823	4
5	94			1973	1,683,761	42,094	40	42,094		1,594,676	5
6	91			1984	1,953,541	48,839	40	48,839		1,347,133	6
7	24			2010	1,695,151	73,166	Various	73,166		103,652	7
8											8
	Improvement Type**										
9	Building Improvements			1974	59,320		30			59,320	9
10	Building Service Equipment			1983	10,058		20			10,058	10
11	Land Improvements			1984	49,187		15			49,187	11
12	Building Service Equipment			1984	345,127	425	Various	425		344,100	12
13	Land Improvements			1985	2,601		20			2,601	13
14	Building Improvements			1985	250,935	6,273	40	6,273		164,783	14
15	Building Service Equipment			1985	30,300		Various			30,300	15
16	Land Improvements			1986	2,130		20			2,130	16
17	Building Improvements			1986	119,616	2,990	40	2,990		75,755	17
18	Building Service Equipment			1986	137,391	1,967	Various	1,967		137,317	18
19	Building Improvements			1987	19,089	500	Various	500		11,968	19
20	Building Service Equipment			1987	10,451		20			10,451	20
21	Building Service Equipment			1988	11,876	42	Various	42		11,801	21
22	Building Improvements			1989	163,640	4,354	Various	4,354		133,160	22
23	Garage Additions			1990	78,563	2,619	30	2,619		56,739	23
24	Building Improvements State Audit Adjustments 10881+30372			1991	511,992	18,441	30	17,066	(1,375)	346,956	24
25	Building Services Equipment			1991	35,381		various			35,381	25
26	Parking Lot			1992	4,257	213	20	213		3,831	26
27	Building Services Equipment			1992	2,706		10			2,706	27
28	Parking Lot			1992	46,071	2,304	20	2,304		42,808	28
29	Kitchen/Dining Room			1993	310,412	7,760	40	7,760		142,272	29
30	Building Services Equipment			1993	12,199	238	various	238		10,555	30
31	Parking Lot			1994	87,827		15			87,827	31
32	Manhole/Sewer			1994	2,859		15			2,859	32
33	Sidewalk			1994	7,875		15			7,875	33
34	West Nursing			1994	66,876	3,344	20	3,344		56,845	34
35	Dining Room -Disposal			1994	6,305	315	various	315		5,674	35
36	Building Services Equipment			1994	75,153	2,791	various	2,791		68,874	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258

Report Period Beginning:

10/01/2010 Ending:9/30/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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 West Nursing	1995	\$ 128,327	\$ 6,416	20	\$ 6,416	\$	\$ 106,404	37
38 West Nursing	1995	3,151	158	20	158		2,442	38
39 Building Services Equipment	1995	12,183		15			12,183	39
40 Gutters	1996	10,817	541	20	541		8,383	40
41 Eber Wing Improvements	1996	20,335	1,017	20	1,017		15,760	41
42 Roof	1996	9,016	451	20	451		6,988	42
43 Roof - Anna Brown Wing	1996	70,800	3,540	20	3,540		52,805	43
44 Building Services Equipment	1996	38,438	1,716	various	1,716		32,569	44
45 Lights/Front Land Improvements	1997	5,360	357	15	357		5,271	45
46 Roof-Anna Brown Wing	1997	48,740	1,250	39	1,250		17,313	46
47 Sprinkling System	1997	3,354		10			3,354	47
48 Tamper Detectors	1997	2,818		10			2,818	48
49 Compressor - East	1997	11,808	787	15	787		11,218	49
50 Sprinkler System	1997	102,875	5,144	20	5,144		72,441	50
51 Roof- Kitchen/Dinning	1998	45,550	1,168	39	1,168		16,055	51
52 Elevator Doors - Dietary	1998	1,095		10			1,095	52
53 Remodeling -Anna Brow Wing Walls, Ceiling, Floors,Lights	1999	199,131	4,978	39	4,978		60,777	53
54 Remodeling -Anna Brow Wing - Duct Detectors	1999	1,444		5			1,444	54
55 Remodeling -Anna Brow Wing - Fire Damper	1999	21,915	548	39	548		6,780	55
56 Chapel Roof	1999	21,515	538	39	538		6,925	56
57 Fire Damper Alarm	1999	5,490		5			5,490	57
58 Eber Parking Lot Lights	1999	5,495	366	15	366		4,579	58
59 Stainless Steel D/W Exhaust	1999	1,659		10			1,659	59
60 Wiring Chapel Roof	1999	332		10			332	60
61 HVAC Chapel	1999	23,760	1,584	15	1,584		19,800	61
62 Code Alert System	1999	61,985		5			61,985	62
63 Elevator Upgrade A/B East	1999	22,556		10			22,556	63
64 Elevator Upgrade - Special Care	1999	5,970		10			5,970	64
65 Fire Protection A/B	1999	4,500		10			4,500	65
66 Condensor Unit	1999	22,945	1,530	15	1,530		19,121	66
67 Fire Protection Pool Area	1999	776		10			776	67
68 Damper Duct Work	1999	5,602	373	15	373		4,668	68
69 Lighting- Special Care	1999	2,075	138	15	138		1,729	69
70 TOTAL (lines 4 thru 69)		\$ 9,398,290	\$ 251,275		\$ 249,900	\$ (1,375)	\$ 6,239,607	70

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

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 9,398,290	\$ 251,275		\$ 249,900	\$ (1,375)	\$ 6,239,607	1
2	2000	3,196	213	15	213		2,450	2
3	2000	4,616	115	39	115		1,274	3
4	2000	3,073	205	15	205		2,356	4
5	2000	14,760	369	39	369		4,074	5
6	2000	3,086	206	15	206		2,366	6
7	2000	3,485	232	15	232		2,672	7
8	2000	2,601	173	15	173		1,994	8
9	2000	26,757	669	39	669		7,553	9
10	2000	16,485	1,099	15	1,099		12,639	10
11	2000	14,290	953	15	953		10,956	11
12	2000	305,419	20,361	15	20,361		234,154	12
13	2000	2,776	185	15	185		2,128	13
14	2000	12,776	852	15	852		9,795	14
15	2000	1,848	123	15	123		1,417	15
16	2000	7,000	467	15	467		5,367	16
17	2000	1,200	60	20	60		630	17
18	2001	369,213	9,230	39	9,230		94,226	18
19	2001	2,550	170	15	170		1,785	19
20	2000	2,001	50	39	50		544	20
21	2000	611	41	15	41		428	21
22	2000	5,584	372	15	372		3,909	22
23	2000	4,151	277	15	277		2,906	23
24	2000	3,695	246	15	246		2,586	24
25	2001	1,609	107	15	107		1,126	25
26	2001	50,735	3,382	15	3,382		35,515	26
27	2001	4,916	344	10	344		3,596	27
28	2001	2,724	191	10	191		1,993	28
29	2002	2,904	203	10	203		2,124	29
30	2002	966	68	10	68		707	30
31	2002	1,408	99	10	99		1,030	31
32	2002	985	69	10	69		721	32
33	2001	4,600	115	39	115		1,136	33
34		\$ 10,280,310	\$ 292,521		\$ 291,146	\$ (1,375)	\$ 6,695,764	34

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258

Report Period Beginning:

10/01/2010 Ending: 9/30/2011

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	
1		\$ 10,280,310	\$ 292,521		\$ 291,146	\$ (1,375)	\$ 6,695,764	1
2	2002	16,118	564	20	564		6,287	2
3	2003	2,977	198	15	198		1,723	3
4	2003	2,489	249	10	249		2,157	4
5	2003	3,619	362	10	362		3,119	5
6	2003	3,291	219	15	219		1,773	6
7	2003	4,278	428	10	428		3,601	7
8	2003	3,200	160	20	160		1,280	8
9	2004	51,494	5,149	10	5,149		38,620	9
10	2003	5,801	387	15	387		3,062	10
11	2003	698	47	15	47		364	11
12	2003	2,272	151	15	151		1,174	12
13	2004	3,801	253	15	253		1,943	13
14	2004	4,028	269	15	269		2,014	14
15	2004	4,650	465	10	465		3,410	15
16	2004	6,120	408	15	408		2,992	16
17	2004	6,800	453	15	453		3,287	17
18	2004	1,070	107	10	107		767	18
19	2004	6,425	643	10	643		4,498	19
20	2004	5,147	343	15	343		2,345	20
21	2004	15,642	1,564	10	1,564		10,558	21
22	2004	2,454	245	10	245		1,656	22
23	2005	1,297	130	10	130		832	23
24	2005	68,884	4,592	15	4,592		29,085	24
25	2004	247	12	20	12		86	25
26	2004	1,248	62	20	62		432	26
27	2004	980	49	20	49		335	27
28	2005	2,373	119	20	119		791	28
29	2005	2,470	165	15	165		1,084	29
30	2006	13,003	1,300	10	1,300		7,127	30
31	2006	50,625	3,375	15	3,375		18,844	31
32	2006	1,645	142	various	142		735	32
33	2005	1,400	140	10	140		828	33
34		\$ 10,576,856	\$ 315,271		\$ 313,896	\$ (1,375)	\$ 6,852,573	34

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258

Report Period Beginning:

10/01/2010 Ending:9/30/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 10,576,856	\$ 315,271		\$ 313,896	\$ (1,375)	\$ 6,852,573	1
2	2005	9,936	662	15	662		3,864	2
3	2006	14,948	747	20	747		3,986	3
4	2006	23,500	1,567	15	1,567		8,878	4
5	2006	1,905	191	10	191		1,064	5
6	2006	38,611	1,931	20	1,931		10,296	6
7	2006	35,781	3,578	10	3,578		18,208	7
8	2006	98,370	4,919	20	4,919		26,642	8
9	2006	3,850	257	15	257		1,390	9
10	2006	7,872	394	20	394		2,066	10
11	2006	9,841	492	20	492		2,583	11
12	2006	14,683	734	20	734		3,854	12
13	2006	12,769	851	15	851		4,185	13
14	2006	20,456	1,364	15	1,364		6,478	14
15	2007	2,526	168	15	168		800	15
16	2007	10,431	1,043	10	1,043		4,868	16
17	2007	954	95	10	95		445	17
18	2007	1,125	113	10	113		525	18
19	2007	1,483	148	10	148		618	19
20	2007	823	82	10	82		336	20
21	2007	2,588	259	10	259		1,078	21
22	2007	1,113	111	10	111		445	22
23	2007	2,922	292	10	292		1,169	23
24	2007	14,516	968	15	968		3,871	24
25	2007	11,952	797	15	797		3,187	25
26	2006	2,254	150	15	150		739	26
27	2006	27,685	1,846	15	1,846		8,767	27
28	2007	890	59	15	59		282	28
29	2007	3,528	235	15	235		1,117	29
30	2007	3,038	304	10	304		1,418	30
31	2007	7,401	740	10	740		3,392	31
32	2007	4,106	274	15	274		1,232	32
33	2007	5,108	341	15	341		1,533	33
34		\$ 10,973,821	\$ 340,983		\$ 339,608	\$ (1,375)	\$ 6,981,889	34

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258

Report Period Beginning:

10/01/2010 Ending:9/30/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 10,973,821	\$ 340,983		\$ 339,608	\$ (1,375)	\$ 6,981,889	1
2	2007	573	38	15	38		172	2
3	2007	3,459	231	15	231		999	3
4	2007	1,485	148	10	148		594	4
5	2007	4,450	445	10	445		1,706	5
6	2007	9,587	639	15	639		2,450	6
7	2008	7,597	760	10	760		2,279	7
8	2008	10,646	710	15	710		2,484	8
9	2008	10,180	1,018	10	1,018		3,054	9
10	2008	1,714	171	10	171		571	10
11	2008	122,827	8,188	15	8,188		27,295	11
12	2008	1,968	197	10	197		689	12
13	2008	1,395	140	10	140		476	13
14	2009	35,300	2,353	15	2,353		6,276	14
15	2008	8,704	435	20	435		1,197	15
16	2008	27,518	1,835	15	1,835		5,351	16
17	2009	14,985	749	20	749		1,936	17
18	2009	3,795	190	20	190		474	18
19	2009	1,640	82	20	82		171	19
20	2009	5,577	558	10	558		1,394	20
21	2009	14,325	1,433	10	1,433		3,462	21
22	2009	1,040	208	5	208		451	22
23	2009	7,099	1,420	5	1,420		2,958	23
24	2009	88,733	5,916	20	5,916		8,380	24
25	2009	61,810	3,091	20	3,091		5,666	25
26	2009	11,421	571	20	571		999	26
27								27
28	2009	85,645	8,564	20	8,564		12,133	28
29	2009	10,951	1,095	20	1,095		1,460	29
30	2009	12,414	621	20	621		776	30
31	2009	13,300	1,330	20	1,330		2,365	31
32	2010	24,818	1,241	20	1,241		1,861	32
33	2010	51,508	3,434	15	3,434		4,865	33
34		\$ 11,630,285	\$ 388,794		\$ 387,419	\$ (1,375)	\$ 7,086,833	34

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258

Report Period Beginning:

10/01/2010 Ending:9/30/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	
1		\$ 11,630,285	\$ 388,794		\$ 387,419	\$ (1,375)	\$ 7,086,833	1
2	2010	154,072	10,271	15	10,271		14,551	2
3	2010	4,789,401	119,735	40	119,735		169,625	3
4	2010	838,272	41,914	20	41,914		59,378	4
5	2010	223,472	8,939	25	8,939		12,663	5
6	2010	1,405,351	46,845	30	46,845		66,367	6
7	2010	383,839	19,192	20	19,192		27,189	7
8	2010	117,455	7,830	15	7,830		11,093	8
9	2010	354,518	17,726	20	17,726		25,112	9
10	2010	209,459	13,964	15	13,964		19,782	10
11	2010	167,615	4,190	40	4,190		5,238	11
12	2010	5,872	294	20	294		367	12
13	2010	1,455	145	10	145		170	13
14	2010	105,708	10,571	10	10,571		11,452	14
15	2010	11,290	565	20	565		565	15
16	2010	2,672	122	20	122		122	16
17	2010	3,335	334	10	334		334	17
18	2010	4,350	399	10	399		399	18
19	2010	8,600	788	10	788		788	19
20	2010	2,688	202	10	202		202	20
21	2011	10,751	179	10	179		179	21
22	2011	33,362	1,668	10	1,668		1,668	22
23	2011	3,245	135	10	135		135	23
24	2011	75,000		20				24
25	2011	18,800	470	10	470		470	25
26								26
27								27
28								28
29								29
30								30
31					(4,598)	(4,598)		31
32					(987)	(987)		32
33								33
34		\$ 20,560,867	\$ 695,272		\$ 688,312	\$ (6,960)	\$ 7,514,682	34

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

Facility Name & ID Number Good Samaritan Home of Quincy

0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,342,590	\$ 139,022	\$ 139,022	\$	3-20 yrs	\$ 786,052	71
72	Current Year Purchases	219,662	1,743	1,743		5-15 yrs	1,743	72
73	Fully Depreciated Assets	1,022,544				3-20 yrs	1,022,544	73
74								74
75	TOTALS	\$ 2,584,796	\$ 140,765	\$ 140,765	\$		\$ 1,810,339	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident	199 Ford E150	1998	\$ 23,476	\$	\$	\$	3-5 yrs	\$ 23,476	76
77	Maintenance	1994 Ford F250	1994	21,526				5 yrs	21,526	77
78	Maintenance	Golf Carts	2001	3,600	252	252		10 yrs	2,934	78
79	See Attach Sch 13A	Various	Various	297,142	18,280	18,280		5-10 yrs	195,291	79
80	TOTALS			\$ 345,744	\$ 18,532	\$ 18,532	\$		\$ 243,227	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)		\$ 23,684,960	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 854,569	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 847,609	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (6,960)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 9,568,248	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	Cottage Land	\$ 207,379	\$	\$	86
87	Rental Property Land	75,730			87
88	Cottage Fixed Assets	8,253,865	182,512	5,306,968	88
89	Rental Property & Radio Station	382,528	13,340	140,902	89
90	Assisted Living	38,017	1,196	1,196	90
91	TOTALS	\$ 8,957,519	\$ 197,048	\$ 5,449,066	91

G. Construction-in-Progress

	Description	Cost	
92	Building Construction	\$ 6,358,134	92
93			93
94			94
95		\$ 6,358,134	95

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

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

Facility Name & ID Number Good Samaritan Home of Quincy # 0009258 Report Period Beginning: 10/01/2010 Ending: 9/30/2011

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	
37	Purchased in Prior Years	\$	\$	\$	\$ 0		\$	37
38	Current Year Purchases				0			38
39	Fully Depreciated Assets				0			39
40					0			40
41	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	41

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	
42	Facility	Toro 2001	2001	\$ 825	\$ 0	\$ 0	\$ 0	5 yrs	\$ 709	42
43	Maintenance	Chevy S-10 98	2002	7,508	0	0	0	5 yrs	6,457	43
44	Facility	Toro mower	2003	7,139	0	0	0	5 yrs	7,139	44
44a	Facility	Ford/Goshen Bus (2)	2004	98,532	0	0	0	5 yrs	98,532	44a
44b	Facility	Lift for Van	2005	1,500	0	0	0	5 yrs	1,500	44b
44c	Facility	Toro mower	2005	9,792	0	0	0	5 yrs	9,792	44c
44d	Facility	2005 Chrysler Town	2005	21,931	0	0	0	5 yrs	21,931	44d
44e	Facility	1999 Chevy Van	2005	5,648	188	188	0	5 yrs	5,648	44g
44f	Facility	Kubota L3430	2006	18,895	1,889	1,889	0	10 yrs	9,133	44f
44g	Facility	Ford F350	2007	30,224	3,022	3,022	0	10 yrs	12,845	44g
44h	Facility	Toro Mower	2009	7,000	1,400	1,400	0	5 yrs	3,150	44h
44i	Facility	Toro mower	2009	9,000	1,800	1,800	0	5 yrs	4,500	44i
44j	Facility	Truck Plow 84 Rear	2008	675	135	135	0	5 yrs	382	44j
44k	Facility	Golf Cart	2008	1,200	240	240	0	5 yrs	680	44k
44l	Facility	Tractor with Cab JD 4320	2010	33,977	3,115	3,115	0	10 yrs	3,115	
44m	Facility	2010 GMC Sierra	2010	32,410	5,402	5,402	0	5 yrs	5,402	
44n	Facility	Various Mower/Snow EQ	Various	10,886	1,089	1,089	0	5 yrs	4,376	44i
45							0			45
46	TOTALS			\$ 297,142	\$ 18,280	\$ 18,280	\$ 0		\$ 195,291	46

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	\$
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	\$
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	\$
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	\$

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		\$	\$	\$	52
53					53
54					54
55					55
56					56
57	TOTALS	\$	\$	\$	57

G. Construction-in-Progress

	Description	Cost	
58		\$	58
59			59
60			60
61		\$	61

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions	<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 N/A.

N/A
N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 0 Description: _____

(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	<u>N/A</u>				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. _____/2012 \$ N/A

13. _____/2013 \$ N/A

14. _____/2014 \$ N/A

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

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

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 checked="" type="checkbox"/> YES <input 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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>104</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>48</u></p>
---	---	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
1	Community College Tuition	\$	\$ 13,544	\$	\$ 13,544
2	Books and Supplies		29		29
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		540		540
9	TOTALS	\$	\$ 14,113	\$	\$ 14,113
10	SUM OF line 9, col. 1 and 2 (e)	\$	14,113		

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	9
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	9

- (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	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)							
					Units	Cost										
1	Licensed Occupational Therapist	L. 10a C 3	hrs	\$	3,078	\$ 184,680						3,078	\$ 184,680			1
2	Licensed Speech and Language Development Therapist	L. 10a C 3	hrs		534	32,024						534	32,024			2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	L. 10a C 3	hrs		6,416	384,976			3,780			6,416	388,756			4
5	Physician Care		visits													5
6	Dental Care	L. 10 C 2,3	visits		12	2,400						12	2,400			6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	L. 39 C 2	# of prescripts						168,293				168,293			9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify): <u>Respiratory Therapy</u>	L. 10a C 3			4	436						4	436			12
13	Other (specify):															13
14	TOTAL			\$	10,044	\$ 604,516			\$ 172,073			10,044	\$ 776,589			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 Home of Quincy# 0009258Report Period Beginning: 10/01/2010Ending: 9/30/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/2011

(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	\$ 682,582	\$ 682,582	1
2	Cash-Patient Deposits	21,253	21,253	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,582,045	2,582,045	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	2,984,757	2,984,757	5
6	Prepaid Insurance	204,044	204,044	6
7	Other Prepaid Expenses	10,774	10,774	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Application Fee Repurchase</u>	26,823	26,823	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,512,278	\$ 6,512,278	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	25,184,214	25,184,214	12
13	Land	193,553	193,553	13
14	Buildings, at Historical Cost	20,685,096	20,560,867	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,930,540	2,930,540	16
17	Accumulated Depreciation (book methods)	(9,679,245)	(9,568,248)	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 (spe See Sch17A	6,537,646	6,537,646	22
23	Other(specify): <u>Cottage & Rental Property</u>	3,508,454	3,508,454	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 49,360,258	\$ 49,347,026	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 55,872,536	\$ 55,859,304	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 790,869	\$ 790,869	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	21,253	21,253	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	682,779	682,779	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,111	3,111	31
32	Accrued Real Estate Taxes(Sch.IX-B)	11,636		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Sch 17C</u>	109,397	109,397	36
37	<u>Prepaid Resident Rent</u>	846,751	846,751	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,465,796	\$ 2,454,160	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	11,659,798	11,659,798	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)	\$ 11,659,798	\$ 11,659,798	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,125,594	\$ 14,113,958	46
47	TOTAL EQUITY(page 18, line 24)	\$ 41,746,942	\$ 41,745,346	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 55,872,536	\$ 55,859,304	48

*(See instructions.)

Good Samaritan Home of Quincy
0009258
9/30/2011

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

B. Long Term Assets

<u>Other Long Term Assets (specify):</u>	<u>Operating</u>	<u>After Consolidation</u>
Loan Amortization Cost	179,512	179,512
Construction in Progress	6,358,134	6,358,134
Total Line 22 - Other Long Term Assets (specify):	<u>6,537,646</u>	<u>6,537,646</u>

Good Samaritan Home of Quincy
0009258
9/30/2011

Schedule 17C

XV. BALANCE SHEET - Unrestricted Operating Fund.

C. Current Liabilities

Other Current Liabilities (specify):	Operating	After Consolidation
ST Disability Payable - Employee	3,523	3,523
United Way Deduction	16	16
Misc. Employee Deduction	0	0
Employee Assist Fund Withheld	8,012	8,012
Pension Plan Payable-Employee	4,235	4,235
Capital Campaign Pledge	0	0
Capital Campaign Pledge - Residents	0	0
Benevolent Fund Payable	7,428	7,428
Flower Fund Payable	76	76
Application Fee Payable	26,305	26,305
Medicare Liability	0	0
Medicaid Liability	0	0
Employee Health/Life Liability	59,802	59,802
Total Line 36 - Other Current Liabilities(specify):	109,397	109,397

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 42,640,643	1
2	Restatements (describe):		2
3	<u>Rounding</u>	<u>2</u>	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 42,640,645	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(893,703)	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)	\$ (893,703)	17
	B. Transfers (Itemize):		
18			18
19	<u>Rounding</u>		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)	\$ 41,746,942	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Good Samaritan Home of Quincy

0009258

Report Period Beginning: 10/01/2010

Ending: 9/30/2011

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		Amount	
Revenue			
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,900,623	1
2	Discounts and Allowances for all Levels	(1,826,653)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,073,970	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,117,243	6
7	Oxygen	12,412	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,129,655	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	35,787	12
13	Barber and Beauty Care	67,468	13
14	Non-Patient Meals	60,586	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	358,106	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	29,055	19
20	Radiology and X-Ray	26,324	20
21	Other Medical Services	82,149	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 659,475	23
D. Non-Operating Revenue			
24	Contributions	82,057	24
25	Interest and Other Investment Income***	375,505	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 457,562	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached Schedule 19E	46,235	28
28a	Cottage and Rental Property Income	1,628,886	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,675,121	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,995,783	30

2		Amount	
Expenses			
A. Operating Expenses			
31	General Services	3,766,843	31
32	Health Care	6,487,700	32
33	General Administration	3,064,972	33
B. Capital Expense			
34	Ownership	1,235,375	34
C. Ancillary Expense			
35	Special Cost Centers	1,223,453	35
36	Provider Participation Fee	111,143	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,889,486	40
41	Income before Income Taxes (line 30 minus line 40)**	(893,703)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (893,703)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

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

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

Good Samaritan Home of Quincy
0009258
9/30/2011

Schedule 19E

XVII. INCOME STATEMENT

Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Miscellaneous Income	987
Discount Earned Income	9,214
Adjustments	0
Guest Room Income	4,598
Van Transportation	28,026
Cottage Services Income	3,410
Application Fee Income	<u>0</u>
Total Line 28 - Other Revenue (specify):	<u><u>46,235</u></u>

Facility Name & ID Number Good Samaritan Home of Quincy

0009258

Report Period Beginning:

10/01/2010

Ending:

9/30/2011

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,972	2,080	\$ 62,513	\$ 30.05	1
2	Assistant Director of Nursing	1,856	2,080	58,861	28.30	2
3	Registered Nurses	23,680	25,583	580,735	22.70	3
4	Licensed Practical Nurses	69,263	76,524	1,350,660	17.65	4
5	CNAs & Orderlies	220,174	239,555	2,767,569	11.55	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	12,965	14,434	170,008	11.78	8
9	Activity Director	1,836	2,080	36,642	17.62	9
10	Activity Assistants	14,646	16,320	163,813	10.04	10
11	Social Service Workers	14,702	16,280	177,259	10.89	11
12	Dietician					12
13	Food Service Supervisor	7,411	8,589	155,415	18.09	13
14	Head Cook	8,316	8,924	109,806	12.30	14
15	Cook Helpers/Assistants	66,156	72,242	733,841	10.16	15
16	Dishwashers	7,859	8,360	82,092	9.82	16
17	Maintenance Workers	22,628	25,332	319,554	12.61	17
18	Housekeepers	27,436	30,448	319,334	10.49	18
19	Laundry	12,793	13,982	151,294	10.82	19
20	Administrator	1,868	2,080	145,337	69.87	20
21	Assistant Administrator	1,836	2,080	118,791	57.11	21
22	Other Administrative	7,764	8,720	241,165	27.66	22
23	Office Manager					23
24	Clerical	18,123	20,183	302,390	14.98	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	1,949	2,181	36,014	16.51	31
32	Other Health C: SCH 20A	13,770	15,245	181,691	11.92	32
33	Other(specify) SCH 20A	12,492	14,072	170,134	12.09	33
34	TOTAL (lines 1 - 33)	571,495	627,374	\$ 8,434,918 *	\$ 13.44	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	578	\$ 24,542	L. 1 C3	35
36	Medical Director	Monthly	3,010	L. 9 C3	36
37	Medical Records Consultant	Quarterly	2,408	L. 10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	# of Resident	13,124	L. 10 C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	9	734	L. 11 C3	44
45	Social Service Consultant	9	734	L. 12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	596	\$ 44,552		49

C. CONTRACT NURSES

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

Good Samaritan Home of Quincy
 0009258
 9/30/2011

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Nursing Secretary	9,650	10,597	112,426	10.61
Medical Supply Clerk	2,224	2,505	28,584	11.41
Administrative Assistant Nursing	30	30	623	20.77
Staff Coord.	1,866	2,113	40,058	18.96
Total Line 32 - Other	13,770	15,245	\$ 181,691	\$ 11.92

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Maintenance Cottages	5,657	6,333	\$ 79,888	12.61
Beauty Shop	4,605	5,147	68,792	13.37
General Store	2,230	2,592	21,454	8.28
Total Line 33 - Other	12,492	14,072	\$ 170,134	\$ 12.09

Good Samaritan Home of Quincy

Provider #: 0009258

10/01/2010 to 9/30/2011

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3)	46,458
	0
Out of Period Legal Expenses	(154)
Total (agree to Schedule V, line 19, column 8)	<u>46,304</u>

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

Facility Name & ID Number Good Samaritan Home of Quincy# 0009258Report Period Beginning: 10/01/2010Ending: 9/30/2011**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. Life Services Network \$15,992 CHHS\$8,857
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 83,090 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 111,143
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? Yes 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. \$ 60,586
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes
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? N/A
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? 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? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Dennis G. Koch
- (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? Yes
Attach invoices and a summary of services for all architect and appraisal fees

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	1,081,154	60,261	29,032	1,170,447	0	1,170,447	0	1,170,447
2. Food Purchase	0	904,387	0	904,387	0	904,387	-69,293	835,094
3. Housekeeping	319,334	58,251	30,947	408,532	0	408,532	-3,410	405,122
4. Laundry	151,294	0	20,201	171,495	0	171,495	0	171,495
5. Heat and Other Utilities	0	0	430,174	430,174	0	430,174	0	430,174
6. Maintenance	319,554	82,824	279,430	681,808	0	681,808	-391	681,417
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,871,336	1,105,723	789,784	3,766,843	0	3,766,843	-73,094	3,693,749
9. Medical Director	0	0	3,010	3,010	0	3,010	0	3,010
10. Nursing & Medical Records	5,208,051	242,967	17,932	5,468,950	0	5,468,950	0	5,468,950
10a. Therapy	0	3,780	602,116	605,896	0	605,896	0	605,896
11. Activities	200,455	4,552	9,763	214,770	0	214,770	0	214,770
12. Social Services	177,259	2,968	734	180,961	0	180,961	0	180,961
13. Nurse Aide Training	0	0	14,113	14,113	0	14,113	0	14,113
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	5,585,765	254,267	647,668	6,487,700	0	6,487,700	0	6,487,700
17. Administrative	264,128	0	0	264,128	0	264,128	0	264,128
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	46,457	46,457	0	46,457	-195	46,262
20. Fees, Subscriptions & Promotion	0	0	51,255	51,255	0	51,255	-1,281	49,974
21. Clerical & General Office	543,555	71,571	181,098	796,224	0	796,224	-65,441	730,783
22. Employee Benefits & Payroll	0	0	1,772,711	1,772,711	0	1,772,711	0	1,772,711
23. Inservice Training & Education	0	0	336	336	0	336	0	336
24. Travel and Seminar	0	0	17,458	17,458	0	17,458	-814	16,644
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	116,403	116,403	0	116,403	0	116,403
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	807,683	71,571	2,185,718	3,064,972	0	3,064,972	-67,731	2,997,241
29. Total General Administrative	8,264,784	1,431,561	3,623,170	13,319,515	0	13,319,515	-140,825	13,178,690
30. Depreciation	0	0	854,569	854,569	0	854,569	-6,960	847,609
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	380,806	380,806	0	380,806	0	380,806
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,235,375	1,235,375	0	1,235,375	-6,960	1,228,415
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	168,293	0	168,293	0	168,293	0	168,293
40. Barber and Beauty Shop	68,792	4,003	1,064	73,859	0	73,859	0	73,859
41. Coffee and Gift Shops	21,454	33,946	500	55,900	0	55,900	0	55,900
42	0	0	111,143	111,143	0	111,143	0	111,143
43. Other (specify):*	79,888	0	845,513	925,401	0	925,401	-925,401	0
44. Total Special Cost Ce	170,134	206,242	958,220	1,334,596	0	1,334,596	-925,401	409,195
45. Grand Total	8,434,918	1,637,803	5,816,765	15,889,486	0	15,889,486	-1,073,186	14,816,300

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	682,582	682,582
2. Cash - Patient Deposits	21,253	21,253
3. Accounts & Notes Recievable	2,582,045	2,582,045
4. Supply Inventory	0	0
5. Short-Term Investments	2,984,757	2,984,757
6. Prepaid Insurance	204,044	204,044
7. Other Prepaid Expenses	10,774	10,774
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	26,823	26,823
10. Total current assets	6,512,278	6,512,278
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	25,184,214	25,184,214
13. Land	193,553	193,553
14. Buildings, at Historical Cost	20,685,096	20,560,867
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	2,930,540	2,930,540
17. Accumulated Depreciation (book methods)	-9,679,245	-9,568,248
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	6,537,646	6,537,646
23. other (specify):	3,508,454	3,508,454
24. Total Long-Term Assets	49,360,258	49,347,026
25. Total Assets	55,872,536	55,859,304
CURRENT LIABILITIES		
26. Accounts Payable	790,869	790,869
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	21,253	21,253
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	682,779	682,779
31. Accrued Taxes Payable	3,111	3,111
32. Accrued Real Estate Taxes	11,636	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	109,397	109,397
37. Other Current Liabilities (specify):	846,751	846,751
38. Total Current Liabilities	2,465,796	2,454,160
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	11,659,798	11,659,798
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	11,659,798	11,659,798
46.Total Liabilities	14,125,594	14,113,958
47.Total Equity	41,746,942	41,745,346
48.Total Liabilities and Equity	55,872,536	55,859,304

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	12,900,623
2. Discounts and Allowances for all Levels	-1,826,653
Subtotal - Inpatient Care	11,073,970
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,117,243
7. Oxygen	12,412
Subtotal - Ancillary Revenue	1,129,655
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	35,787
13. Barber and Beauty Care	67,468
14. Non-Patient Meals	60,586
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	358,106
18. Sale of Supplies to Non-Patients	0
19. Laboratory	29,055
20. Radiology and X-Ray	26,324
21. Other Medical Services	82,149
22. Laundry	0
Subtotal - Other Operating Revenue	659,475
24. Contributions	82,057
25. Interest and Other Investments Income	375,505
Subtotal - Non-Operating Revenue	457,562
27. Other Revenue (specify):	46,235
28. Other Revenue (specify):	1,628,886
Subtotal - Other Revenue	1,675,121
30. Total Revenue	14,995,783
31. General Services	3,637,075
32. Health Care	6,096,948
33. General Administration	2,919,614
34. Ownership	1,153,771
35. Special Cost Centers	1,257,953
35. Provider Participation Fee	100,905
37. Other	0
40. Total Expenses	15,166,266
41. Income Before Income Taxes	-170,483
42. Income Taxes	0
43. Net Income or Loss for the Year	-170,483