



Facility Name & ID Number Snyder Village

# 0033647 Report Period Beginning: 1/1/2012 Ending: 12/31/12

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 \_\_\_\_\_

	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	104	Skilled (SNF)	104	38,064	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	104	TOTALS	104	38,064	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,508	16,046	5,092	30,646	8
9	SNF/PED					9
10	ICF	856	964		1,820	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,364	17,010	5,092	32,466	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.29%

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)

Out-patient Therapy

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO  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 1988

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

YES  Date 1988 NO

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

YES  NO  If YES, enter number of beds certified 104 and days of care provided 4,543

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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
	<b>A. General Services</b>										
1	Dietary	372,836	17,668	6,396	396,900		396,900	(12,970)	383,930		1
2	Food Purchase		313,565		313,565		313,565	(89,996)	223,569		2
3	Housekeeping	164,440	29,746	1,345	195,531		195,531	(117)	195,414		3
4	Laundry	83,991	15,812		99,803		99,803		99,803		4
5	Heat and Other Utilities			107,024	107,024		107,024		107,024		5
6	Maintenance	230,732	25,698	22,711	279,141		279,141	(74,147)	204,994		6
7	Other (specify):* <b>Waste Removal</b>			8,486	8,486		8,486		8,486		7
8	<b>TOTAL General Services</b>	851,999	402,489	145,962	1,400,450		1,400,450	(177,230)	1,223,220		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			336	336		336		336		9
10	Nursing and Medical Records	2,696,778	151,305	66,730	2,914,813		2,914,813	(17,520)	2,897,293		10
10a	Therapy	30,229	3,372	438,946	472,547		472,547	(4,769)	467,778		10a
11	Activities	146,713	14,149	622	161,484		161,484	(9,958)	151,526		11
12	Social Services	84,931	1,500	2,200	88,631		88,631		88,631		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,958,651	170,326	508,834	3,637,811		3,637,811	(32,247)	3,605,564		16
	<b>C. General Administration</b>										
17	Administrative	199,993			199,993		199,993	(55,358)	144,635		17
18	Directors Fees										18
19	Professional Services			80,887	80,887		80,887		80,887		19
20	Dues, Fees, Subscriptions & Promotions			21,955	21,955		21,955		21,955		20
21	Clerical & General Office Expenses	247,303	23,053	25,486	295,842		295,842	(129,386)	166,456		21
22	Employee Benefits & Payroll Taxes			841,656	841,656		841,656		841,656		22
23	Inservice Training & Education			12,637	12,637		12,637		12,637		23
24	Travel and Seminar			7,095	7,095		7,095		7,095		24
25	Other Admin. Staff Transportation			2,078	2,078		2,078		2,078		25
26	Insurance-Prop.Liab.Malpractice			54,834	54,834		54,834		54,834		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	447,296	23,053	1,046,628	1,516,977		1,516,977	(184,744)	1,332,233		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,257,946	595,868	1,701,424	6,555,238		6,555,238	(394,221)	6,161,017		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 Snyder Village

#0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

## 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	
	<b>D. Ownership</b>											
30	Depreciation			277,694	277,694	277,694	(2,825)	274,869				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			21,884	21,884	21,884	(7,004)	14,880				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			10,612	10,612	10,612		10,612				35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			310,190	310,190	310,190	(9,829)	300,361				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		144,794	240	145,034	145,034		145,034				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		3,403		3,403	3,403	(3,398)	5				41
42	Provider Participation Fee			230,140	230,140	230,140		230,140				42
43	Other (specify):* <i>Non-allowable Costs</i>	110,936		124,705	235,641	235,641	(235,641)					43
44	<b>TOTAL Special Cost Centers</b>	110,936	148,197	355,085	614,218	614,218	(239,039)	375,179				44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,368,882	744,065	2,366,699	7,479,646	7,479,646	(643,089)	6,836,557				45

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

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(79,142)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,906)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,825)	30		9
10	Interest and Other Investment Income	(7,004)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				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	(13,444)	43		24
25	Fund Raising, Advertising and Promotional	(157,332)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(378,436)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (643,089)</b>		<b>\$</b>	<b>30</b>

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	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (643,089)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

BHF USE ONLY						
48		49		50		51
						52

Snyder Village

ID# 0033647

Report Period Beginning: 1/1/2012

Ending: 12/31/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Lab/Xray	\$ (17,920)	43	1
2	Disallow Flowers	(1,430)	43	2
3	Offset Service Fee income - Administrative	(128,602)	21	3
4	Offset Service Fee income - Marketing/fundraising	(40,609)	43	4
5	Offset Service Fee income/exp - Activities	8,285	11	5
6	Offset Service Fee income - Dietary	(12,970)	1	6
7	Offset Service Fee income - Maintenance	(74,147)	6	7
8	Offset Service Fee income - Therapy	(4,769)	10a	8
9	Offset Service Fee income - Nursing	(17,520)	10	9
10	Offset In-Home Service income	(117)	3	10
11	Offset Van Income	(18,243)	11	11
12	Offset Vending Machine income	(3,398)	41	12
13	Offset Misc. Other Revenue	(10,854)	2	13
14	Offset Misc. Other Revenue	(784)	21	14
15	Offset Service Fee income - Administrative	(55,358)	17	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	<b>Total</b>		(378,436)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Snyder Village# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(12,970)	0	0	0	0	0	0	0	0	0	0	(12,970)	1
2	Food Purchase	(89,996)	0	0	0	0	0	0	0	0	0	0	(89,996)	2
3	Housekeeping	(117)	0	0	0	0	0	0	0	0	0	0	(117)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(74,147)	0	0	0	0	0	0	0	0	0	0	(74,147)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(177,230)</b>	<b>0</b>	<b>(177,230)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(17,520)	0	0	0	0	0	0	0	0	0	0	(17,520)	10
10a	Therapy	(4,769)	0	0	0	0	0	0	0	0	0	0	(4,769)	10a
11	Activities	(9,958)	0	0	0	0	0	0	0	0	0	0	(9,958)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(32,247)</b>	<b>0</b>	<b>(32,247)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	(55,358)	0	0	0	0	0	0	0	0	0	0	(55,358)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(129,386)	0	0	0	0	0	0	0	0	0	0	(129,386)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(184,744)</b>	<b>0</b>	<b>(184,744)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(394,221)</b>	<b>0</b>	<b>(394,221)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyder Village# 0033647

Report Period Beginning:

1/1/2012 Ending:

12/31/12

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(2,825)	0	0	0	0	0	0	0	0	0	0	(2,825)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,004)	0	0	0	0	0	0	0	0	0	0	(7,004)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(9,829)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(9,829)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(3,398)	0	0	0	0	0	0	0	0	0	0	(3,398)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(235,641)	0	0	0	0	0	0	0	0	0	0	(235,641)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(239,039)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(239,039)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(643,089)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(643,089)</b>	<b>45</b>

Facility Name & ID Number Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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
<a href="#">See Page 6-Supp</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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	<b>Total</b>			\$			\$	\$ *	14

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

Facility Name & ID Number

Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Board of Directors:							1
2	Keith Swartzentruber	0						2
3	Kevin Rauh - President	0						3
4	Christie Barrow - Treasurer	0						4
5	Judy K. Winkler	0						5
6	Sherrie Harper - Secretary	0						6
7	Jerry Heller - Vice President	0						7
8	Marge Mason	0						8
9	Tammy Waterworth	0						9
10	Bill Christ	0						10
11	Kevin Brinkman	0						11
12	Bob Harbors	0						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

Facility Name & ID Number Snyder Village # 0033647 Report Period Beginning: 1/1/2012 Ending: 12/31/12

## 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	Kevin Rauh	Board Member	Maintenance	0.00	N/A	9	20.00	wages	\$ 13,163	L6, C1	1
2	Keith Swartzentruber	Board Mbr/Exec Dir	Administrative	0.00	N/A	25	50.00	wages	116,030	L17, C1	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 129,193		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 Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending: 12/31/12

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									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	<b>TOTALS</b>				\$	\$		\$	25

**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**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Commerce Bank		X	Building	\$12,758.00	8/1/87	\$ 3,450,000	\$ 403,424	9/1/26	0.0507	\$ 7,551	1				
2	CDAP Village Metamora		X	Building	\$4,340.00	Various	614,000	25,022	Various	0.0375	1,470	2				
3	Goodfield State Bank		X	Building	\$1,700.00	12/1/12	300,000	298,733	12/1/27	0.0325	7,190	3				
4												4				
5												5				
<b>Working Capital</b>																
6	Gift Annuity		X	Building	\$510.00	Various	84,000	35,700	Various	0.0675	5,673	6				
7												7				
8												8				
9	<b>TOTAL Facility Related</b>				\$19,308.00		\$ 4,448,000	\$ 762,879			\$ 21,884	9				
<b>B. Non-Facility Related*</b>																
10											(7,004)	10				
11												11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(7,004)	14				
15	<b>TOTALS (line 9+line14)</b>						\$ 4,448,000	\$ 762,879			\$ 14,880	15				

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

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

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



## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyder Village COUNTY Woodford  
 FACILITY IDPH LICENSE NUMBER 0033647  
 CONTACT PERSON REGARDING THIS REPORT Keith Swartzentruber  
 TELEPHONE (309) 367-4300 FAX #: (309) 367-2235

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

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

**B. Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 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 Snyder Village

# 0033647 Report Period Beginning:

1/1/2012 Ending:

12/31/12

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 36,870 B. General Construction Type: Exterior Brick Frame Wood & Steel Number of Stories 1

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).

- Snyder Village Retirement Community Apartments - 41 Apartments @ 38,793 Ft<sup>2</sup>
- Snyder Village Retirement Community Cottages - 157 Cottages @ 300,000 Ft<sup>2</sup>
- Snyder Village Assisted Living - 41 Apartments @ 21,000 Ft<sup>2</sup>

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: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>155,422</u>	<u>1987</u>	<u>\$ 43,000</u>	1
2	<u>Nursing Home</u>		<u>2001</u>	<u>1,300</u>	2
3	<b>TOTALS</b>	<b>155,422</b>		<b>\$ 44,300</b>	3

Facility Name &amp; ID Number Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	61		1988	1988	\$ 1,929,231	\$ 42,872	45	\$ 42,872	\$	\$ 1,050,362	4
5			1992	1992	127,495	2,833	45	2,833		58,315	5
6			1992	1992	33,830	1,353	25	1,353		27,287	6
7	18		1994	1994	600,872	13,353	45	13,353		251,479	7
8	26		1994	1994	1,256,597	27,924	45	27,924		504,962	8
	<b>Improvement Type**</b>										
9		Fire Control System		1989	5,152		20			5,152	9
10		Century Tub		1989	7,694		10			7,694	10
11		Asphalt		1990	1,820		20			1,820	11
12		Alzheimer's Courtyard		1990	3,644		10			3,644	12
13		Heat Exchanger		1990	1,650		10			1,650	13
14		Tub		1991	1,465		10			1,465	14
15		Door Locks		1991	1,400		20			1,400	15
16		Door Locks		1992	1,200	15	20	15		1,200	16
17		Patio		1992	1,219		10			1,219	17
18		Entrance Light		1993	619		10			619	18
19		Land Improvement		1994	25,546	1,277	20	1,277		23,094	19
20		Services Windows		1995	201,662	4,481	45	4,481		77,917	20
21		Landscaping		1995	13,848	692	20	692		10,284	21
22		Canopy		1995	1,102	55	20	55		940	22
23		Electrical Maintenance		1995	595		15			595	23
24		Door Locks		1995	505		15			505	24
25		Front Canopy		1996	44,945	999	45	999		15,467	25
26		Tower		1996	7,360	368	20	368		6,133	26
27		Door Open		1996	3,344		10			3,344	27
28		Landscaping		1997	1,500	75	20	75		1,163	28
29		Front Door Wiring		1997	1,396	70	20	70		1,107	29
30		Kelly Glass		1998	3,527	176	20	176		2,641	30
31		MTCO Phone System		1998	18,914	757	25	757		9,849	31
32		Carpet		1998	15,719		10			15,719	32
33		Heater		1999	1,784		10			1,784	33
34		Security Camera		1999	2,510	167	15	167		2,339	34
35		Motion Detector		1999	790		10			790	35
36		Shelving		1999	673		10			673	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 &amp; ID Number Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

## 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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Automatic Door Open	2000	\$ 5,449	\$	15	\$ 363	\$ 363	\$ 4,538	37
38	Blacktop	2000	21,736	1,087	20	1,087		13,134	38
39	Sunroom	2000	86,410	1,920	45	1,920		23,997	39
40	Generator	2000	36,206	1,810	20	1,810		22,551	40
41	Time Clock	2000	7,789		5			7,789	41
42	Motion Detector	2000	5,714		10			5,714	42
43	Nursing Office Addition	2001	751,810	16,707	45	16,707		192,221	43
44	Sunroom	2001	11,315		10			11,315	44
45	Tower	2001	5,640		10			5,640	45
46	Door	2001	2,545		10			2,545	46
47	Carpet	2001	3,529		10			3,529	47
48	Nurse Office Addition	2001	4,943	247	20	247		2,902	48
49	Blacktop	2001	12,054	603	20	603		6,734	49
50	Roof	2002	36,779	2,452	15	2,452		25,951	50
51	Hall 2 Room Alert	2002	5,015		5			5,015	51
52	Door, Tile, Drapes, Wall	2003	4,557		8			4,557	52
53	Door	2004	1,640		3			1,640	53
54	Roam Alert	2004	4,488		5			4,488	54
55	Carpet Hall 2	2004	856		5			856	55
56	Drapery	2004	2,335		5			2,335	56
57	Heat Pump	2005	2,165	217	10	217		1,682	57
58	Water Heater	2005	4,240	424	10	424		3,215	58
59	Therapy room door	2005	755		5			755	59
60	Hall 1 Nurses Station	2005	9,010	451	20	451		3,269	60
61	Service Door	2005	950		3			950	61
62	Blacktop Sealcoat	2005	3,373		5			3,373	62
63	Disposal unit	2006		222	10		(222)	1,313	63
64	Heat pump	2006	4,981	498	10	498		3,362	64
65	Air conditioning unit	2006			5			1,183	65
66	Heat pump	2006	4,260	426	10	426		2,697	66
67	Hall carpeting	2006	21,377	2,959	10	2,138	(821)	17,671	67
68	Sidewalk	2006		45	20		(45)	255	68
69	Alarm system	2007	3,304	1	5	1		3,304	69
70	TOTAL (lines 4 thru 69)		\$ 5,384,833	\$ 127,536		\$ 126,811	\$ (725)	\$ 2,483,092	70

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

Facility Name &amp; ID Number Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,384,833	\$ 127,536		\$ 126,811	\$ (725)	\$ 2,483,092	1
2	Heat pump	2007	9,181	918	10	918		5,506	2
3	Hall 2 flooring	2007		2,747	10		(2,747)	12,132	3
4	Front signage	2008	15,386	1,539	10	1,539		6,540	4
5	Blacktop	2008	15,488	774	20	774		3,223	5
6	Heat Pump	2008	10,609	1,061	10	1,061		4,774	6
7	Rm flooring, wall & window covering, wood work, windows	2009	40,354	2,018	20	2,018		6,557	7
8	Energy management system controls	2009	19,344	1,934	10	1,934		7,731	8
9	Plumbing & sprinkler system	2009	21,157	2,294	10	2,116	(178)	8,278	9
10	Thermo systems	2009		181	10		(181)	407	10
11	Fencing	2009		91	10		(91)	220	11
12	Courtyard landscaping	2009	2,539	254	10	254		825	12
13	Window blinds for dining room	2009		266	5		(266)	754	13
14	Cable TV wiring	2009	33,168	4,146	8	4,146		13,120	14
15	Heat Pump	2010	16,061	1,606	10	1,606		3,881	15
16	Motion Detector & Electrical Fixtures	2010	9,081	908	10	908		2,271	16
17	Blacktop	2010	27,905	1,395	20	1,395		3,490	17
18	Schrepfer front door	2010	3,766	377	10	377		848	18
19	Fire system	2010		402	5		(402)	704	19
20	Heat Pump halls 1, 2, 3	2011	10,345	1,035	10	1,035		1,982	20
21	Health Center Hall1 Room Design/Drawings/Engineering	2011	13,665	1,367	10	1,367		2,617	21
22	Wall mounted shadow box & bulletin board	2011	2,528	253	10	253		484	22
23	Light fixtures, switches, outlets, breakers, wiring	2011	36,050	1,442	25	1,442		2,762	23
24	Toilets, sinks, faucets, piping, grab bar, lav top	2011	9,847	393	25	393		753	24
25	Corner & medicine cabinet, headboards	2011	9,053	905	10	905		1,733	25
26	Wall studs, wall board, paint, trim & guards	2011	6,120	245	25	245		469	26
27	Curtains w/track	2011	3,386	339	10	339		649	27
28	Chair rail & oak light boxes	2011	6,234	249	25	249		477	28
29	Window blinds & valances	2011	8,247	330	25	330		632	29
30	Wall protection 4'x8' sheets for resident rooms	2011	26,660	1,066	25	1,066		1,621	30
31	Health Center Hall1 Dining Rm Design/Drawings/Engineering	2011	124,070	2,757	45	2,757		4,192	31
32	Dining room flooring	2011	20,000	800	25	800		1,216	32
33	Hall 1 & 13 resident room flooring	2011	22,900	916	25	916		1,393	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,907,977	\$ 162,544		\$ 157,954	\$ (4,590)	\$ 2,585,333	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12B, Carried Forward		\$ 5,907,977	\$ 162,544		\$ 157,954	\$ (4,590)	\$ 2,585,333	1
2	Dining rm exhaust hood & fan	2011	5,408	216	25	216		329	2
3	Dining rm cabinetry & counter top	2011	7,688	769	10	769		1,169	3
4	Dining rm constr:walls-windows-doors,heat-a/c,plumbing,electrica	2011	463,862	8,909	45	10,674	1,765	16,230	4
5	Hall 2 fencing	2011	2,996	300	10	300		463	5
6	Sprinkler system improvements	2011	30,617	3,062	10	3,062		3,700	6
7	Two heat pumps	2011	4,991	499	10	499		759	7
8	Garbage Disposal	2011	2,684	537	5	537		715	8
9	Kitchen heat pump	2011	5,140	514	10	514		684	9
10	WI FI	2012	12,791	1,599	8	1,599		1,599	10
11	Sprinkler Heads	2012	12,531	1,253	10	1,253		1,253	11
12	Fire Supression Hall 1 & 2	2012	6,582	548	10	548		548	12
13	Hall 3 Remodeling - flooring, fixtures, electrical, wallpaper, painti	2012	180,019	6,001	25	6,001		6,001	13
14	Sprinkler system repair	2012	2,913	243	15	243		243	14
15	Heat Pumps	2012	4,655	140	10	140		140	15
16	Landscaping / Drainage work	2012	1,606	13	20	13		13	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	TOTAL (lines 1 thru 33)		\$ 6,652,460	\$ 187,147		\$ 184,322	\$ (2,825)	\$ 2,619,179	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	\$ 421,941	\$ 71,933	\$ 71,933	\$	various	\$ 266,691	71
72	Current Year Purchases	127,982	17,477	17,477		3-10 yrs	17,477	72
73	Fully Depreciated Assets	857,346				various	857,346	73
74								74
75	TOTALS	\$ 1,407,269	\$ 89,410	\$ 89,410	\$		\$ 1,141,514	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	Nurse on Call	2002 Chevy Caviliar	2010	4,548	1,137	1,137	\$	4	\$ 3,311	76
77	Resident Transportation	1996 Van	1996	51,573				10	51,573	77
78	Patient Transport	2000 Ford Van	2002	29,900				10	29,900	78
79										79
80	TOTALS			\$ 86,021	\$ 1,137	\$ 1,137	\$		\$ 84,784	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,190,050	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 277,694	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 274,869	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (2,825)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,845,477	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 225,226	92
93			93
94			94
95		\$ 225,226	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

Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending: 12/31/12

**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:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			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 \$ \_\_\_\_\_

13. \_\_\_\_\_/2014 \$ \_\_\_\_\_

14. \_\_\_\_\_/2015 \$ \_\_\_\_\_

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 10,612 Description: Postage Meter \$916; Copier \$9,696

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>N/A</u>		\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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 Snyder Village # 0033647 Report Period Beginning: 1/1/2012 Ending: 12/31/12  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides.                  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

- (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	10A(3)	hrs	\$	2,397	\$	153,413	\$	2,397	\$	153,413	1			
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,357		86,856		1,357		86,856	2			
3	Licensed Recreational Therapist		hrs									3			
4	Licensed Physical Therapist	10A(2,3)	hrs		313		192,841		313		196,093	4			
5	Physician Care		visits									5			
6	Dental Care		visits									6			
7	Work Related Program		hrs									7			
8	Habilitation		hrs									8			
9	Pharmacy	39(2)	# of prescrpts						144,794		144,794	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10			
11	Academic Education		hrs									11			
12	Other (specify): <u>Massage Therapist</u>	10A(3)	501 hrs		12,515				120	501	12,635	12			
13	Other (specify):											13			
14	<b>TOTAL</b>			\$	12,515		4,067	\$	433,110	\$	148,166	4,568	\$	593,791	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 Snyder Village# 0033647Report Period Beginning: 1/1/2012

Ending:

12/31/12

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 329,995	\$ 329,995	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>37,505</u> )	1,293,272	1,293,272	3
4	Supply Inventory (priced at <u>FIFO</u> )	25,267	25,267	4
5	Short-Term Investments			5
6	Prepaid Insurance	248,715	248,715	6
7	Other Prepaid Expenses	1,797	1,797	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Intercompany Receivable</u>	326,673	326,673	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,225,719	\$ 2,225,719	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,458,623	1,458,623	12
13	Land	44,300	44,300	13
14	Buildings, at Historical Cost	6,818,031	6,652,460	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,213,140	1,493,290	16
17	Accumulated Depreciation (book methods)	(3,560,650)	(3,845,477)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Construction in Progress</u>	225,226	225,226	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 6,198,670	\$ 6,028,422	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 8,424,389	\$ 8,254,141	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 477,779	\$ 477,779	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	263,710	263,710	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,317	21,317	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Page 17A</u>	217,519	217,519	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 980,325	\$ 980,325	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	762,879	762,879	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 762,879	\$ 762,879	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,743,204	\$ 1,743,204	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 6,681,185	\$ 6,510,937	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 8,424,389	\$ 8,254,141	48

\*(See instructions.)

**Snyder Village**

**Period Beginning** 1/1/2012  
**Period End** 12/31/12

**Schedule 17A**

XV. BALANCE SHEET

Line 36- Other Current Liabilities

	<u>Operating</u>	<u>After Consolidation</u>
Quality Assurance Liability	2,453	2,453
Accrued Workers Comp Insurance	106,173	106,173
Employee Benefits Payable	92,493	92,493
LSN Assessment Accrual	16,400	16,400
	<u>217,519</u>	<u>217,519</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 5,998,970	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 5,998,970	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	682,215	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 682,215	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 6,681,185	24 *

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

Facility Name &amp; ID Number Snyder Village

# 0033647

Report Period Beginning: 1/1/2012

Ending:

12/31/12

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 7,016,800	1
2	Discounts and Allowances for all Levels	(1,934,884)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,081,916	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,560,430	6
7	Oxygen	70,910	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,631,340	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	3,398	12
13	Barber and Beauty Care	2,663	13
14	Non-Patient Meals	79,142	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	288,053	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	26,936	20
21	Other Medical Services	173,555	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 573,747	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	490,134	24
25	Interest and Other Investment Income***	7,004	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 497,138	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Service Fee Income</u>	325,690	28
28a	<u>See Pg 19A</u>	52,030	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 377,720	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 8,161,861	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,400,450	31
32	Health Care	3,637,811	32
33	General Administration	1,516,977	33
<b>B. Capital Expense</b>			
34	Ownership	310,190	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	384,078	35
36	Provider Participation Fee	230,140	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,479,646	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	682,215	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 682,215	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,234,302	44
45	Private Pay - Net Inpatient Revenue	3,702,540	45
46	Medicare - Net Inpatient Revenue	111,743	46
47	Other-(specify) <u>Medicare C / Insurance</u>	33,331	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,081,916	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.

**Snyder Village**

**Period Beginning**      1/1/2012  
**Period End**              12/31/12

**Schedule 19A**

**Amount**

XVII. INCOME STATEMENT

Line 28a- Other Income

Van Income	18,243
Miscellaneous Income	11,638
In-Home Service Income	117
Purchase Rebates	435
Gain on Asset - Life Insurance	21,097
Gain on Sale of Asset	500
<b>Total</b>	<u><b>52,030</b></u>

Facility Name & ID Number Snyder Village

# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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	1,832	2,068	\$ 80,621	\$ 38.99	1
2	Assistant Director of Nursing	1,700	1,867	57,608	30.86	2
3	Registered Nurses	16,490	18,269	491,268	26.89	3
4	Licensed Practical Nurses	24,002	26,602	589,257	22.15	4
5	CNAs & Orderlies	86,738	96,014	1,306,419	13.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,746	1,874	30,229	16.13	8
9	Activity Director	1,908	2,088	36,339	17.40	9
10	Activity Assistants	8,197	9,033	102,080	11.30	10
11	Social Service Workers	4,738	5,335	84,931	15.92	11
12	Dietician	3,247	3,707	69,987	18.88	12
13	Food Service Supervisor	1,694	2,012	30,285	15.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,165	26,128	272,564	10.43	15
16	Dishwashers					16
17	Maintenance Workers	11,382	12,109	230,732	19.05	17
18	Housekeepers	13,752	15,120	164,440	10.88	18
19	Laundry	6,757	7,666	83,991	10.96	19
20	Administrator	2,088	2,246	83,963	37.38	20
21	Assistant Administrator					21
22	Other Administrative	1,936	2,080	116,030	55.78	22
23	Office Manager	1,860	2,080	59,181	28.45	23
24	Clerical	10,530	11,636	188,122	16.17	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) See Sch 20A	13,506	14,486	290,835	20.08	33
34	TOTAL (lines 1 - 33)	238,268	262,420	\$ 4,368,882 *	\$ 16.65	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	136	\$ 6,040	L1, C3	35
36	Medical Director	3	336	L9, C3	36
37	Medical Records Consultant	28	1,841	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,284	L10, C3	39
40	Physical Therapy Consultant	73	4,685	L10a, C3	40
41	Occupational Therapy Consultant	5	317	L10a, C3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	13	834	L10a, C3	43
44	Activity Consultant	12	562	L11, C3	44
45	Social Service Consultant	10	450	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	280	\$ 20,349		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 280	L10, C3	50
51	Licensed Practical Nurses	1,103	36,460	L10, C3	51
52	Certified Nurse Assistants/Aides	970	20,358	L10, C3	52
53	TOTAL (lines 50 - 52)	2,081	\$ 57,098		53

**Snyder Village**

Period Beginning 1/1/2012  
Period End 12/31/12

**Schedule 20A**

**XVIII. Staffing and Salary Costs**

	<b># of Hrs. Actually Worked</b>	<b># of Hrs. Paid and Accrued</b>	<b>Reporting Period Total Salaries, Wages</b>	<b>Average Hourly Wage</b>
Care Plan Coordinator	2,866	2,983	75,015	25.15
Ward Clerk	3,736	4,052	59,340	14.64
Admission Nurse	1,494	1,616	37,250	23.05
Transportation	695	698	8,294	11.88
Development	3,592	3,919	95,604	24.39
Marketing	1,123	1,218	15,332	12.59
<b>TOTAL</b>	<b>13,506</b>	<b>14,486</b>	<b>290,835</b>	



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	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Snyder Village

# 0033647

Report Period Beginning: 1/1/2012

Ending: 12/31/12

## 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. 5,405 Life Services Network
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 3-10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,685 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 230,140  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes: OP Therapy 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. \$ 79,142
- (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. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Heinold-Banwart, Ltd.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.





<b>Total Travel &amp; Seminar</b>	
365.00	
982.71	
1,161.92	
365.00	
365.00	
600.53	
619.92	
365.00	
76.00	
76.00	
76.00	
75.00	
75.00	
75.00	
150.00	
76.00	
76.00	
75.00	
75.00	
560.49	
804.34	
-	
-	
<b>\$ 7,094.91</b>	

FACILITY NAME: Snyder Village  
ID # 0033647

BEGINNING: 1/1/2012  
ENDING: 12/31/12

**ATTACHED SCHEDULE III**

**SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION**

**Care Related Vehicle Expenses:**

Mileage reimbursement for allowable travel	2,078
	<hr/>
	<u>2,078</u>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	372,836	17,668	6,396	396,900	0	396,900	-12,970	383,930
2. Food Purchase	0	313,565	0	313,565	0	313,565	-89,996	223,569
3. Housekeeping	164,440	29,746	1,345	195,531	0	195,531	-117	195,414
4. Laundry	83,991	15,812	0	99,803	0	99,803	0	99,803
5. Heat and Other Utilities	0	0	107,024	107,024	0	107,024	0	107,024
6. Maintenance	230,732	25,698	22,711	279,141	0	279,141	-74,147	204,994
7. Other (specify)*	0	0	8,486	8,486	0	8,486	0	8,486
8. Total General Services	851,999	402,489	145,962	1,400,450	0	1,400,450	-177,230	1,223,220
9. Medical Director	0	0	336	336	0	336	0	336
10. Nursing & Medical Records	2,696,778	151,305	66,730	2,914,813	0	2,914,813	-17,520	2,897,293
10a. Therapy	30,229	3,372	438,946	472,547	0	472,547	-4,769	467,778
11. Activities	146,713	14,149	622	161,484	0	161,484	-9,958	151,526
12. Social Services	84,931	1,500	2,200	88,631	0	88,631	0	88,631
13. Nurse Aide Training	0	0	0	0	0	0	0	0
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	2,958,651	170,326	508,834	3,637,811	0	3,637,811	-32,247	3,605,564
17. Administrative	199,993	0	0	199,993	0	199,993	-55,358	144,635
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	80,887	80,887	0	80,887	0	80,887
20. Fees, Subscriptions & Promotion	0	0	21,955	21,955	0	21,955	0	21,955
21. Clerical & General Office	247,303	23,053	25,486	295,842	0	295,842	-129,386	166,456
22. Employee Benefits & Payroll	0	0	841,656	841,656	0	841,656	0	841,656
23. Inservice Training & Education	0	0	12,637	12,637	0	12,637	0	12,637
24. Travel and Seminar	0	0	7,095	7,095	0	7,095	0	7,095
25. Other Admin. Staff Trans	0	0	2,078	2,078	0	2,078	0	2,078
26. Insurance-Prop.Liab.Malpractice	0	0	54,834	54,834	0	54,834	0	54,834
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	447,296	23,053	1,046,628	1,516,977	0	1,516,977	-184,744	1,332,233
29. Total General Administrative	4,257,946	595,868	1,701,424	6,555,238	0	6,555,238	-394,221	6,161,017
30. Depreciation	0	0	277,694	277,694	0	277,694	-2,825	274,869
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	21,884	21,884	0	21,884	-7,004	14,880
33. Real Estate	0	0	0	0	0	0	0	0

34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	10,612	10,612	0	10,612	0	10,612
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	310,190	310,190	0	310,190	-9,829	300,361
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	144,794	240	145,034	0	145,034	0	145,034
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	3,403	0	3,403	0	3,403	-3,398	5
42	0	0	230,140	230,140	0	230,140	0	230,140
43. Other (specify):*	110,936	0	124,705	235,641	0	235,641	-235,641	0
44. Total Special Cost Ce	110,936	148,197	355,085	614,218	0	614,218	-239,039	375,179
45. Grand Total	4,368,882	744,065	2,366,699	7,479,646	0	7,479,646	-643,089	6,836,557

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	329,995	329,995
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	1,293,272	1,293,272
4. Supply Inventory	25,267	25,267
5. Short-Term Investments	0	0
6. Prepaid Insurance	248,715	248,715
7. Other Prepaid Expenses	1,797	1,797
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	326,673	326,673
10. Total current assets	2,225,719	2,225,719
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	1,458,623	1,458,623
13. Land	44,300	44,300
14. Buildings, at Historical Cost	6,818,031	6,652,460
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	1,213,140	1,493,290
17. Accumulated Depreciation (book methods)	-3,560,650	-3,845,477
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	225,226	225,226
24. Total Long-Term Assets	6,198,670	6,028,422
25. Total Assets	8,424,389	8,254,141
CURRENT LIABILITIES		
26. Accounts Payable	477,779	477,779
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	263,710	263,710
31. Accrued Taxes Payable	21,317	21,317
32. Accrued Real Estate Taxes	0	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):	217,519	217,519

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	980,325	980,325
LONG TERM LIABILITES		
39. Long-Term Notes Payable	762,879	762,879
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
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	762,879	762,879
46. Total Liabilities	1,743,204	1,743,204
47. Total Equity	6,681,185	6,510,937
48. Total Liabilities and Equity	8,424,389	8,254,141

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	7,016,800
2. Discounts and Allowances for all Levels	-1,934,884
Subtotal - Inpatient Care	5,081,916
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,560,430
7. Oxygen	70,910
Subtotal - Ancillary Revenue	1,631,340
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	3,398
13. Barber and Beauty Care	2,663
14. Non-Patient Meals	79,142
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	288,053
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	26,936
21. Other Medical Services	173,555
22. Laundry	0
Subtotal - Other Operating Revenue	573,747
24. Contributions	490,134
25. Interest and Other Investments Income	7,004
Subtotal - Non-Operating Revenue	497,138
27. Other Revenue (specify):	325,690
28. Other Revenue (specify):	52,030
Subtotal - Other Revenue	377,720
30. Total Revenue	8,161,861
31. General Services	1,400,450
32. Health Care	3,633,596
33. General Administration	1,521,192
34. Ownership	310,190

35. Special Cost Centers	384,078
35. Provider Participation Fee	230,140
37. Other	0
40. Total Expenses	7,479,646
41. Income Before Income Taxes	682,215
42. Income Taxes	0
43. Net Income or Loss for the Year	682,215