

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0009258</u></p> <p>Facility Name: <u>Good Samaritan Home</u></p> <p>Address: <u>2130 Harrison Street Quincy 62301</u> <small>Number City Zip Code</small></p> <p>County: <u>Adams</u></p> <p>Telephone Number: <u>(217) 223-8717</u> Fax # <u>(217) 223-6015</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>02/22/1957</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input checked="" type="checkbox"/> Trust IRS Exemption Code <u>501(c)(3)</u> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Ms. Judy M. Graham</u> Telephone Number: <u>(217) 223-8717</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input checked="" type="checkbox"/> Trust IRS Exemption Code <u>501(c)(3)</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>10/01/11</u> to <u>09/30/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Mr. Michael Duffy</u> (Title) <u>Administrator</u> </td> </tr> <tr> <td style="width:20%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____ </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Mr. Michael Duffy</u> (Title) <u>Administrator</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input checked="" type="checkbox"/> Trust IRS Exemption Code <u>501(c)(3)</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Mr. Michael Duffy</u> (Title) <u>Administrator</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____							

Facility Name & ID Number Good Samaritan Home

0009258 Report Period Beginning: 10/01/11 Ending: 09/30/12

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 07/13/2012

	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	26,352	1
2		Skilled Pediatric (SNF/PED)			2
3	131	Intermediate (ICF)	131	47,946	3
4		Intermediate/DD			4
5	54	Sheltered Care (SC)	28	17,684	5
6		ICF/DD 16 or Less			6
7	257	TOTALS	231	91,982	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
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	26,216	57	4,680	30,953	8
9	SNF/PED					9
10	ICF		42,798		42,798	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,216	42,855	4,680	73,751	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.18%

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, Assisted Living Center

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 4,614

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 09/30/12 Fiscal Year: 09/30/12

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

Facility Name & ID Number

Good Samaritan Home

0009258

Report Period Beginning:

10/01/11

Ending:

09/30/12

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	1,076,962	57,951	30,801	1,165,714		1,165,714		1,165,714		1
2	Food Purchase		876,784		876,784		876,784	(84,429)	792,355		2
3	Housekeeping	371,678	60,427	34,037	466,142		466,142	(1,200)	464,942		3
4	Laundry	145,789		14,317	160,106		160,106		160,106		4
5	Heat and Other Utilities			370,724	370,724		370,724		370,724		5
6	Maintenance	309,908	66,692	215,416	592,016		592,016	(419)	591,597		6
7	Other (specify):*										7
8	TOTAL General Services	1,904,337	1,061,854	665,295	3,631,486		3,631,486	(86,048)	3,545,438		8
	B. Health Care and Programs										
9	Medical Director			2,635	2,635		2,635		2,635		9
10	Nursing and Medical Records	5,050,816	281,579	18,898	5,351,293		5,351,293	(22)	5,351,271		10
10a	Therapy		3,770	485,817	489,587		489,587		489,587		10a
11	Activities	205,380	4,779	9,601	219,760		219,760		219,760		11
12	Social Services	180,614	4,288	637	185,539		185,539		185,539		12
13	CNA Training			13,399	13,399		13,399		13,399		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,436,810	294,416	530,987	6,262,213		6,262,213	(22)	6,262,191		16
	C. General Administration										
17	Administrative	234,808			234,808		234,808		234,808		17
18	Directors Fees										18
19	Professional Services			59,656	59,656		59,656	(6,643)	53,013		19
20	Dues, Fees, Subscriptions & Promotions			54,804	54,804		54,804	(3,293)	51,511		20
21	Clerical & General Office Expenses	530,273	79,945	244,873	855,091		855,091	(74,252)	780,839		21
22	Employee Benefits & Payroll Taxes			2,665,417	2,665,417		2,665,417		2,665,417		22
23	Inservice Training & Education			1,223	1,223		1,223		1,223		23
24	Travel and Seminar			10,965	10,965		10,965	(1,039)	9,926		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			101,708	101,708		101,708		101,708		26
27	Other (specify):*										27
28	TOTAL General Administration	765,081	79,945	3,138,646	3,983,672		3,983,672	(85,227)	3,898,445		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,106,228	1,436,215	4,334,928	13,877,371		13,877,371	(171,297)	13,706,074		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

#0009258

Report Period Beginning:

10/01/11

Ending:

09/30/12

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			1,095,136	1,095,136		1,095,136	(8,843)	1,086,293			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			550,047	550,047		550,047		550,047			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,645,183	1,645,183		1,645,183	(8,843)	1,636,340			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		238,352		238,352		238,352		238,352			39
40	Barber and Beauty Shops	72,263	4,143	868	77,274		77,274		77,274			40
41	Coffee and Gift Shops	23,743	38,630		62,373		62,373		62,373			41
42	Provider Participation Fee			688,051	688,051		688,051		688,051			42
43	Other (specify):* Non-Allowable Co	216,833		870,665	1,087,498		1,087,498	(1,087,498)				43
44	TOTAL Special Cost Centers	312,839	281,125	1,559,584	2,153,548		2,153,548	(1,087,498)	1,066,050			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,419,067	1,717,340	7,539,695	17,676,102		17,676,102	(1,267,638)	16,408,464			45

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning: 10/01/11

Ending: 09/30/12

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	(75,994)	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	(1,509)	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	(49,985)	43		24
25	Fund Raising, Advertising and Promotional	(459)	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 Pg 5A	(1,138,316)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,267,638)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	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)	\$ (1,267,638)		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

Good Samaritan Home

ID# 0009258

Report Period Beginning: 10/01/11

Ending: 09/30/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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

Good Samaritan Home

0009258

09/30/12

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
Resident Cable Expense	(43,632)	43
To disallow Rotary Club and Chamber of Commerce Dues	(1,181)	20
To disallow non-allowable Administrative Expenses	(11,185)	21
To disallow radio station expense	(761)	43
To disallow X-Ray expense	(5,562)	43
To disallow Lab expense	(14,058)	43
To disallow investment consultants	(227,289)	43
To disallow facility license for next year	(1,990)	20
To disallow out of period seminar cost	(1,200)	24
To disallow out of state over fifty miles seminar cost	0	24
To disallow Assist Living seminar cost	(254)	24
To record last year out of period cost for seminars that related to this ye	415	24
To offset guest room income	(5,700)	30
To disallow cottage service income	(1,200)	3
To offset miscellaneous income	(94)	21
To offset miscellaneous income	(150)	6
To offset miscellaneous income	(197)	6
To offset miscellaneous income	(122)	20
To offset miscellaneous income	(200)	43
To offset income from sale of equipment	(1,768)	30
To offset discount earned income	(22)	10
To offset discount earned income	(72)	6
To offset discount earned income	(8,435)	1
To disallow Property Taxes	(16,162)	43
To disallow rental property expenses	(7,990)	43
To disallow radio station depreciation	(87)	43
To disallow Assist Living depreciation	(3,802)	43

To disallow Assist Living Wages	(139,356)	43
To disallow cottage expenses	(576,646)	43
To disallow Public Relation Wages	(62,973)	21
To disallow Legal Fees	(6,643)	19
	<hr/>	
Total	<u><u>(1,138,316)</u></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	N/A						4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	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	N/A						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	\$ *

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

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/01/11 Ending: 09/30/12

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

0009258

Report Period Beginning:

10/01/11

Ending: 09/30/12

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6		N/A							6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Good Samaritan Home

0009258

Report Period Beginning:

10/01/11

Ending:

09/30/12

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		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	\$ 11,471,834	12/01/2039	5.0800	\$ 543,889	1					
2			X	Amortization of Loan Cost							6,158	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	\$ 11,471,834			\$ 550,047	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	\$ 11,471,834			\$ 550,047	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 2011 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.)	2011		\$		2
3. Under or (over) accrual (line 2 minus line 1).			\$		3
4. Real Estate Tax accrual used for 2012 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:	2007	<u>N/A</u>			8
	2008				9
	2009				10
	2010				11
	2011				12
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2011	\$		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.

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Good Samaritan Home

0009258 Report Period Beginning:

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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>\$ 114,502</u>	<u>1</u>
2	<u>Facility</u>		<u>2011</u>	<u>330,147</u>	<u>2</u>
3	TOTALS	1,219,680		\$ 444,649	3

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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	68			1973	1,683,761	42,094	40	42,094		1,636,770	5
6	91			1984	1,953,541	48,839	40	48,839		1,395,972	6
7	24			2010	1,695,151	73,166	Various	73,166		176,818	7
8											8
		Improvement Type**									
9		Building Improvements		1974							9
10		Building Service Equipment		1983	10,058		20			10,058	10
11		Land Improvements		1984	37,294		15			37,294	11
12		Building Service Equipment		1984	342,759	425	Various	425		342,157	12
13		Land Improvements		1985							13
14		Building Improvements		1985	250,935	6,273	40	6,273		171,057	14
15		Building Service Equipment		1985	30,300		Various			30,300	15
16		Land Improvements		1986							16
17		Building Improvements		1986	119,616	2,990	40	2,990		78,745	17
18		Building Service Equipment		1986	137,391	73	Various	73		137,391	18
19		Building Improvements		1987	19,089	500	Various	500		12,468	19
20		Building Service Equipment		1987	10,451		20			10,451	20
21		Building Service Equipment		1988	9,835	42	Various	42		9,835	21
22		Building Improvements		1989	130,612	4,354	Various	4,354		104,487	22
23		Garage Additions		1990	78,563	2,619	30	2,619		59,358	23
24		Building Improvements State Audit Adjustments 10881+30372		1991	511,992	18,441	30	17,066	(1,375)	364,022	24
25		Building Services Equipment		1991	22,309		various			22,309	25
26		Parking Lot		1992	4,257	213	20	213		4,043	26
27		Building Services Equipment		1992	2,706		10			2,706	27
28		Parking Lot		1992		2,304	20	2,304			28
29		Kitchen/Dining Room		1993	310,412	7,760	40	7,760		150,032	29
30		Building Services Equipment		1993	12,199	238	various	238		10,792	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		60,189	34
35		Dining Room -Disposal		1994	6,305	315	various	315		5,989	35
36		Building Services Equipment		1994	75,153	2,791	various	2,791		71,665	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 Home

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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	
	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	\$	\$ 112,821	37
38	West Nursing	1995	3,151	158	20	158		2,600	38
39	Building Services Equipment	1995	12,183		15			12,183	39
40	Gutters	1996	10,817	541	20	541		8,924	40
41	Eber Wing Improvements	1996	20,335	1,017	20	1,017		16,777	41
42	Roof	1996	9,016	451	20	451		7,438	42
43	Roof - Anna Brown Wing	1996	70,800	3,540	20	3,540		56,345	43
44	Building Services Equipment	1996	38,438	1,304	various	1,304		33,873	44
45	Lights/Front Land Improvements	1997		89	15	89			45
46	Roof-Anna Brown Wing	1997	12,600	1,211	39	1,211		4,779	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	590	15	590		11,808	49
50	Sprinkler System	1997	102,875	5,144	20	5,144		77,585	50
51	Roof- Kitchen/Dinning	1998	40,400	1,162	39	1,162		15,270	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		65,755	53
54	Remodeling -Anna Brow Wing - Duct Detectors	1999	1,444		5			1,445	54
55	Remodeling -Anna Brow Wing - Fire Damper	1999	21,915	548	39	548		7,328	55
56	Chapel Roof	1999	21,515	538	39	538		7,463	56
57	Fire Damper Alarm	1999	5,490		5			5,490	57
58	Eber Parking Lot Lights	1999	5,495	366	15	366		4,945	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		792	15	792			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		20,651	66
67	Fire Protection Pool Area	1999	776		10			776	67
68	Damper Duct Work	1999	5,602	373	15	373		5,042	68
69	Lighting- Special Care	1999		69	15	69			69
70	TOTAL (lines 4 thru 69)		\$ 9,153,281	\$ 247,598		\$ 246,223	\$ (1,375)	\$ 6,270,859	70

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

Facility Name & ID Number Good Samaritan Home

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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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,153,281	\$ 247,598		\$ 246,223	\$ (1,375)	\$ 6,270,859	1
2	Chapel Remodeling - Fire Damper	2000	3,196	213	15	213		2,663	2
3	Chapel Remodeling - Painting -Disposal	2000		111	39	111			3
4	Chapel Remodeling - Carpeting	2000		102	15	102			4
5	Chapel Remodeling - Unity & Pews	2000	14,760	369	39	369		4,443	5
6	Kitchen Remodeling - Sky Roof Flashing	2000	3,086	206	15	206		2,572	6
7	Kitchen Remodeling - Sidewalls	2000	3,485	232	15	232		2,904	7
8	Kitchen Remodeling - Galvanized Wall Divider	2000	2,601	173	15	173		2,167	8
9	East Nursing Remodeling - Walls, Ceilings, Floors	2000	26,757	669	39	669		8,222	9
10	Eber Wing Smoke Damper	2000	16,485	1,099	15	1,099		13,738	10
11	Special Care Lighting	2000		476	15	476			11
12	HVAC Rehab Eber Wing	2000	305,419	20,361	15	20,361		254,516	12
13	3 Ton Rooftop Unit A/C West Dining	2000	2,776	185	15	185		2,313	13
14	Elevator Up Grade East Wing	2000	12,776	852	15	852		10,647	14
15	Entrance Codelock Special Care	2000	1,848	123	15	123		1,541	15
16	Life Safety Code Sprinkler Drains	2000	7,000	467	15	467		5,833	16
17	Land Improvement New Sidewalk	2000	1,200	60	20	60		690	17
18	Renovation of East Nursing Wing	2001	369,213	9,230	39	9,230		103,457	18
19	Painting Kitchen	2001	2,550	170	15	170		1,955	19
20	Chapel Renovation	2000		48	39	48			20
21	Kitchen Electrical Work	2000	611	41	15	41		468	21
22	HVAC Rehab Eber Wing	2000	5,584	372	15	372		4,281	22
23	Sprinklers	2000	4,151	277	15	277		3,183	23
24	Wet Chemical Fire Suppressor Work	2000	3,695	246	15	246		2,833	24
25	Electrical Work	2001	1,609	107	15	107		1,234	25
26	Smoke/ Fire Damper East, South and Eber	2001	50,735	3,382	15	3,382		38,897	26
27	3D Detectors in Elevators	2001	4,916	344	10	344		3,940	27
28	Compensators	2001	2,724	191	10	191		2,183	28
29	33 Lever Passage Locks	2002	2,904	203	10	203		2,328	29
30	Exit Lights and Hold Opens	2002	966	68	10	68		774	30
31	16 Lever Passage Locks	2002	1,408	99	10	99		1,129	31
32	48 Lockouts	2002	985	69	10	69		789	32
33	Water Piping	2001	4,600	115	39	115		1,251	33
34	TOTAL (lines 1 thru 33)		\$ 10,011,321	\$ 288,258		\$ 286,883	\$ (1,375)	\$ 6,751,810	34

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

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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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,011,321	\$ 288,258		\$ 286,883	\$ (1,375)	\$ 6,751,810	1
2	New Curb & Driveway	2002	16,118	564	20	564		6,851	2
3	Buffet in Dining Area	2003	2,977	198	15	198		1,921	3
4	Door - code alert and keypad	2003	2,489	249	10	249		2,406	4
5	Fire Collars	2003	3,619	362	10	362		3,481	5
6	Main Breaker	2003	3,291	219	15	219		1,993	6
7	Elevator Master Door Operator	2003	4,278	428	10	428		4,028	7
8	Handicap Accessible Entrance and Sidewalk	2003	3,200	160	20	160		1,440	8
9	Annunciators	2004	51,494	5,149	10	5,149		43,770	9
10	Sewer Lines	2003	5,801	387	15	387		3,448	10
11	Smoke Damper - Eber	2003	698	47	15	47		411	11
12	Beauty Shop Wiring	2003	2,272	151	15	151		1,326	12
13	Dietary Doors	2004	3,801	253	15	253		2,196	13
14	Roof	2004	4,028	269	15	269		2,283	14
15	Remote Annunciator	2004	4,650	465	10	465		3,875	15
16	Cooler Expansion	2004	6,120	408	15	408		3,400	16
17	Parking Lot	2004	6,800	453	15	453		3,740	17
18	Ambulance Garage Doors	2004	1,070	107	10	107		874	18
19	Kitchen Remodel	2004	6,425	642	10	642		5,140	19
20	Plumbing wok in Eber/South	2004	5,147	343	15	343		2,688	20
21	Water Softener System	2004	15,642	1,564	10	1,564		12,123	21
22	Storage Tank Replacement	2004	2,454	245	10	245		1,901	22
23	Air Handler in East Circle	2005	1,297	130	10	130		962	23
24	Parking Lot Off-Street	2005	68,884	4,592	15	4,592		33,677	24
25	Kitchen Electrical Work	2004	247	12	20	12		99	25
26	Kitchen Remodel	2004	1,248	62	20	62		494	26
27	Sprinkler System	2004	980	49	20	49		384	27
28	Sprinkler System	2005	2,373	119	20	119		910	28
29	Perry Suite Renovations	2005	2,470	165	15	165		1,249	29
30	Water Heater	2006	13,003	1,300	10	1,300		8,428	30
31	Telephone System	2006	50,625	3,375	15	3,375		22,219	31
32	Sprinkler System Pipes	2006	1,645	142	various	142		878	32
33	Overhead Door	2005	1,400	140	10	140		968	33
34	TOTAL (lines 1 thru 33)		\$ 10,307,867	\$ 311,007		\$ 309,632	\$ (1,375)	\$ 6,931,373	34

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

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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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,307,867	\$ 311,007		\$ 309,632	\$ (1,375)	\$ 6,931,373	1
2	Concrete Work	2005	9,936	662	15	662		4,526	2
3	Fire Walls	2006	14,948	747	20	747		4,734	3
4	Fire Alarm System	2006	23,500	1,567	15	1,567		10,444	4
5	Life Safety Code Renovations	2006	1,905	191	10	191		1,254	5
6	Renovations to Building Front Entrance	2006	38,611	1,931	20	1,931		12,227	6
7	Telephone System Wiring	2006	35,781	3,578	10	3,578		21,786	7
8	Pool Area Renovations	2006	98,370	4,918	20	4,918		31,560	8
9	Concrete Work	2006	3,850	257	15	257		1,647	9
10	Lighting in the Hallway	2006	7,872	394	20	394		2,460	10
11	Laundry Renovations- Air System	2006	9,841	492	20	492		3,075	11
12	Smoke/Fire Dampers Special Care Area	2006	14,683	734	20	734		4,588	12
13	Eber Elevator Remodel	2006	12,769	851	15	851		5,036	13
14	Sprinkler System Heads	2006	20,456	1,364	15	1,364		7,841	14
15	South Wing Fiber Server	2007	2,526	168	15	168		968	15
16	Smoke/Fire Detectors	2007	10,431	1,043	10	1,043		5,911	16
17	Repairs to Boiler Motor	2007	954	95	10	95		541	17
18	Smoke/Fire Dampers	2007	1,125	113	10	113		638	18
19	CO Detectors	2007	1,483	148	10	148		766	19
20	Call Lights - Dining Hall	2007	823	82	10	82		418	20
21	Hot Water Tank	2007	2,588	259	10	259		1,337	21
22	Repairs to Hot Water Shower Area	2007	1,113	111	10	111		557	22
23	Compressor - Walk in	2007	2,922	292	10	292		1,461	23
24	Repairs to Wiring in Chapel Area	2007	14,516	968	15	968		4,839	24
25	HVAC Controllers	2007	11,952	797	15	797		3,984	25
26	Physical Therapy Ductwork Repairs	2006	2,254	150	15	150		889	26
27	Alarm Stations Repairs	2006	27,685	1,846	15	1,846		10,612	27
28	Dining Hall Electric	2007	890	59	15	59		341	28
29	Chapel Roof Repair	2007	3,528	235	15	235		1,352	29
30	Special Care Area Door	2007		304	10	304			30
31	Dining Hall Paint	2007	7,401	740	10	740		4,132	31
32	Special Care Area Bathroom Repairs	2007		274	15	274			32
33	Pool Area Renovations	2007		341	15	341			33
34	TOTAL (lines 1 thru 33)		\$ 10,692,580	\$ 336,718		\$ 335,343	\$ (1,375)	\$ 7,081,297	34

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

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0009258

Report Period Beginning:

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Ending:

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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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,692,580	\$ 336,718		\$ 335,343	\$ (1,375)	\$ 7,081,297	1
2	Dinning Hall Roof Repairs	2007	573	38	15	38		210	2
3	Storm Sewer Line	2007	3,459	231	15	231		1,230	3
4	Dietary Doors	2007	1,485	148	10	148		742	4
5	Alarm System at Stations	2007	4,450	445	10	445		2,151	5
6	Roof South Eber	2007	9,587	639	15	639		3,089	6
7	B&G Series 1510- 2 Pump	2008	7,597	760	10	760		3,039	7
8	Fiber Project Improvements	2008	10,646	710	15	710		3,194	8
9	Door Closers	2008	10,180	1,018	10	1,018		4,072	9
10	Pine Doors	2008	1,714	171	10	171		743	10
11	Elevator Renovation	2008	122,827	8,188	15	8,188		35,483	11
12	Wanderer Alert System	2008	1,968	197	10	197		885	12
13	CO System Detectors	2008	1,395	140	10	140		616	13
14	Improvements Fire Protection	2009	35,300	2,353	15	2,353		8,629	14
15	New Doors Alarm	2008	8,704	435	20	435		1,632	15
16	Improvements to Elevator	2008	27,518	1,835	15	1,835		7,185	16
17	Improvement to Alarms	2009	14,985	749	20	749		2,685	17
18	Eber Water Project	2009	3,795	190	20	190		664	18
19	Improvements Fire Protection	2009	1,640	82	20	82		253	19
20	Hot Water Heater	2009	5,577	558	10	558		1,952	20
21	Improvements to Heater in Pool	2009	14,325	1,433	10	1,433		4,894	21
22	Run Fiber - Anna Brown to switch in Maint. For Phone Sys.	2009	1,040	208	5	208		659	22
23	IDCS 500 Release - Wiring & Cabinet for Phone System	2009	7,099	1,420	5	1,420		4,378	23
24	Addition to Walking Freezer	2009	88,733	5,916	20	5,916		14,296	24
25	Roof Repair to the East Circle and Chapel	2009	61,810	3,091	20	3,091		8,756	25
26	East Circle Laundry- Labor, Plumbing Materials,	2009	11,421	571	20	571		1,570	26
27	Electrical Work , and Tile Work								27
28	Install Upgrade to Code Alert System - Wiring and Labor	2009	85,645	8,564	20	8,564		20,697	28
29	Wiring for the Facility Phone System	2010	10,951	1,095	20	1,095		2,555	29
30	Replace the Transfer Switch - Wiring and Labor	2009	12,414	621	20	621		1,397	30
31	Install Water Value in Meter Pit/ Fire Hydrant	2009	13,300	1,330	20	1,330		3,695	31
32	Concrete Work for Ambulance Garage,Sidewalks, & Drives	2010	24,818	1,241	20	1,241		3,102	32
33	Alzheimer's Unit -Landscaping	2010	51,508	3,434	15	3,434		8,298	33
34	TOTAL (lines 1 thru 33)		\$ 11,349,044	\$ 384,529		\$ 383,154	\$ (1,375)	\$ 7,234,048	34

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/11

Ending:

09/30/12

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 11,349,044	\$ 384,529		\$ 383,154	\$ (1,375)	\$ 7,234,048	1
2	Alzheimer's Unit -Parking Lot	2010	154,072	10,271	15	10,271		24,823	2
3	New Alzheimer Building	2010	4,789,401	119,735	40	119,735		289,360	3
4	New Alzheimer Building -Unit Mechanical	2010	838,272	41,914	20	41,914		101,291	4
5	New Alzheimer Building -Unit Roofing	2010	223,472	8,939	25	8,939		21,602	5
6	New Alzheimer -Mega Plant	2010	1,405,351	46,845	30	46,845		113,209	6
7	New Alzheimer -Unit Generator	2010	383,839	19,192	20	19,192		46,381	7
8	New Alzheimer - Unit Elevator	2010	117,455	7,830	15	7,830		18,923	8
9	New Alzheimer -Counter Tops and Cabinets	2010	354,518	17,726	20	17,726		42,838	9
10	New Alzheimer -Floor Coverings & Carpet	2010	209,459	13,964	15	13,964		33,746	10
11	Office Building	2010	167,615	4,190	40	4,190		9,428	11
12	Handicapped Doors for South Hall	2010	5,872	294	20	294		661	12
13	Air Curtain -Dietary	2010	1,455	145	10	145		315	13
14	Code Alert -Eber South	2010	105,708	10,571	10	10,571		22,023	14
15	Patios & sidewalk -Foose	2010	11,290	565	20	565		1,129	15
16	Windows-Dinning Room	2010	2,672	134	20	134		256	16
17	Elevator Kitchen - Door Operator	2010	3,335	334	10	334		667	17
18	Installing Ballast (Dimming)	2010	4,350	435	10	435		834	18
19	Transfer Switch - Eber	2010	8,600	860	10	860		1,648	19
20	Sprinkler Heads - West Nursing	2010	2,688	269	10	269		470	20
21	Code Alert - Eber/ South	2011	10,751	1,075	10	1,075		1,254	21
22	Plumbing Rehab. East Circle	2011	33,362	3,336	10	3,336		5,004	22
23	Walk-in-Freezer	2011	3,245	325	10	325		460	23
24	Foose & AB Unit Room Controllers	2011	75,000	3,750	20	3,750		3,750	24
25	Wash Station for the eye	2011	18,800	1,880	10	1,880		2,350	25
26	Land Improvement New Bldg-Crubs, Sidewalks, Sewers etc	2011	392,571	26,171	15	26,171		26,171	26
27	Renovations to Special Care Unit	2012	1,152,325	2,401	40	2,401		2,401	27
28	Special Care Mechanical	2012	609,108	2,538	20	2,538		2,538	28
29	Administration Office and AL	2011	4,291,526	107,288	40	107,288		107,288	29
30	Roof for Administration Bldg & AL	2011	129,465	3,237	40	3,237		3,237	30
31	Mechanical for Administration and AL	2011	982,337	49,117	20	49,117		49,117	31
32	New Roof Ambulance Bay	2012	54,200	226	20	226		226	32
33	New Roof West Nursing	2011	52,290	2,179	20	2,179		2,179	33
34	TOTAL (lines 1 thru 33)		\$ 27,943,448	\$ 892,265		\$ 890,890	\$ (1,375)	\$ 8,169,627	34

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

Facility Name & ID Number Good Samaritan Home

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 27,943,448	\$ 892,265		\$ 890,890	\$ (1,375)	\$ 8,169,627	1
2	Electrical Work Remodel for signs & wiring for Medicare unit	2012	13,070	131	25	131		131	2
3	Doors- Remodel electric doors closers in nursing facility	2012	10,437		25				3
4	Controls for Individual Rooms	2012	62,000	4,650	10	4,650		4,650	4
5	Dry Pipe System Remodeling	2011	12,582	944	10	944		944	5
6	Addressable Pull Stations	2012	2,366	177	10	177		177	6
7	Laundry Control System	2011	2,890	217	10	217		217	7
8	Water Heater Barber Shop	2011	8,971	748	10	748		748	8
9	Data Connections Administration Building	2011	5,262	482	10	482		482	9
10	Water Heater Dietary Department	2011	9,510	951	10	951		951	10
11	Floor coverings Special Care Unit	2011	123,277	1,027	10	1,027		1,027	11
12	Floor coverings Administration & Assisted Living	2011	141,557	14,156	10	14,156		14,156	12
13	HVAC Roof Unit	2011	7,845	392	10	392		392	13
14	Flooring Ann Brown	2011	10,250	940	10	940		940	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	Guest Room Income Offset					(5,700)	(5,700)		31
32	Income from sale of equipment					(1,768)	(1,768)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,353,464	\$ 917,080		\$ 908,237	\$ (8,843)	\$ 8,194,442	34

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

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	\$ 1,439,984	\$ 155,159	\$ 155,159	\$	3-20 yrs	\$ 831,676	71
72	Current Year Purchases	75,361	3,441	3,441		5-15 yrs	3,441	72
73	Fully Depreciated Assets	727,859				3-20 yrs	727,859	73
74								74
75	TOTALS	\$ 2,243,204	\$ 158,600	\$ 158,600	\$		\$ 1,562,976	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				10 yrs	2,934	78
79	See Attach Sch 13A	Various	Various	294,992	19,456	19,456		5-10 yrs	212,965	79
80	TOTALS			\$ 343,594	\$ 19,456	\$ 19,456	\$		\$ 260,901	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)	\$ 31,384,911	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,095,136	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,086,293	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,843)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,018,319	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	\$ 606,388	\$	\$	86
87	Rental Property Land				87
88	Cottage Fixed Assets	10,505,903	264,734	5,324,042	88
89	Rental Property & Radio Station	15,038	8,077	14,651	89
90	Assisted Living	38,018	3,802	4,997	90
91	TOTALS	\$ 11,165,347	\$ 276,613	\$ 5,343,690	91

G. Construction-in-Progress

	Description	Cost	
92	Building Construction	\$ 37,444	92
93			93
94			94
95		\$ 37,444	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# 0009258

Report Period Beginning:

10/1/2011

Ending:

9/30/2012

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
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	0	0	0	5 yrs	5,648	44g
44f	Facility	Kubota L3430	2006	18,895	1,890	1,890	0	10 yrs	11,022	44f
44g	Facility	Ford F350	2007	30,224	3,022	3,022	0	10 yrs	15,868	44g
44h	Facility	Toro Mower	2009	7,000	1,400	1,400	0	5 yrs	4,550	44h
44i	Facility	Toro mower	2009	9,000	1,800	1,800	0	5 yrs	6,300	44i
44j	Facility	Truck Plow 84 Rear	2008	675	135	135	0	5 yrs	517	44j
44k	Facility	Golf Cart	2008	1,200	240	240	0	5 yrs	920	44k
44l	Facility	Tractor with Cab JD 4320	2010	33,977	3,398	3,398	0	10 yrs	6,512	44l
44m	Facility	2010 GMC Sierra	2010	32,410	6,482	6,482	0	5 yrs	11,884	44m
44n	Facility	Various Mower/Snow EQ	Various	10,236	1,089	1,089	0	5 yrs	5,184	44n
45							0			45
46	TOTALS			\$ 294,992	\$ 19,456	\$ 19,456	\$ 0		\$ 212,965	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)	\$ 47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 49
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	\$ 50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 51

**

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.

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning: 10/01/11

Ending: 09/30/12

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:	<u>N/A</u>			\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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. _____ /2013 \$ N/A

13. _____ /2014 \$ N/A

14. _____ /2015 \$ N/A

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 N/A

by the length of the lease 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

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

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

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/01/11 Ending: 09/30/12
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 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 11,985	\$	\$ 11,985
2	Books and Supplies		814		814
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		600		600
9	TOTALS	\$	\$ 13,399	\$	\$ 13,399
10	SUM OF line 9, col. 1 and 2 (e)	\$	13,399		

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	11
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	11

- (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		
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
			Units of Service			Units	Cost						
1	Licensed Occupational Therapist	L. 10a C 3	hrs	\$	2,635	\$	158,076	\$	2,635	\$	158,076	1	
2	Licensed Speech and Language Development Therapist	L. 10a C 3	hrs		537		32,230		537		32,230	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	L. 10a C 3	hrs		4,925		295,511		4,925		299,281	4	
5	Physician Care		visits									5	
6	Dental Care	L. 10 C 2,3	visits									6	
7	Work Related Program		hrs									7	
8	Habilitation		hrs									8	
9	Pharmacy	L. 39 C 2	# of prescripts						238,352		238,352	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			\$	8,097	\$	485,817	\$	242,122	8,097	\$	727,939	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

0009258

Report Period Beginning: 10/01/11

Ending:

09/30/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/12 (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	\$ 893,761	\$ 893,761	1
2	Cash-Patient Deposits	45,158	45,158	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>12,950</u>)	2,899,632	2,899,632	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	1,569,089	1,569,089	5
6	Prepaid Insurance	201,521	201,521	6
7	Other Prepaid Expenses	11,303	13,293	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Application Fee Repurchase</u>	26,387	26,387	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,646,851	\$ 5,648,841	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	26,859,275	26,859,275	12
13	Land	444,649	444,649	13
14	Buildings, at Historical Cost	28,433,652	28,353,464	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,586,798	2,586,798	16
17	Accumulated Depreciation (book methods)	(10,086,651)	(10,018,319)	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 (spec See Sch17A)	214,048	214,048	22
23	Other(specify): <u>Cottage & Rental Property</u>	5,821,657	5,821,657	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 54,273,428	\$ 54,261,572	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 59,920,279	\$ 59,910,413	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,649,426	\$ 1,649,426	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	45,158	45,158	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	730,649	730,649	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	11,876		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>	48,084	48,084	36
37	<u>Prepaid Resident Rent</u>	2,450,301	2,450,301	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,935,494	\$ 4,923,618	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	11,471,834	11,471,834	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)	\$ 11,471,834	\$ 11,471,834	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,407,328	\$ 16,395,452	46
47	TOTAL EQUITY(page 18, line 24)	\$ 43,512,951	\$ 43,514,961	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 59,920,279	\$ 59,910,413	48

*(See instructions.)

Good Samaritan Home
0009258
09/30/12

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	176,604	176,604
Construction in Progress	37,444	37,444
Total Line 22 - Other Long Term Assets (specify):	<u>214,048</u>	<u>214,048</u>

Good Samaritan Home
0009258
09/30/12

Schedule 17C

XV. BALANCE SHEET - Unrestricted Operating Fund.

C. Current Liabilities

<u>Other Current Liabilities (specify):</u>	<u>Operating</u>	<u>After Consolidation</u>
ST Disability Payable - Employee	3,303	3,303
United Way Deduction	99	99
Misc. Employee Deduction	0	0
Employee Assist Fund Withheld	11,023	11,023
Pension Plan Payable-Employee	0	0
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	26,155	26,155
Medicare Liability	0	0
Medicaid Liability	0	0
Employee Health/Life Liability	0	0
Total Line 36 - Other Current Liabilities(specify):	<u>48,084</u>	<u>48,084</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 41,746,942	1
2	Restatements (describe):		2
3	<u>Rounding</u>		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 41,746,942	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,766,007	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)	\$ 1,766,007	17
B. Transfers (Itemize):			
18			18
19	<u>Rounding</u>	2	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 2	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 43,512,951	24 *

* This must agree with page 17, line 47.

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,576,116	1
2	Discounts and Allowances for all Levels	(2,098,356)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,477,760	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	960,208	6
7	Oxygen	12,494	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 972,702	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	36,383	12
13	Barber and Beauty Care	66,991	13
14	Non-Patient Meals	75,994	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	476,599	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	28,116	19
20	Radiology and X-Ray	11,548	20
21	Other Medical Services	87,056	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 782,687	23
D. Non-Operating Revenue			
24	Contributions	92,284	24
25	Interest and Other Investment Income***	4,425,608	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,517,892	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached Schedule 19E	49,115	28
28a	Cottage and Rental Property Income	1,641,953	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,691,068	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,442,109	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,631,486	31
32	Health Care	6,262,213	32
33	General Administration	3,983,672	33
B. Capital Expense			
34	Ownership	1,645,183	34
C. Ancillary Expense			
35	Special Cost Centers	1,465,497	35
36	Provider Participation Fee	688,051	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,676,102	40
41	Income before Income Taxes (line 30 minus line 40)**	1,766,007	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,766,007	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

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

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

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

Good Samaritan Home
0009258
09/30/12

Schedule 19E

XVII. INCOME STATEMENT

Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Miscellaneous Income	2,156
Discount Earned Income	8,904
Guest Room Income	5,700
Van Transportation	31,155
Cottage Services Income	1,200
	<hr/>
Total Line 28 - Other Revenue (specify):	<u><u>49,115</u></u>

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/11

Ending:

09/30/12

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	2,008	2,120	\$ 65,229	\$ 30.77	1
2	Assistant Director of Nursing	1,932	2,080	59,330	28.52	2
3	Registered Nurses	32,170	34,774	795,984	22.89	3
4	Licensed Practical Nurses	54,642	60,033	1,084,817	18.07	4
5	CNAs & Orderlies	205,810	223,295	2,633,393	11.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	11,905	13,776	160,971	11.68	8
9	Activity Director	1,892	2,080	37,513	18.04	9
10	Activity Assistants	14,697	16,224	167,867	10.35	10
11	Social Service Workers	14,818	16,562	180,614	10.91	11
12	Dietician					12
13	Food Service Supervisor	7,403	8,464	154,228	18.22	13
14	Head Cook	7,836	8,701	109,841	12.62	14
15	Cook Helpers/Assistants	60,960	67,446	698,661	10.36	15
16	Dishwashers	10,829	11,585	114,232	9.86	16
17	Maintenance Workers	21,511	23,405	309,908	13.24	17
18	Housekeepers	31,257	34,421	371,678	10.80	18
19	Laundry	11,784	13,182	145,789	11.06	19
20	Administrator	1,828	2,080	131,822	63.38	20
21	Assistant Administrator	1,816	2,080	102,986	49.51	21
22	Other Administrative	7,444	8,720	229,310	26.30	22
23	Office Manager					23
24	Clerical	18,093	20,084	300,963	14.99	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	1,997	2,229	36,967	16.58	31
32	Other Health C: SCH 20A	15,273	16,947	214,125	12.63	32
33	Other(specify) SCH 20A	22,933	24,660	312,839	12.69	33
34	TOTAL (lines 1 - 33)	560,838	614,948	\$ 8,419,067 *	\$ 13.69	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	\$ 25,829	L. 1 C3	35
36	Medical Director	Monthly	2,635	L. 9 C3	36
37	Medical Records Consultant	51	3,587	L. 10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	# of Resident	12,911	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	637	L. 11 C3	44
45	Social Service Consultant	9	637	L. 12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	647	\$ 46,236		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
0009258
09/30/12

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

	<u># of Hrs. Actually Worked</u>	<u># of Hrs. Paid and Accrued</u>	<u>Reporting Period Total Salaries, Wages</u>	<u>Average Hourly Wage</u>
Nursing Secretary	9,445	10,549	113,413	10.75
Medical Supply Clerk	2,182	2,370	24,646	10.40
Administrative Assistant Nursing	1,673	1,888	35,315	18.70
Staff Coord.	1,973	2,140	40,751	19.04
Total Line 32 - Other	15,273	16,947	\$ 214,125	\$ 12.63

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

	<u># of Hrs. Actually Worked</u>	<u># of Hrs. Paid and Accrued</u>	<u>Reporting Period Total Salaries, Wages</u>	<u>Average Hourly Wage</u>
Maintenance Cottages	5,378	5,851	\$ 77,477	13.24
Assisted Living Administrative	9,945	10,630	135,297	12.73
Assisted Living Nursing	198	198	4,059	20.50
Beauty Shop	5,001	5,474	72,263	13.20
General Store	2,411	2,507	23,743	9.47
Total Line 33 - Other	22,933	24,660	\$ 312,839	\$ 12.69

Good Samaritan Home
Provider #: 0009258
10/01/11 to 09/30/12

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	59,656
	0
Legal Expenses	(6,643)
Total (agree to Schedule V, line 19, column 8)	<u>53,013</u>

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
9/16 & 9/19/20	Life Services Network	SNFPPS Final Rule: Immediate Attention	Judy Graham
		Required!	Debbie Steinbrecher
			Christine Broeker
			Kris Humphrey
			Annie Hildebrand
			Tina Kroeger
			Jill Zwick
10/19-21/2011	IL Activity Professionals Association	2011 IAPA Conference	Betty Darrow
			Sally Hodgson
11/8/2011	SIU School of Medicine	16th Annual Memory Loss Conference	Tina Boltz
			Tammy Collins
			Peggy Higdon
10/4-5/2011	Illinois Pioneer Coalition	Culture Change 101	Annie Hildebrand
			Oneta Crowe
			Sarah Riggs

Good Samaritan Home

SEMINAR EXPENSE
Provider Number 0009258
September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
			Melinda Meyer
			Natasha Maddox
			Ashley Manton
			Angie Brashears
			Brandy Zanger
			Sande Jenkins
			Tom McLaughlin

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
11/9-10/2011	Illinois CPA Society	Not-For-Profit Conference	Judy Graham
10/13/2011-2/9	John Wood Community College	Basic Restorative & Rehabilitative Nursing	Tina Kroeger
			Jill Zwick
			Casey Muehring
12/6/2011	John Wood Community College	The Person Centered Approach to Geriatric	Oneta Crowe
		Pharmacology	Annie Hildebrand
			Brenda Krutmeier
11/16/2011	Life Services Network	Understanding the Life Safety Code	Oneta Crowe
			Jerry Manton
			Dan Ersery
12/6/2011	National Government Services	Medicare Part A	Debbie Steinbrecher

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
1/26/2012	Outcome Services of Illinois	Beyond the Garden Gate	Melinda Meyer
			Kelsey Gallaher
1/19/2012	Life Services Network	LSN Life Safety Code: Are you Ready for your	Oneta Crowe
		Survey? Part 1	
1/26/2012	Life Services Network	LSN Life Safety Code: Are you Ready for your	Oneta Crowe
		Survey? Part 2	
2/16/2012	Wessels Sherman	How Employers Should Investigate a Sex	Oneta Crowe
		Harassment Complaint: Avoid Lawsuits	
2/16/2012	Fred Pryor Seminars & Career Track	OSHA Record Keeping	Missy Loos
			Mary Ellen Piner

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
2/1/2012	Western IL AHEC	Understanding Alzheimer's Disease & Dementia	Lacy Moore
		& the Challenging Behaviors of Patients with	Angie Winfield
		the Disease	Lori Laratta
			Debbie Willis
3/15/2012	John Wood Community College	Introduction to Supervision Communicating	Oneta Crowe
		Effectively	Sarah Riggs
			Cindy Gilbert
			Lacy Moore
			Sarah Dolbeare
			Annie Hildebrand
3/22/2012	John Wood Community College	Introduction to Supervision Working with	Sally Hodgson
		Different Types of People	Cindy Gilbert
			Lacy Moore
			Sarah Dolbeare

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
3/29/2012	John Wood Community College	Introduction to Supervision Situational Leadership	Sally Hodgson
4/5/2012	John Wood Community College	Introduction to Supervision Coaching & Developing Others	Sally Hodgson Annie Hildebrand
4/12/2012	John Wood Community College	Introduction to Supervision Coaching & Developing Others	Annie Hildebrand
4/19/2012	John Wood Community College	Introduction to Supervision Achieving Targets through Others	Oneta Crowe Sally Hodgson
4/26/2012	John Wood Community College	Introduction to Supervision Achieving Targets	Sally Hodgson

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
		through Others	
5/3/2012	John Wood Community College	Introduction to Supervision Leading Through	Sarah Riggs
		Change	Cindy Gilbert
			Sarah Dolbeare
			Barb Lowary
5/10/2012	John Wood Community College	Introduction to Supervision Leading Through	Sarah Riggs
		Change	Cindy Gilbert
			Sarah Dolbeare
			Barb Lowary
3/1-3/2012	Council for Health & Human Service Ministries	CHHSM Annual Meeting 2012 The Church	James Riley
		We Live in: Beliefs & Diakonal Ministry	

Good Samaritan Home

SEMINAR EXPENSE
Provider Number 0009258
September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
2/21/2012	Western IL AHEC	The Challenges of End of Life Care: Palliative	James Riley
		Care & Pain Management	Lacy Moore
			Kelsey Gallaher
			Lori Larratta
			Lucinda Smith
			Oneta Crowe
			Tina Kroeger
			Annie Hildebrand

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
3/15 &16/2012	Illinois Nursing Home Administrator's Assoc.	2012 Winter Conference	Judy Graham
3/29/2012	Life Services Network	AL Regulatory Workshop	Kristi Primm
3/28/2012	Western Illinois AHEC	Communicating With Elderly Families	Lacy Moore
			Angie Winfield
			Lori Larratta
			Kelsey Bennett
			Cristy Fuller
			Oneta Crowe
3/29/2012	Life Services Network	Keeping Up With The MDS: Your Guide to the April 2012 Changes	Oneta Crowe
			Annie Hildebrand
			Tina Kroeger

Good Samaritan Home

SEMINAR EXPENSE
Provider Number 0009258
September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
3/28/2012	RediLearning	Key Issues Impacting the MDS 3.0 & Billing	Annie Hildebrand
		for the April 1, 2012 Update	Jill Zwick

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
5/2-4/2012	Life Services Network	2012 Annual Meeting & Exhibition Learn	Mike Duffy
		Connect, Discover	
6/4-6/2012	Illinois Nursing Home Administrator's Assoc.	June Conference	Judy Graham
			Oneta Crowe
5/23/2012	Pathway Health Services	Medication Management in Assisted Living	Kristi Primm
6/21/2012	Business 21 Publishing	How to Set Pay Ranges that are Fair & Effective	Missy Loos
			Barb Lowary
7/11/2012	Life Services Network	Becoming a Provider of Choice	Judy Graham
			Cindy Gilbert

Good Samaritan Home

SEMINAR EXPENSE
Provider Number 0009258
September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
7/24/2012	Life Services Network	Tuberculosis: Compliance Requirements	Tina Kroeger
			Oneta Crowe
			Kim Knotts

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
8/15/2012	Progressive Healthcare Conferences	CMS Guidelines for LTC: Ensure Compliance	Tina Kroeger
		of Your Medical Records	Annie Hildebrand
			Kris Humphrey
8/29/2012	Cross Country Education	Developing & Implementing Restorative Programs	Annie Hildebrand
			Danielle Miller
8/9/2012	Assoc. of Nutrition & Foodservice Professionals	New CMS Mandated QAPI & Front Line Staff	Sarah Riggs
		as Performance Leaders	Vickie Althaus
9/26/2012	Brag/John Wood Community College	Activity Based Alzheimer's' Care Building a	Betty Darrow
		Therapeutic Program	Brandy Zanger
	Brag/John Wood Community College		Sande Jenkins
10/2/2012	Blessing Hospital	2012 Fall Wound Conference	Jill Zwick

Good Samaritan Home

SEMINAR EXPENSE
Provider Number 0009258
September 30, 2012

DATE	PAYEE	TOPIC	ATTENDEE
10/19-21/2011	Illinois Activity Professionals Assoc.	2011 IAPA Conference	Betty Darrow
	Adjusted Seminar Expenses		

JOB CLASS	LOCATION	FEE
Associate Administrator	Quincy, IL	\$139.00
Patient Accounts		
Rehab Secretary		
Medical Records		
Assistant Director of Nursing		
Director of Nursing		
Resident Care Coordinator		
Assistant Activity Director	Rockford, IL	\$722.04
Activity Director		
C.N.A.	Springfield, IL	\$361.38
Activity Aide		
LPN		
Assistant Director of Nursing	Springfield, IL	\$288.64
Clinical Services Administrator		
Food Service Director		

JOB CLASS	LOCATION	FEE
Social Service Aide		
Social Service Aide		
Activity Aide		
Activity Aide		
Activity Aide		
Activity Aide		
Activity Aide		

JOB CLASS	LOCATION	FEE
Associate Administrator	Chicago, IL	\$939.56
Director of Nursing	Quincy, IL	\$450.00
Resident Care Coordinator		
Resident Care Coordinator		
Clinical Services Administrator	Quincy, IL	\$225.00
Assistant Director Nursing		
Resident Care Coordinator		
Clinical Services Administrator	Quincy, IL	\$99.00
Maintenance Director		
Maintenance		
Patient Accounts	Normal, IL	\$170.49

JOB CLASS	LOCATION	FEE
Social Service Aide	Breese, IL	\$182.00
Social Service Aide		
Clinical Services Administrator	Quincy, IL	\$92.50
Clinical Services Administrator	Quincy, IL	\$92.50
Clinical Services Administrator	Quincy, IL	\$100.00
Human Resource Director	Quincy, IL	\$199.00
Medical Secretary		

JOB CLASS	LOCATION	FEE
Social Service Director	Quincy, IL	\$79.96
Social Service Aide		
Social Service Aide		
Resident Care Coordinator		
Clinical Services Administrator	Quincy, IL	\$126.00
Food Service Director		
Admissions Coordinator		
Social Service Director		
Executive Secretary		
Assistant Director of Nursing		
Activity Director	Quincy, IL	\$84.00
Admissions Coordinator		
Social Service Director		
Executive Secretary		

JOB CLASS	LOCATION	FEE
Activity Director	Quincy, IL	\$21.00
Activity Director	Quincy, IL	\$42.00
Assistant Director of Nursing		
Assistant Director of Nursing	Quincy, IL	\$21.00
Clinical Services Administrator	Quincy, IL	\$42.00
Activity Director		
Activity Director	Quincy, IL	\$21.00

JOB CLASS	LOCATION	FEE
Food Service Director	Quincy, IL	\$84.00
Admissions Coordinator		
Executive Secretary		
Payroll		
Food Service Director	Quincy, IL	\$84.00
Admissions Coordinator		
Executive Secretary		
Payroll		
Chaplain	St. Louis, MO	\$773.80

JOB CLASS	LOCATION	FEE
Chaplain	Quincy, IL	\$59.97
Social Service Director		
Social Service Aide		
Social Service Aide		
Social Service Aide		
Clinical Services Administrator		
Director of Nursing		
Assistant Director of Nursing		

JOB CLASS	LOCATION	FEE
Associate Administrator	East Peoria, IL	\$247.08
AL Manager	Springfield, IL	\$185.00
Social Service Director	Quincy, IL	\$125.00
Social Service Aide		
Clinical Services Administrator		
Clinical Services Administrator	Quincy, IL	\$99.00
Assistant Director of Nursing		
Director of Nursing		

C

JOB CLASS	LOCATION	FEE
Assistant Director of Nursing	Quincy, IL	\$59.00
Resident Care Coordinator		

JOB CLASS	LOCATION	FEE
Administrator	Chicago, IL	\$1,773.06
Associate Administrator	Peoria, IL	\$638.84
Clinical Services Administrator		
AL Manager	Quincy, IL	\$69.00
Human Resource Director	Quincy, IL	\$219.00
Payroll		
Associate Administrator	Quincy, IL	\$99.00
Admissions Coordinator		

C

JOB CLASS	LOCATION	FEE
Director of Nursing	Quincy, IL	\$99.00
Clinical Services Administrator		
Resident Care Coordinator		

JOB CLASS	LOCATION	FEE
Director of Nursing	Quincy, IL	\$199.00
Assistant Director of Nursing		
Medical Records		
Assistant Director of Nursing	St. Louis, MO	\$358.00
Resident Care Coordinator		
Food Service Director	Quincy, IL	\$50.00
Assistant Food Service Director		
Assistant Activity Director	Quincy, IL	\$45.00
Activity Aide		
Activity Aide		
Resident Care Coordinator	Quincy, IL	\$40.00

B

JOB CLASS	LOCATION	FEE
Activity Director	Decatur, IL	\$200.00
Food Service Director	Springfield, IL	\$960.00
Assistant Food Service Director		
Social Service Aide		
Assistant Activity Director		
Social Service Aide		
Social Service Aide		
		\$10,964.82
Out of State Seminar over 50 Miles	A	\$0.00
Out of Period Seminar	B	(\$1,200.00)
Assisted Living Expenses	C	(\$254.00)

B

B

JOB CLASS	LOCATION	FEE
Assistant Activity Director	Rockford, IL	\$415.00
		\$9,925.82

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	N/A											
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Good Samaritan Home# 0009258Report Period Beginning: 10/01/11Ending: 09/30/12**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 \$16618 CHHS\$8,918
- (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 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 84,482 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. \$ 688,051
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? N/A 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. \$ 75,994
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 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? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: 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	Adjusted Adjustments	Adjusted Total
1. Dietary	1,076,962	57,951	30,801	1,165,714	0	1,165,714	0	1,165,714
2. Food Purchase	0	876,784	0	876,784	0	876,784	-84,429	792,355
3. Housekeeping	371,678	60,427	34,037	466,142	0	466,142	-1,200	464,942
4. Laundry	145,789	0	14,317	160,106	0	160,106	0	160,106
5. Heat and Other Utilities	0	0	370,724	370,724	0	370,724	0	370,724
6. Maintenance	309,908	66,692	215,416	592,016	0	592,016	-419	591,597
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,904,337	1,061,854	665,295	3,631,486	0	3,631,486	-86,048	3,545,438
9. Medical Director	0	0	2,635	2,635	0	2,635	0	2,635
10. Nursing & Medical Records	5,050,816	281,579	18,898	5,351,293	0	5,351,293	-22	5,351,271
10a. Therapy	0	3,770	485,817	489,587	0	489,587	0	489,587
11. Activities	205,380	4,779	9,601	219,760	0	219,760	0	219,760
12. Social Services	180,614	4,288	637	185,539	0	185,539	0	185,539
13. Nurse Aide Training	0	0	13,399	13,399	0	13,399	0	13,399
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	5,436,810	294,416	530,987	6,262,213	0	6,262,213	-22	6,262,191
17. Administrative	234,808	0	0	234,808	0	234,808	0	234,808
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	59,656	59,656	0	59,656	-6,643	53,013
20. Fees, Subscriptions & Promotion	0	0	54,804	54,804	0	54,804	-3,293	51,511
21. Clerical & General Office	530,273	79,945	244,873	855,091	0	855,091	-74,252	780,839
22. Employee Benefits & Payroll	0	0	2,665,417	2,665,417	0	2,665,417	0	2,665,417
23. Inservice Training & Education	0	0	1,223	1,223	0	1,223	0	1,223
24. Travel and Seminar	0	0	10,965	10,965	0	10,965	-1,039	9,926
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	101,708	101,708	0	101,708	0	101,708
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	765,081	79,945	3,138,646	3,983,672	0	3,983,672	-85,227	3,898,445
29. Total General Administrative	8,106,228	1,436,215	4,334,928	13,877,371	0	13,877,371	-171,297	13,706,074
30. Depreciation	0	0	1,095,136	1,095,136	0	1,095,136	-8,843	1,086,293
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	550,047	550,047	0	550,047	0	550,047
33. Real Estate	0	0	0	0	0	0	0	0

34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	0	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,645,183	1,645,183	0	1,645,183	-8,843	1,636,340	
38. Medically Necessary T	0	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	238,352	0	238,352	0	238,352	0	238,352	
40. Barber and Beauty Shop	72,263	4,143	868	77,274	0	77,274	0	77,274	
41. Coffee and Gift Shops	23,743	38,630	0	62,373	0	62,373	0	62,373	
42	0	0	688,051	688,051	0	688,051	0	688,051	
43. Other (specify):*	216,833	0	870,665	1,087,498	0	1,087,498	-1,087,498	0	
44. Total Special Cost Ce	312,839	281,125	1,559,584	2,153,548	0	2,153,548	-1,087,498	1,066,050	
45. Grand Total	8,419,067	1,717,340	7,539,695	17,676,102	0	17,676,102	-1,267,638	16,408,464	

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	893,761	893,761
2. Cash - Patient Deposits	45,158	45,158
3. Accounts & Notes Receivable	2,899,632	2,899,632
4. Supply Inventory	0	0
5. Short-Term Investments	1,569,089	1,569,089
6. Prepaid Insurance	201,521	201,521
7. Other Prepaid Expenses	11,303	13,293
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	26,387	26,387
10. Total current assets	5,646,851	5,648,841
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	26,859,275	26,859,275
13. Land	444,649	444,649
14. Buildings, at Historical Cost	28,433,652	28,353,464
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	2,586,798	2,586,798
17. Accumulated Depreciation (book methods)	#####	-10,018,319
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):	214,048	214,048
23. other (specify):	5,821,657	5,821,657
24. Total Long-Term Assets	54,273,428	54,261,572
25. Total Assets	59,920,279	59,910,413
CURRENT LIABILITIES		
26. Accounts Payable	1,649,426	1,649,426
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	45,158	45,158
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	730,649	730,649
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	11,876	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):	48,084	48,084

37. Other Current Liabilities (specify):	2,450,301	2,450,301
38. Total Current Liabilities	4,935,494	4,923,618
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	11,471,834	11,471,834
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	11,471,834	11,471,834
46.Total Liabilities	16,407,328	16,395,452
47.Total Equity	43,512,951	43,514,961
48.Total Liabilities and Equity	59,920,279	59,910,413

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	13,576,116
2. Discounts and Allowances for all Levels	-2,098,356
Subtotal - Inpatient Care	11,477,760
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	960,208
7. Oxygen	12,494
Subtotal - Anciliary Revenue	972,702
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	36,383
13. Barber and Beauty Care	66,991
14. Non-Patient Meals	75,994
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	476,599
18. Sale of Supplies to Non-Patients	0
19. Laboratory	28,116
20. Radiology and X-Ray	11,548
21. Other Medical Services	87,056
22. Laundry	0
Subtotal - Other Operating Revenue	782,687
24. Contributions	92,284
25. Interest and Other Investments Income	4,425,608
Subtotal - Non-Operating Revenue	4,517,892
27. Other Revenue (specify):	49,115
28. Other Revenue (specify):	1,641,953
Subtotal - Other Revenue	1,691,068
30. Total Revenue	19,442,109
31. General Services	3,631,486
32. Health Care	6,262,213
33. General Administration	3,983,672
34. Ownership	1,645,183

35. Special Cost Centers	1,465,497
35. Provider Participation Fee	688,051
37. Other	0
40. Total Expenses	17,676,102
41. Income Before Income Taxes	1,766,007
42. Income Taxes	0
43. Net Income or Loss for the Year	1,766,007