

Facility Name & ID Number Good Samaritan Home

0009258 Report Period Beginning: 10/01/12 Ending: 09/30/2013

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	72	Skilled (SNF)	72	26,280	1
2		Skilled Pediatric (SNF/PED)			2
3	131	Intermediate (ICF)	131	47,815	3
4		Intermediate/DD			4
5	28	Sheltered Care (SC)	28	10,220	5
6		ICF/DD 16 or Less			6
7	231	TOTALS	231	84,315	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,983	614	5,053	7,650	8
9	SNF/PED					9
10	ICF	22,891	31,070		53,961	10
11	ICF/DD					11
12	SC		6,935		6,935	12
13	DD 16 OR LESS					13
14	TOTALS	24,874	38,619	5,053	68,546	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.30%

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 2/22/1957

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 4,798

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 09/30/2013 Fiscal Year: 09/30/2013

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

Facility Name & ID Number

Good Samaritan Home

0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013

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	1,084,004	63,675	29,111	1,176,790		1,176,790		1,176,790		1
2	Food Purchase		892,026		892,026		892,026	(90,320)	801,706		2
3	Housekeeping	343,853	56,862	36,313	437,028		437,028	(2,270)	434,758		3
4	Laundry	157,766		13,636	171,402		171,402		171,402		4
5	Heat and Other Utilities			375,874	375,874		375,874		375,874		5
6	Maintenance	309,998	72,302	221,386	603,686		603,686	(366)	603,320		6
7	Other (specify):*										7
8	TOTAL General Services	1,895,621	1,084,865	676,320	3,656,806		3,656,806	(92,956)	3,563,850		8
	B. Health Care and Programs										
9	Medical Director			3,415	3,415		3,415		3,415		9
10	Nursing and Medical Records	4,812,439	297,356	23,053	5,132,848		5,132,848		5,132,848		10
10a	Therapy		4,181	486,220	490,401		490,401		490,401		10a
11	Activities	188,713	3,467	11,052	203,232		203,232		203,232		11
12	Social Services	179,996	5,342	583	185,921		185,921		185,921		12
13	CNA Training			18,240	18,240		18,240		18,240		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,181,148	310,346	542,563	6,034,057		6,034,057		6,034,057		16
	C. General Administration										
17	Administrative	245,445			245,445		245,445		245,445		17
18	Directors Fees										18
19	Professional Services			71,806	71,806		71,806	(4,692)	67,114		19
20	Dues, Fees, Subscriptions & Promotions			57,796	57,796		57,796	(987)	56,809		20
21	Clerical & General Office Expenses	571,796	77,760	231,275	880,831		880,831	(70,681)	810,150		21
22	Employee Benefits & Payroll Taxes			1,996,042	1,996,042		1,996,042		1,996,042		22
23	Inservice Training & Education			1,628	1,628		1,628		1,628		23
24	Travel and Seminar			9,782	9,782		9,782	1,021	10,803		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			109,899	109,899		109,899		109,899		26
27	Other (specify):*										27
28	TOTAL General Administration	817,241	77,760	2,478,228	3,373,229		3,373,229	(75,339)	3,297,890		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,894,010	1,472,971	3,697,111	13,064,092		13,064,092	(168,295)	12,895,797		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:

10/01/12

Ending:

09/30/2013

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			1,082,958	1,082,958		1,082,958	(8,184)	1,074,774			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			318,869	318,869		318,869		318,869			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,401,827	1,401,827		1,401,827	(8,184)	1,393,643			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		182,434		182,434		182,434		182,434			39
40	Barber and Beauty Shops	67,506	3,759	159	71,424		71,424		71,424			40
41	Coffee and Gift Shops	21,054	31,799		52,853		52,853		52,853			41
42	Provider Participation Fee			454,638	454,638		454,638		454,638			42
43	Other (specify):* Non-Allowable Co	239,263		936,460	1,175,723		1,175,723	(1,175,723)				43
44	TOTAL Special Cost Centers	327,823	217,992	1,391,257	1,937,072		1,937,072	(1,175,723)	761,349			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,221,833	1,690,963	6,490,195	16,402,991		16,402,991	(1,352,202)	15,050,789			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: 10/01/12

Ending: 09/30/2013

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	(81,858)	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	(1,423)	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	(82,477)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(1,185,069)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,352,202)		\$	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))	\$ (1,352,202)		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: 10/01/12

Ending: 09/30/2013

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

09/30/2013

Schedule 5A

Schedule 5A**VI. ADJUSTMENT DETAIL****NON-ALLOWABLE EXPENSES****LINE 29 - Other**

Description	Amount	Schedule V Reference
Resident Cable Expense	(45,210)	43
To disallow Rotary Club and Chamber of Commerce Dues	(1,601)	20
To disallow non-allowable Administrative Expenses	(6,100)	21
To disallow radio station expense	(620)	43
To disallow X-Ray expense	(10,835)	43
To disallow Lab expense	(12,771)	43
To disallow investment consultants	(212,010)	43
To disallow Assisted Living facility license	(1,260)	20
To add back second year facility license	1,990	20
To disallow out of period seminar cost	(179)	24
To disallow out of state over fifty miles seminar cost	0	24
To disallow Assist Living seminar cost	0	24
To record last year out of period cost for seminars that related to this ye	1,200	24
To offset guest room income	(5,649)	30
To disallow cottage service income	(2,270)	3
To offset miscellaneous income	(696)	21
To offset miscellaneous income	(191)	6
To offset income from sale of equipment	(1,160)	30
To offset discount earned income	(116)	20
To offset discount earned income	(175)	6
To offset discount earned income	(8,462)	1
To disallow Property Taxes	(15,922)	43
To disallow rental property expenses	(88)	43
To disallow Assist Living depreciation	(109,818)	43
To disallow Assist Living Wages	(161,764)	43
To disallow cottage expenses	(522,785)	43
To disallow Public Relation Wages	(63,885)	21

To disallow Legal Fees

(4,692)

19

Total

(1,185,069)

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	N/A	N/A	N/A	N/A

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

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

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

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

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/01/12 Ending: 09/30/2013

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:

10/01/12

Ending:

9/30/2013

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		N/A							5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Good Samaritan Home

0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013

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	11						
		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	\$ 7,915,374	12/01/2039	5.0800	\$ 311,148	1						
2			X	Amortization of Loan Cost							7,721	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	\$ 7,915,374			\$ 318,869	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	\$ 7,915,374			\$ 318,869	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

1. Real Estate Tax accrual used on 2012 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)		2012		\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2013 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:	2008	<u>N/A</u>	8	FOR BHF USE ONLY	
	2009		9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ 13
	2010		10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2011		11	15	LESS REFUND FROM LINE 6 \$ 15
	2012		12	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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Good Samaritan Home COUNTY Adams

FACILITY IDPH LICENSE NUMBER 0009258

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

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

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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:

10/01/12 Ending:

09/30/2013

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013

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		1,678,864	5
6	91			1984	1,953,541	48,839	40	48,839		1,444,810	6
7	24			2010	1,695,151	73,166	Various	73,166		249,985	7
8											8
		Improvement Type**									
9		Building Service Equipment		1983	10,058		20			10,058	9
10		Land Improvements		1984	37,294		15			37,294	10
11		Building Service Equipment		1984	342,759	425	Various	425		342,582	11
12		Building Improvements		1985	250,935	6,273	40	6,273		177,330	12
13		Building Service Equipment		1985	30,300		Various			30,300	13
14		Building Improvements		1986	119,616	2,990	40	2,990		81,735	14
15		Building Service Equipment		1986	137,391		Various			137,391	15
16		Building Improvements		1987	19,089	500	Various	500		12,968	16
17		Building Service Equipment		1987	10,451		20			10,451	17
18		Building Service Equipment		1988	9,835		Various			9,835	18
19		Building Improvements		1989	130,612	4,354	Various	4,354		108,841	19
20		Garage Additions		1990	78,563	2,619	30	2,619		61,977	20
21		Building Improvements State Audit Adjustments 10881+30372		1991	511,992	18,441	30	17,066	(1,375)	381,088	21
22		Building Services Equipment		1991	22,309		various			22,309	22
23		Parking Lot		1992	4,257	213	20	213		4,257	23
24		Building Services Equipment		1992	2,706		10			2,706	24
25		Kitchen/Dining Room		1993	310,412	7,760	40	7,760		157,793	25
26		Building Services Equipment		1993	12,199	238	various	238		11,030	26
27		Parking Lot		1994	87,827		15			87,827	27
28		Manhole/Sewer		1994	2,859		15			2,859	28
29		Sidewalk		1994	7,875		15			7,875	29
30		West Nursing		1994	66,876	3,344	20	3,344		63,533	30
31		Dining Room -Disposal		1994	6,305	315	various	315		6,305	31
32		Building Services Equipment		1994	75,153	2,791	various	2,791		74,455	32
33		West Nursing		1995	128,327	6,416	20	6,416		119,237	33
34		West Nursing		1995	3,151	158	20	158		2,757	34
35		Building Services Equipment		1995	12,183		15			12,183	35
36		Gutters		1996	10,817	541	20	541		9,465	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

0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013

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	Eber Wing Improvements	1996	\$ 20,335	\$ 1,017	20	\$ 1,017	\$	\$ 17,793	37
38	Roof	1996	9,016	451	20	451		7,889	38
39	Roof - Anna Brown Wing	1996	70,800	3,540	20	3,540		59,885	39
40	Building Services Equipment	1996	38,438	1,304	various	1,304		35,177	40
41	Roof-Anna Brown Wing	1997	12,600	323	39	323		5,102	41
42	Sprinkling System	1997	3,354		10			3,354	42
43	Tamper Detectors	1997	2,818		10			2,818	43
44	Compressor - East	1997	11,808		15			11,808	44
45	Sprinkler System	1997	102,875	5,144	20	5,144		82,729	45
46	Roof- Kitchen/Dinning	1998	40,400	1,036	39	1,036		16,306	46
47	Elevator Doors - Dietary	1998	1,095		10			1,095	47
48	Remodeling -Anna Brow Wing Walls, Ceiling, Floors,Lights	1999	199,131	4,978	39	4,978		70,733	48
49	Remodeling -Anna Brow Wing - Duct Detectors	1999	1,444		5			1,444	49
50	Remodeling -Anna Brow Wing - Fire Damper	1999	21,915	548	39	548		7,876	50
51	Chapel Roof	1999	21,515	538	39	538		8,001	51
52	Fire Damper Alarm	1999	5,490		5			5,490	52
53	Eber Parking Lot Lights	1999	5,495	366	15	366		5,312	53
54	Stainless Steel D/W Exhaust	1999	1,659		10			1,659	54
55	Wiring Chapel Roof	1999	332		10			332	55
56	Code Alert System	1999	61,985		5			61,985	56
57	Elevator Upgrade A/B East	1999	22,556		10			22,556	57
58	Elevator Upgrade - Special Care	1999	5,970		10			5,970	58
59	Fire Protection A/B	1999	4,500		10			4,500	59
60	Condensor Unit	1999	22,945	1,530	15	1,530		22,180	60
61	Fire Protection Pool Area	1999	776		10			776	61
62	Damper Duct Work	1999	5,602	373	15	373		5,415	62
63	Chapel Remodeling - Fire Damper	2000	3,196	213	15	213		2,876	63
64	Chapel Remodeling - Unity & Pews	2000	14,760	369	39	369		4,812	64
65	Kitchen Remodeling - Sky Roof Flashing	2000	3,086	206	15	206		2,777	65
66	Kitchen Remodeling - Sidewalls	2000	3,485	232	15	232		3,136	66
67	Kitchen Remodeling - Galvanized Wall Divider	2000	2,601	173	15	173		2,340	67
68	East Nursing Remodeling - Walls, Ceilings, Floors	2000	26,757	669	39	669		8,891	68
69	Eber Wing Smoke Damper	2000	16,485	1,099	15	1,099		14,837	69
70	TOTAL (lines 4 thru 69)		\$ 9,223,651	\$ 245,586		\$ 244,211	\$ (1,375)	\$ 6,551,777	70

**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:

10/01/12

Ending:

09/30/2013

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 12A, Carried Forward		\$ 9,223,651	\$ 245,586		\$ 244,211	\$ (1,375)	\$ 6,551,777	1
2	HVAC Rehab Eber Wing	2000	305,419	20,361	15	20,361		274,877	2
3	3 Ton Rooftop Unit A/C West Dining	2000	2,776	185	15	185		2,498	3
4	Elevator Up Grade East Wing	2000	12,776	852	15	852		11,498	4
5	Entrance Codelock Special Care	2000	1,848	123	15	123		1,664	5
6	Life Safety Code Sprinkler Drains	2000	7,000	467	15	467		6,300	6
7	Land Improvement New Sidewalk	2000	1,200	60	20	60		750	7
8	Renovation of East Nursing Wing	2001	369,213	9,230	39	9,230		112,687	8
9	Painting Kitchen	2001	2,550	170	15	170		2,125	9
10	Kitchen Electrical Work	2000	611	41	15	41		509	10
11	HVAC Rehab Eber Wing	2000	5,584	372	15	372		4,653	11
12	Sprinklers	2000	4,151	277	15	277		3,459	12
13	Wet Chemical Fire Suppressor Work	2000	3,695	246	15	246		3,079	13
14	Electrical Work	2001	1,609	107	15	107		1,341	14
15	Smoke/ Fire Damper East, South and Eber	2001	50,735	3,382	15	3,382		42,279	15
16	3D Detectors in Elevators	2001	4,916	976	10	976		4,916	16
17	Compensators	2001	2,724	541	10	541		2,724	17
18	33 Lever Passage Locks	2002	2,904	576	10	576		2,904	18
19	Exit Lights and Hold Opens	2002	966	192	10	192		966	19
20	16 Lever Passage Locks	2002	1,408	279	10	279		1,408	20
21	48 Lockouts	2002	985	195	10	195		985	21
22	Water Piping	2001	4,600	115	39	115		1,366	22
23	New Curb & Driveway	2002	16,118	564	20	564		7,415	23
24	Buffet in Dining Area	2003	2,977	198	15	198		2,120	24
25	Door - code alert and keypad	2003	2,489	83	10	83		2,489	25
26	Fire Collars	2003	3,619	138	10	138		3,619	26
27	Main Breaker	2003	3,291	219	15	219		2,212	27
28	Elevator Master Door Operator	2003	4,278	250	10	250		4,278	28
29	Handicap Accessible Entrance and Sidewalk	2003	3,200	160	20	160		1,600	29
30	Annunciators	2004	51,494	5,149	10	5,149		48,919	30
31	Sewer Lines	2003	5,801	387	15	387		3,835	31
32	Smoke Damper - Eber	2003	698	47	15	47		458	32
33	Beauty Shop Wiring	2003	2,272	152	15	152		1,477	33
34	TOTAL (lines 1 thru 33)		\$ 10,107,558	\$ 291,680		\$ 290,305	\$ (1,375)	\$ 7,113,187	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:

10/01/12

Ending:

09/30/2013

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		\$ 10,107,558	\$ 291,680		\$ 290,305	\$ (1,375)	\$ 7,113,187	1
2	Dietary Doors	2004	3,801	253	15	253		2,450	2
3	Roof	2004	4,028	269	15	269		2,551	3
4	Remote Annunciator	2004	4,650	465	10	465		4,340	4
5	Cooler Expansion	2004	6,120	408	15	408		3,808	5
6	Parking Lot	2004	6,800	453	15	453		4,193	6
7	Ambulance Garage Doors	2004	1,070	107	10	107		981	7
8	Kitchen Remodel	2004	6,425	643	10	643		5,782	8
9	Plumbing wok in Eber/South	2004	5,147	343	15	343		3,031	9
10	Water Softener System	2004	15,642	1,564	10	1,564		13,687	10
11	Storage Tank Replacement	2004	2,454	245	10	245		2,147	11
12	Air Handler in East Circle	2005	1,297	130	10	130		1,091	12
13	Parking Lot Off-Street	2005	68,884	4,592	15	4,592		38,269	13
14	Kitchen Electrical Work	2004	247	12	20	12		111	14
15	Kitchen Remodel	2004	1,248	62	20	62		556	15
16	Sprinkler System	2004	980	49	20	49		433	16
17	Sprinkler System	2005	2,373	119	20	119		1,028	17
18	Perry Suite Renovations	2005	2,470	165	15	165		1,413	18
19	Water Heater	2006	13,003	1,300	10	1,300		9,728	19
20	Telephone System	2006	50,625	3,375	15	3,375		25,594	20
21	Sprinkler System Pipes	2006	1,645	142	various	142		1,020	21
22	Overhead Door	2005	1,400	140	10	140		1,108	22
23	Concrete Work	2005	9,936	662	15	662		5,189	23
24	Fire Walls	2006	14,948	747	20	747		5,481	24
25	Fire Alarm System	2006	23,500	1,567	15	1,567		12,011	25
26	Life Safety Code Renovations	2006	1,905	191	10	191		1,445	26
27	Renovations to Building Front Entrance	2006	38,611	1,931	20	1,931		14,158	27
28	Telephone System Wiring	2006	35,781	3,578	10	3,578		25,364	28
29	Pool Area Renovations	2006	98,370	4,919	20	4,919		36,479	29
30	Concrete Work	2006	3,850	257	15	257		1,904	30
31	Lighting in the Hallway	2006	7,872	394	20	394		2,854	31
32	Laundry Renovations- Air System	2006	9,841	492	20	492		3,567	32
33	Smoke/Fire Dampers Special Care Area	2006	14,683	734	20	734		5,323	33
34	TOTAL (lines 1 thru 33)		\$ 10,567,164	\$ 321,988		\$ 320,613	\$ (1,375)	\$ 7,350,283	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:

10/01/12

Ending:

09/30/2013

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		\$ 10,567,164	\$ 321,988		\$ 320,613	\$ (1,375)	\$ 7,350,283	1
2	Eber Elevator Remodel	2006	12,769	851	15	851		5,888	2
3	Sprinkler System Heads	2006	20,456	1,364	15	1,364		9,205	3
4	South Wing Fiber Server	2007	2,526	168	15	168		1,137	4
5	Smoke/Fire Detectors	2007	10,431	1,043	10	1,043		6,954	5
6	Repairs to Boiler Motor	2007	954	95	10	95		636	6
7	Smoke/Fire Dampers	2007	1,125	113	10	113		750	7
8	CO Detectors	2007	1,483	148	10	148		915	8
9	Call Lights - Dining Hall	2007	823	82	10	82		501	9
10	Hot Water Tank	2007	2,588	259	10	259		1,596	10
11	Repairs to Hot Water Shower Area	2007	1,113	111	10	111		668	11
12	Compressor - Walk in	2007	2,922	292	10	292		1,753	12
13	Repairs to Wiring in Chapel Area	2007	14,516	968	15	968		5,806	13
14	HVAC Controllers	2007	11,952	797	15	797		4,781	14
15	Physical Therapy Ductwork Repairs	2006	2,254	150	15	150		1,039	15
16	Alarm Stations Repairs	2006	27,685	1,846	15	1,846		12,458	16
17	Dining Hall Electric	2007	890	59	15	59		400	17
18	Chapel Roof Repair	2007	3,528	235	15	235		1,588	18
19	Dining Hall Paint	2007	7,401	740	10	740		4,872	19
20	Dinning Hall Roof Repairs	2007	573	38	15	38		248	20
21	Storm Sewer Line	2007	3,459	231	15	231		1,461	21
22	Dietary Doors	2007	1,485	148	10	148		891	22
23	Alarm System at Stations	2007	4,450	445	10	445		2,596	23
24	Roof South Eber	2007	9,587	639	15	639		3,728	24
25	B&G Series 1510- 2 Pump	2008	7,597	760	10	760		3,799	25
26	Fiber Project Improvements	2008	10,646	710	15	710		3,903	26
27	Door Closers	2008	10,180	1,018	10	1,018		5,090	27
28	Pine Doors	2008	1,714	171	10	171		914	28
29	Elevator Renovation	2008	122,827	8,188	15	8,188		43,672	29
30	Wanderer Alert System	2008	1,968	197	10	197		1,082	30
31	CO System Detectors	2008	1,395	140	10	140		756	31
32	Improvements Fire Protection	2009	35,300	2,353	15	2,353		10,982	32
33	New Doors Alarm	2008	8,704	435	20	435		2,067	33
34	TOTAL (lines 1 thru 33)		\$ 10,912,465	\$ 346,782		\$ 345,407	\$ (1,375)	\$ 7,492,419	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:

10/01/12

Ending:

09/30/2013

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		\$ 10,912,465	\$ 346,782		\$ 345,407	\$ (1,375)	\$ 7,492,419	1
2	Improvements to Elevator	2008	27,518	1,835	15	1,835		9,020	2
3	Improvement to Alarms	2009	14,985	749	20	749		3,434	3
4	Eber Water Project	2009	3,795	190	20	190		854	4
5	Improvements Fire Protection	2009	1,640	82	20	82		335	5
6	Hot Water Heater	2009	5,577	558	10	558		2,510	6
7	Improvements to Heater in Pool	2009	14,325	1,433	10	1,433		6,327	7
8	Run Fiber - Anna Brown to switch in Maint. For Phone Sys.	2009	1,040	208	5	208		867	8
9	IDCS 500 Release - Wiring & Cabinet for Phone System	2009	7,099	1,420	5	1,420		5,798	9
10	Addition to Walking Freezer	2009	88,733	5,916	20	5,916		20,211	10
11	Roof Repair to the East Circle and Chapel	2009	61,810	3,091	20	3,091		11,847	11
12	East Circle Laundry- Labor, Plumbing Materials,	2009	11,421	571	20	571		2,141	12
13	Install Upgrade to Code Alert System - Wiring and Labor	2009	85,645	8,565	20	8,565		29,262	13
14	Wiring for the Facility Phone System	2010	10,951	1,095	20	1,095		3,650	14
15	Replace the Transfer Switch - Wiring and Labor	2009	12,414	621	20	621		2,017	15
16	Install Water Value in Meter Pit/ Fire Hydrant	2009	13,300	1,330	20	1,330		5,025	16
17	Concrete Work for Ambulance Garage,Sidewalks, & Drives	2010	24,818	1,241	20	1,241		4,343	17
18	Alzheimer's Unit -Landscaping	2010	51,508	3,434	15	3,434		11,732	18
19	Alzheimer's Unit -Parking Lot	2010	154,072	10,272	15	10,272		35,094	19
20	New Alzheimer Building	2010	4,789,401	119,735	40	119,735		409,095	20
21	New Alzheimer Building -Unit Mechanical	2010	838,272	41,914	20	41,914		143,205	21
22	New Alzheimer Building -Unit Roofing	2010	223,472	8,939	25	8,939		30,541	22
23	New Alzheimer -Mega Plant	2010	1,405,351	46,845	30	46,845		160,054	23
24	New Alzheimer -Unit Generator	2010	383,839	19,192	20	19,192		65,573	24
25	New Alzheimer - Unit Elevator	2010	117,455	7,830	15	7,830		26,754	25
26	New Alzheimer -Counter Tops and Cabinets	2010	354,518	17,726	20	17,726		60,564	26
27	New Alzheimer -Floor Coverings & Carpet	2010	209,459	13,964	15	13,964		47,710	27
28	Office Building	2010	167,615	4,190	40	4,190		13,619	28
29	Handicapped Doors for South Hall	2010	5,872	294	20	294		954	29
30	Air Curtain -Dietary	2010	1,455	145	10	145		461	30
31	Code Alert -Eber South	2010	105,708	10,571	10	10,571		32,593	31
32	Patios & sidewalk -Foose	2010	11,290	565	20	565		1,694	32
33	Windows-Dinning Room	2010	2,672	134	20	134		390	33
34	TOTAL (lines 1 thru 33)		\$ 20,119,495	\$ 681,437		\$ 680,062	\$ (1,375)	\$ 8,640,093	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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 20,119,495	\$ 681,437		\$ 680,062	\$ (1,375)	\$ 8,640,093	1
2	Elevator Kitchen - Door Operator	2010	3,335	334	10	334		1,001	2
3	Installing Ballast (Dimming)	2010	4,350	435	10	435		1,269	3
4	Transfer Switch - Eber	2010	8,600	860	10	860		2,508	4
5	Sprinkler Heads - West Nursing	2010	2,688	269	10	269		739	5
6	Code Alert - Eber/ South	2011	10,751	1,075	10	1,075		2,329	6
7	Plumbing Rehab. East Circle	2011	33,362	3,336	10	3,336		8,340	7
8	Walk-in-Freezer	2011	3,245	325	10	325		784	8
9	Foose & AB Unit Room Controllers	2011	75,000	3,750	20	3,750		7,500	9
10	Wash Station for the eye	2011	18,800	1,880	10	1,880		4,230	10
11	Land Improvement New Bldg-Crubs, Sidewalks, Sewers etc	2011	392,571	26,172	15	26,172		52,343	11
12	Renovations to Special Care Unit	2012	1,152,325	28,808	40	28,808		31,209	12
13	Special Care Mechanical	2012	609,108	30,455	20	30,455		32,993	13
14	Administration Office and AL	2011	1,673,695	41,842	40	41,842		83,685	14
15	Roof for Administration Bldg & AL	2011	50,491	1,262	40	1,262		2,525	15
16	Mechanical for Administration and AL	2011	383,112	19,156	20	19,156		38,311	16
17	New Roof Ambulance Bay	2012	54,200	2,710	20	2,710		2,936	17
18	New Roof West Nursing	2011	52,290	2,615	20	2,615		4,793	18
19	Electrical Work Remodel for signs & wiring for Medicare unit	2012	13,070	523	25	523		654	19
20	Doors- Remodel electric doors closers in nursing facility	2012	10,437	417	25	417		417	20
21	Controls for Individual Rooms	2012	62,000	6,200	10	6,200		10,850	21
22	Dry Pipe System Remodeling	2011	12,582	1,258	10	1,258		2,202	22
23	Addressable Pull Stations	2012	2,366	237	10	237		414	23
24	Laundry Control System	2011	2,890	289	10	289		506	24
25	Water Heater Barber Shop	2011	8,971	897	10	897		1,645	25
26	Data Connections Administration Building	2011	5,262	526	10	526		1,008	26
27	Water Heater Dietary Department	2011	9,510	951	10	951		1,902	27
28	Floor coverings Special Care Unit	2011	123,277	12,328	10	12,328		13,355	28
29	Floor coverings Administration	2011	55,207	5,521	10	5,521		11,041	29
30	HVAC Roof Unit	2011	7,845	785	10	785		1,177	30
31	Flooring Ann Brown	2011	10,249	1,025	10	1,025		1,964	31
32	Chapel Renovations - Phase III	2013	135,247	2,254	25	2,254		2,254	32
33	Rounda Renovation Phase III	2013	19,306	322	25	322		322	33
34	TOTAL (lines 1 thru 33)		\$ 25,125,636	\$ 880,254		\$ 878,879	\$ (1,375)	\$ 8,967,299	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:

10/01/12

Ending:

09/30/2013

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 12F, Carried Forward		\$ 25,125,636	\$ 880,254		\$ 878,879	\$ (1,375)	\$ 8,967,299	1
2	Can Lights - Medicare Unit	2012	2,750	110	25	110		110	2
3	Exit Lighting Panel- Medicare Unit	2012	2,779	111	25	111		111	3
4	Painting - Ecircle Eber South Ct	2013	35,753	596	25	596		596	4
5	Neighborhoods - Phase III	2013	691,456	11,524	25	11,524		11,524	5
6	Sunnyvale Transition	2013	2,895	42	40	42		42	6
7	Convert Foose Singles	2013	9,698	121	20	121		121	7
8	Eastbrook Lane	2013	13,087	164	20	164		164	8
9	Sunnyvale Tile Project	2013	16,955		20				9
10	Courtyard Railing	2012	4,292	143	25	143		143	10
11	Fire Alarm - Social Room	2012	3,237	119	25	119		119	11
12	Paging System - Nursing	2013	10,826	541	15	541		541	12
13	Code Alert - E Circle, Social Room	2013	2,792	93	15	93		93	13
14	Voice, Dara, Video - Nursing	2013	11,551	385	15	385		385	14
15	Bradley HL80 Mixing Valves	2013	5,376	239	15	239		239	15
16	Power Assis Dooes - Medicare	2013	5,000	167	15	167		167	16
17	SS Sink & Eyewash - Special Care	2013	2,943	98	15	98		98	17
18	Flooring Covering -Phase III	2013	122,252	3,396	15	3,396		3,396	18
19	Window Treatment - Phase III	2013	6,416	178	15	178		178	19
20	Code Alert - E Circle, Social Room	2013	1,536	51	1	51		51	20
21	Eber Roof Unit	2013	8,244	206	10	206		206	21
22	Rheem Hot Water Tank - Dietary	2013	3,754	94	10	94		94	22
23	E Circle Water & Sewer Lines	2013	1,473	12	10	12		12	23
24	RTU - Social Services	2013	5,570	46	10	46		46	24
25									25
26									26
27									27
28									28
29									29
30									30
31	Guest Room Income Offset					(5,649)	(5,649)		31
32	Income from sale of equipment					(1,160)	(1,160)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 26,096,271	\$ 898,690		\$ 890,506	\$ (8,184)	\$ 8,985,735	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:

10/01/12

Ending:

09/30/2013

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 12G, Carried Forward		\$ 26,096,271	\$ 898,690		\$ 890,506	\$ (8,184)	\$ 8,985,735	1
2	Accounting firm reclassification items 9/30/2013								2
3	Floor Title in Kitchen	1999	2,455		10			2,455	3
4	Ductwork 213OH	2004	1,760	176	10	176		1,672	4
5	Flooring - Beauty Shop	2003	2,512	251	10	251		2,470	5
6	Junction Box Linal	2004	10,383	1,038	10	1,038		9,778	6
7	Carpet - Perry Suite	2005	1,916	192	10	192		1,661	7
8	Flooring - Medical Records	2005	1,337	134	10	134		1,136	8
9	Carpet - Exercise Room	2006	890	89	10	89		660	9
10	Base Cabinets - Dietary	2006	1,117	112	10	112		763	10
11	Vinyl - Main Dining Room	2006	13,974	1,397	10	1,397		9,549	11
12	ABS Single Basin Sink - East Nursing	2007	1,141	114	10	114		694	12
13	Flooring - Anna Brown Section	2007	919	92	10	92		536	13
14	Flooring - Rooms	2010	4,563	456	10	456		1,597	14
15	Dinning Floor - Eber * South Court	2010	14,397	1,440	10	1,440		4,919	15
16	Dinning Floor - Sunny Dale	2010	3,638	364	10	364		1,243	16
17	Floor - East Laundry	2010	1,003	100	10	100		343	17
18	Dinning Floor - Main Dinning	2010	9,586	959	10	959		3,275	18
19	Eber Gardens Carpet	2011	27,615	2,761	10	2,761		5,523	19
20	Carpeting	2011	3,436	344	10	344		916	20
21	Floor Covering Room 451	2012	1,794	179	10	179		179	21
22	21 Showers Doors Anna Brown Section	2012	3,826	383	10	383		478	22
23	Floor Covering Room 447	2012	2,563	256	10	256		427	23
24	Floor Covering Room 126./132	2011	787	79	10	79		144	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)		\$ 26,207,883	\$ 909,606		\$ 901,422	\$ (8,184)	\$ 9,036,153	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	\$ 1,338,481	\$ 138,910	\$ 138,910	\$	3-20 yrs	\$ 872,487	71
72	Current Year Purchases	236,129	12,686	12,686		5-15 yrs	12,686	72
73	Fully Depreciated Assets	783,075				3-20 yrs	783,075	73
74								74
75	TOTALS	\$ 2,357,685	\$ 151,596	\$ 151,596	\$		\$ 1,668,248	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	Knapheide Chair Lift	1999	\$ 4,086	\$	\$	\$	3-5 yrs	\$ 4,086	76
77	Maintenance	Golf Carts	2001	3,600	666	666		10 yrs	3,600	77
78	Maintenance	Toto Mower	2001	825	115	115		5 yrs	825	78
79	See Attach Sch 13A	Various	Various	298,667	20,975	20,975		5-10 yrs	233,231	79
80	TOTALS			\$ 307,178	\$ 21,756	\$ 21,756	\$		\$ 241,742	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)	\$ 29,317,395	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,082,958	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,074,774	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,184)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,946,143	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	Cottage Land	690,388			87
88	Cottage Fixed Assets	13,134,373	200,742	5,526,515	88
89	Rental Property & Radio Station	15,038	88	14,739	89
90	Assisted Living	3,420,397	109,818	220,832	90
91	TOTALS	\$ 17,260,196	\$ 310,648	\$ 5,762,086	91

G. Construction-in-Progress

	Description	Cost	
92	Building Construction	\$ 25,000	92
93			93
94			94
95		\$ 25,000	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:

10/1/2012

Ending:

9/30/2013

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	Maintenance	Chevy S-10 98	2002	\$ 7,508	\$ 1,051	\$ 1,051	\$ 0	5 yrs	\$ 7,508	42
43	Facility	Toro mower	2003	7,139	0	0	0	5 yrs	7,139	43
44	Facility	Ford/Goshen Bus (2)	2004	98,532	0	0	0	5 yrs	98,532	44
44a	Facility	Toro mower	2005	9,792	0	0	0	5 yrs	9,792	44a
44c	Facility	2005 Chrysler Town	2005	21,931	0	0	0	5 yrs	21,931	44c
44d	Facility	1999 Chevy Van	2005	5,648	0	0	0	5 yrs	5,648	44d
44e	Facility	Kubota L3430	2006	18,895	1,889	1,889	0	10 yrs	12,911	44g
44f	Facility	Ford F350	2007	30,224	3,022	3,022	0	10 yrs	18,890	44f
44g	Facility	Toro Mower	2009	7,000	1,400	1,400	0	5 yrs	5,950	44g
44h	Facility	Toro mower	2009	9,000	1,800	1,800	0	5 yrs	8,100	44h
44i	Facility	Truck Plow 84 Rear	2008	675	135	135	0	5 yrs	652	44i
44j	Facility	Golf Cart	2008	1,200	240	240	0	5 yrs	1,160	44j
44k	Facility	Tractor with Cab JD 4320	2010	33,977	3,398	3,398	0	10 yrs	9,910	44k
44l	Facility	2010 GMC Sierra	2010	32,410	6,482	6,482	0	5 yrs	18,366	44l
44m	Facility	Various Mower/Snow EQ	Various	10,237	1,024	1,024	0	10 yrs	6,208	44m
44n	Facility	2003 Ford F150	2013	3,500	467	467	0	5 yrs	467	44n
45	Maintenance	Toro 30" Mower	2013	999	67	67	0	5 yrs	67	45
46	TOTALS			\$ 298,667	\$ 20,975	\$ 20,975	\$ 0		\$ 233,231	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: 10/01/12

Ending: 09/30/2013

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. _____ /2014 \$ N/A

13. _____ /2015 \$ N/A

14. _____ /2016 \$ 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

by the length of the lease N/A.

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 0 Description: N/A

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	<u>N/A</u>				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: 10/01/12 Ending: 09/30/2013
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	\$	\$ 17,232	\$	\$ 17,232
2	Books and Supplies		163		163
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		845		845
9	TOTALS	\$	\$ 18,240	\$	\$ 18,240
10	SUM OF line 9, col. 1 and 2 (e)	\$	18,240		

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	13
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	13

- (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	\$	2,398	\$ 143,900	\$	2,398	\$ 143,900	1	
2	Licensed Speech and Language Development Therapist	L. 10a C 3	hrs		474	28,436		474	28,436	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	L. 10a C 3	hrs		5,232	313,884	4,181	5,232	318,065	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				182,434		182,434	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			\$	8,104	\$ 486,220	\$ 186,615	8,104	\$ 672,835	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# 0009258Report Period Beginning: 10/01/12Ending: 09/30/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/2013

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 680,463	\$ 680,463	1
2	Cash-Patient Deposits	36,247	36,247	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (30,000))	2,225,696	2,225,696	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	858,836	858,836	5
6	Prepaid Insurance	197,335	197,335	6
7	Other Prepaid Expenses	11,303	11,303	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Application Fee Repurchase</u>	26,555	26,555	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,036,435	\$ 4,036,435	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	23,818,612	23,818,612	12
13	Land	444,649	444,649	13
14	Buildings, at Historical Cost	26,288,073	26,207,883	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,664,863	2,664,863	16
17	Accumulated Depreciation (book methods)	(11,015,854)	(10,946,143)	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	270,066	270,066	22
23	Other(specify): <u>Cottage & Rental Property</u>	11,498,110	11,498,110	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 53,968,519	\$ 53,958,040	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 58,004,954	\$ 57,994,475	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 810,251	\$ 810,251	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	35,930	35,930	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	703,545	703,545	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	20,437		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>	211,495	211,495	36
37	<u>Prepaid Resident Rent</u>	3,172,207	3,172,207	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,953,865	\$ 4,933,428	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	7,915,374	7,915,374	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)	\$ 7,915,374	\$ 7,915,374	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,869,239	\$ 12,848,802	46
47	TOTAL EQUITY (page 18, line 24)	\$ 45,135,715	\$ 45,145,673	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 58,004,954	\$ 57,994,475	48

*(See instructions.)

Good Samaritan Home
0009258
09/30/2013

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	245,066	245,066
Construction in Progress	25,000	25,000
Total Line 22 - Other Long Term Assets (specify):	<u>270,066</u>	<u>270,066</u>

Good Samaritan Home
0009258
09/30/2013

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	3,405	3,405
United Way Deduction	148	148
Misc. Employee Deduction		
Employee Assist Fund Withheld	14,006	14,006
Pension Plan Payable-Employee		
Capital Campaign Pledge		
Capital Campaign Pledge - Residents		
Benevolent Fund Payable	7,428	7,428
Flower Fund Payable	76	76
Application Fee Payable	26,155	26,155
Medicare Liability		
Medicaid Liability		
Employee Health/Life Liability	160,277	160,277
Total Line 36 - Other Current Liabilities(specify):	211,495	211,495

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 43,512,951	1
2	Restatements (describe):	(2)	2
3	<u>Rounding</u>		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 43,512,949	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,622,766	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)	\$ 1,622,766	17
B. Transfers (Itemize):			
18	<u>Rounding</u>		18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 45,135,715	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	\$ 12,039,620	1
2	Discounts and Allowances for all Levels	(2,393,339)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,646,281	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,039,480	6
7	Oxygen	4,660	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,044,140	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	34,711	12
13	Barber and Beauty Care	60,521	13
14	Non-Patient Meals	81,858	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	362,249	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	23,936	19
20	Radiology and X-Ray	20,971	20
21	Other Medical Services	116,353	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 700,599	23
D. Non-Operating Revenue			
24	Contributions	109,228	24
25	Interest and Other Investment Income***	3,337,167	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,446,395	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached Schedule 19E	50,494	28
28a	Cottage and Rental Property Income	3,137,848	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,188,342	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,025,757	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,656,806	31
32	Health Care	6,034,057	32
33	General Administration	3,373,229	33
B. Capital Expense			
34	Ownership	1,401,827	34
C. Ancillary Expense			
35	Special Cost Centers	1,482,434	35
36	Provider Participation Fee	454,638	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,402,991	40
41	Income before Income Taxes (line 30 minus line 40)**	1,622,766	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,622,766	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,721,792	44
45	Private Pay - Net Inpatient Revenue	6,102,325	45
46	Medicare - Net Inpatient Revenue	822,164	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,646,281	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
09/30/2013

Schedule 19E

XVII. INCOME STATEMENT
Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Miscellaneous Income	1,856
Discount Earned Income	8,944
Guest Room Income	5,649
Van Transportation	31,775
Cottage Services Income	2,270
	<hr/>
Total Line 28 - Other Revenue (specify):	<u><u>50,494</u></u>

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013

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	1,876	2,080	\$ 66,342	\$ 31.90	1
2	Assistant Director of Nursing	1,799	2,056	60,147	29.25	2
3	Registered Nurses	37,427	41,570	942,453	22.67	3
4	Licensed Practical Nurses	46,941	51,168	895,255	17.50	4
5	CNAs & Orderlies	194,477	212,294	2,487,723	11.72	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,562	11,955	146,927	12.29	8
9	Activity Director	1,872	2,080	38,264	18.40	9
10	Activity Assistants	12,888	14,419	150,449	10.43	10
11	Social Service Workers	14,631	16,485	179,996	10.92	11
12	Dietician					12
13	Food Service Supervisor	7,428	8,366	158,278	18.92	13
14	Head Cook	6,999	8,125	101,963	12.55	14
15	Cook Helpers/Assistants	61,254	67,210	695,829	10.35	15
16	Dishwashers	11,774	13,067	127,934	9.79	16
17	Maintenance Workers	20,633	22,734	309,998	13.64	17
18	Housekeepers	29,653	33,062	343,853	10.40	18
19	Laundry	13,180	14,569	157,766	10.83	19
20	Administrator	1,852	2,080	135,763	65.27	20
21	Assistant Administrator	1,860	2,080	109,682	52.73	21
22	Other Administrative	7,894	8,720	239,781	27.50	22
23	Office Manager					23
24	Clerical	19,428	21,200	332,015	15.66	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	1,986	2,188	37,011	16.92	31
32	Other Health C: SCH 20A	13,229	14,992	176,581	11.78	32
33	Other(specify) SCH 20A	23,261	25,433	327,823	12.89	33
34	TOTAL (lines 1 - 33)	542,904	597,933	\$ 8,221,833 *	\$ 13.75	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	577	\$ 27,757	L. 1 C3	35
36	Medical Director	Monthly	3,415	L. 9 C3	36
37	Medical Records Consultant	47	3,268	L. 10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	# of Resident	17,385	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	8	583	L. 11 C3	44
45	Social Service Consultant	8	583	L. 12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	640	\$ 52,991		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
09/30/2013

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	9,326	10,531	113,478	10.78
Medical Supply Clerk	2,224	2,404	23,953	9.96
Administrative Assistant Nursing	48	87	2,077	23.87
Staff Coord.	1,631	1,970	37,073	18.82
Total Line 32 - Other	13,229	14,992	\$ 176,581	\$ 11.78

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	5,158	5,683	\$ 77,499	13.64
Assisted Living Administrative	9,259	10,028	116,725	11.64
Assisted Living Nursing	2,003	2,115	45,039	21.30
Beauty Shop	4,614	5,151	67,506	13.11
General Store	2,227	2,456	21,054	8.57
Total Line 33 - Other	23,261	25,433	\$ 327,823	\$ 12.89

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Michael Duffy	Administrator	0	\$ 135,763	Workers' Compensation Insurance	\$ 183,200	IDPH License Fee	\$ 1,990	
Judy Graham	Asst Admin.	0	109,682	Unemployment Compensation Insurance	3,768	Advertising: Employee Recruitment	21,958	
				FICA Taxes	588,828	Health Care Worker Background Check		
				Employee Health Insurance	899,518	(Indicate # of checks performed <u>270</u>)	4,650	
				Employee Meals		<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		<u>Council for Health and Human Services</u>	9,191	
				<u>Employee Tuition</u>	14,373	<u>Various Dues, Licenses, and Permits</u>	2,563	
				<u>Pension Plan</u>	267,251	<u>Life Service Network</u>	16,457	
				<u>Employee Medical</u>	10,911			
				<u>Life Insurance</u>	9,411			
				<u>Employee Recognition</u>	18,782			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 245,445			
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,996,042	
Description				Amount				
N/A								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Schmiedeskamp, Robertson	Legal		\$ 42,421	N/A			Out-of-State Travel	\$
Dennis G. Koch	Accounting		25,750					
ACH	Payroll Service		650				In-State Travel	
Klingner & Associates, P.C.	Architects		2,985					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			Seminar Expense <u>See attached Schedule</u>	
							10,803	
							Entertainment Expense	
							()	
							TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 10,803	

* Attach copy of IMRF notifications

**See instructions.

Good Samaritan Home
Provider #: 0009258
10/01/12 to 09/30/2013

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	71,806
	0
Legal Expenses	(4,692)
Total (agree to Schedule V, line 19, column 8)	<u>67,114</u>

Good Samaritan Home

SEMINAR EXPENSE
 Provider Number 0009258
 September 30, 2013

DATE	PAYEE	TOPIC	ATTENDEE
10/30/2012	Lorman Education Services	Medical Records Law	Kris Humphrey
			Tina Kroeger
10/16/2012	Life Services Network	Therapy Updates for 2013 & Beyond	Debbie Steinbrecher
12/5/2012	Life Services Network	MDS 3.0 Section Q: Proper Coding Application & Implications for Discharge	Angie Winfield
		Planning	Lori Laratta
			Melinda Meyer
			Lucinda Smith
			Cristy Fuller
			Val Stephens
			Kelsey Bennett
			Jill Zwick
11/30/2012	John Wood Community College	Update on the 2012 Long Term Care/Medicaid Rules in IL	Judy Graham
1/16/2013	Leading Age	Preparing for Mandatory Corporate Compliance Deadline	Mike Duffy

1/16/2013	Quincy Area Chamber of Commerce	Annual Meeting & Business Hall of Fame Induction Ceremony	Lanse Tomlinson
1/31/2013	Mississippi River Regional Chapter of AFP	Exploratory Luncheon Assoc of Fundraising Professionals	Lanse Tomlinson
1/31/2013	Life Services Network	2013 Medicare Update	Debbie Steinbrecher
			Oneta Crowe
			Christine Broeker
2/12/2013	Fred Pryor Seminars	OSHA Training:OSHA HAZCOM Compliance	Jerry Manton
			Junior Moulton
			Mat Steinkamp
			Terry Reardon
			K.J. Brinkman
			Dan Ersery
			Paul Davis
			Rick Liesen
			Oneta Crowe
2/14/2013	I-Net	Understanding & Treating Agitated Behaviors	Lucinda Smith
			Kelsey Bennett
			Lacy Moore
			Cristy Fuller
			Val Stephens
			Angie Winfield
			Melinda Meyer

			Lori Laratta
			Brenda Krutmeier
			Danielle Miller
			Debbie Willis
			Jill Zwick
			Casey Muehring
			Tina Kroeger
			Annie Hildebrand
			Jennifer Burner
			Oneta Crowe

2/13/2013	Corridor Group	Nursing Home & Hospice Partnership & End of Life Care Regulations	Annie Hildebrand
			Tina Kroeger
			Lacy Moore
			Cindy Gilbert
			Oneta Crowe
2/27/2013	Life Services Network	Illinois Move to Medicaid Managed Care	Judy Graham
3/20/2013			
3/20/2013	Fred Pryor Seminars	OZ/OSHA Compliance 2013	Oneta Crowe
			Jerry Manton
			Junior Moulton
			Dan Ersery
			Missy Loos
5/1-3/2013	Life Services Network	2013 LSN Annual Meeting & Exhibition	Mike Duffy
			Missy Loos
			Sarah Riggs
4/30/2013 & 5/	Life Services Network	Finding Your Authentic Leadership Voice	Mike Duffy
8/6-7/2013		Building & Leading Teams	
4/20/2013	IL Conference Western Assoc UCC	Western Assoc. Spring Meeting	James Riley
4/25/2013	Progressive Business Executive Education	Wellness Programs & Health Reform! New 2013 Updates You Need to Know	Oneta Crowe

			Missy Loos
5/20/2013	IL Conference of UCC	Western Assoc Boundary Training Event	James Riley
5/7/2013	TriState Health Care Coalition	Healthcare Reform Learning Network	Judy Graham
	Quincy Area Chamber of Commerce		
6/12-13/2013	IL Nursing Home Administrators Assoc.	June Conference	Oneta Crowe
6/18/2013	Pathway Health	QAPI Operational zed Is Your Facility Prepared	Oneta Crowe
			Tina Kroeger
			Annie Hildebrand
7/9/2013	Pathway Health	Quality & Compliance Series: A True Restorative Program Back to the Heart of Nursing	Oneta Crowe
7/17/2013	Life Services Network	Dealing with Clinical Status Change in LTC Residents	Oneta Crowe
8/14/2013	Life Services Network	Communicating with Your Hospitals: Interact Resident Transfer Forms	Oneta Crowe
9/18/2013	Life Services Network	Exceptional Tools for Advance Care Planning: Interact & Polst	Oneta Crowe
7/19/2013	Action Pact	Conversations with Carmen Regulatory Support for the Elimination of Alarms	Oneta Crowe
9/25-27/2013	IL Activity Professionals Assoc.	34th Annual Conference Bringing Balance	Sally Hodgson
			Betty Darrow

			Jessica Glover
			Sande Jenkins
			Chanee Aden
11/21/2013	Fred Pryor Seminars	Basic Supervision	Tiffany Nowacki

9/19/2013	HCPPro Long Term Care	Making Chair Alarms Extinct: Strategies for Removal & Resident Safety	Annie Hildebrand
			Tina Kroeger
			Brenda Krutmeier
			Danielle Miller
			Debbie Willis
			Kim Knotts
			Veronica Nichols
9/25/2013	Brag	Fall Workshop	Tammy Collins
	TOTAL		
	Add back last year out of period		
10/2/2012	Blessing Hospital	2012 Fall Wound Conference	Jill Zwick
10/24-26/2012	Illinois Activity Professionals Assoc.	33rd Annual Conference	Sally Hodgson
10/8-10/2012	Illinois Pioneer Coalition	9th Annual Illinois Pioneer Coalition Summit	Sarah Riggs
			Vickie Althaus
			Cristy Fuller
			Betty Darrow
			Kelsey Bennett
			Valerie Stephens

	Adjusted Seminar Expenses		

JOB CLASS	LOCATION	FEE
Medical Records	Springfield, IL	\$538.00
Director of Nursing		
Patient Accounts	Quincy, IL	\$99.00
Social Service	Quincy, IL	\$99.00
Social Service		
Resident Care Coord		
Association Administrator	Quincy, IL	\$10.00
Administrator	Quincy, IL	\$99.00

Development Director	Quincy, IL	\$20.00	C
Development Director	Quincy, IL	\$10.00	C
Patient Accounts	Quincy, IL	\$99.00	
Clinical Services Administrator			
Rehab			
Maintenance Director	Quincy, IL	\$258.95	
Maintenance			
Housekeeping Director			
Maintenance			
Clinical Services Administrator			
Social Service	Quincy, IL	\$115.00	
Social Service			
Social Service Director			
Social Service			

Social Service		
Resident Care Coord		
Director of Nursing		
Assist Director of Nursing		
AL Manager		
Clinical Services Administrator		

C

Assist Director of Nursing	Quincy, IL	\$129.00
Director of Nursing		
Social Service Director		
Admissions		
Clinical Services Administrator		
Assoc. Administrator	Quincy, IL	\$169.00
	Springfield, IL	
Clinical Services Administrator	Quincy, IL	\$895.00
Maintenance Director		
Maintenance		
Maintenance		
Human Resources		
Administrator	Chicago, IL	\$2,311.56
Human Resources		
Food Service Director		
Administrator	Chicago, IL	\$2,898.28
Chaplain	Ursa, IL	\$10.00
Clinical Services Administrator	Quincy, IL	\$199.00

Human Resources		
Chaplain	Quincy, IL	\$15.00
Assoc Administrator	Quincy, IL	\$20.00
Clinical Services Administrator	Peoria, IL	\$316.76
Clinical Services Administrator	Quincy, IL	\$79.00
Director of Nursing		
Assist Director of Nursing		
Clinical Services Administrator	Quincy, IL	\$79.00
Clinical Services Administrator	Quincy, IL	\$199.00
Clinical Services Administrator	Quincy, IL	
Clinical Services Administrator	Quincy, IL	
Clinical Services Administrator	Quincy, IL	\$99.00
Activities Director	Springfield, IL	\$650.00
Assist Activities Director		

Activity Aide		
Activity Aide		
Activity Aide		
Social Service Director	Quincy, IL	\$149.00 B

Assist Director of Nursing	Quincy, IL	\$199.00
Director of Nursing		
Resident Care Coord		
Activity Aide	Mendon, IL	\$16.32
		\$9,781.87
Out of State Seminar over 50 Miles	A	\$0.00
Out of Period Seminar	B	(\$149.00)
Non-Allowable Seminar	C	(\$30.00)
Resident Care Coordinator	Quincy, IL	\$40.00
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		

		\$10,802.87

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Good Samaritan Home# 0009258

Report Period Beginning:

10/01/12

Ending:

09/30/2013**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 \$16,457 CHHS\$9,191
- (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? 9.7
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 75,108 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. \$ 454,638
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 81,858
- (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	1,084,004	63,675	29,111	1,176,790	0	1,176,790	0	1,176,790
2. Food Purchase	0	892,026	0	892,026	0	892,026	-90,320	801,706
3. Housekeeping	343,853	56,862	36,313	437,028	0	437,028	-2,270	434,758
4. Laundry	157,766	0	13,636	171,402	0	171,402	0	171,402
5. Heat and Other Utilities	0	0	375,874	375,874	0	375,874	0	375,874
6. Maintenance	309,998	72,302	221,386	603,686	0	603,686	-366	603,320
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,895,621	1,084,865	676,320	3,656,806	0	3,656,806	-92,956	3,563,850
9. Medical Director	0	0	3,415	3,415	0	3,415	0	3,415
10. Nursing & Medical Records	4,812,439	297,356	23,053	5,132,848	0	5,132,848	0	5,132,848
10a. Therapy	0	4,181	486,220	490,401	0	490,401	0	490,401
11. Activities	188,713	3,467	11,052	203,232	0	203,232	0	203,232
12. Social Services	179,996	5,342	583	185,921	0	185,921	0	185,921
13. Nurse Aide Training	0	0	18,240	18,240	0	18,240	0	18,240
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	5,181,148	310,346	542,563	6,034,057	0	6,034,057	0	6,034,057
17. Administrative	245,445	0	0	245,445	0	245,445	0	245,445
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	71,806	71,806	0	71,806	-4,692	67,114
20. Fees, Subscriptions & Promotion	0	0	57,796	57,796	0	57,796	-987	56,809
21. Clerical & General Office	571,796	77,760	231,275	880,831	0	880,831	-70,681	810,150
22. Employee Benefits & Payroll	0	0	1,996,042	1,996,042	0	1,996,042	0	1,996,042
23. Inservice Training & Education	0	0	1,628	1,628	0	1,628	0	1,628
24. Travel and Seminar	0	0	9,782	9,782	0	9,782	1,021	10,803
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	109,899	109,899	0	109,899	0	109,899
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	817,241	77,760	2,478,228	3,373,229	0	3,373,229	-75,339	3,297,890
29. Total General Administrative	7,894,010	1,472,971	3,697,111	13,064,092	0	13,064,092	-168,295	12,895,797
30. Depreciation	0	0	1,082,958	1,082,958	0	1,082,958	-8,184	1,074,774
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	318,869	318,869	0	318,869	0	318,869
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	1,401,827	1,401,827	0	1,401,827	-8,184	1,393,643	
38. Medically Necessary T	0	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	182,434	0	182,434	0	182,434	0	182,434	
40. Barber and Beauty Shop	67,506	3,759	159	71,424	0	71,424	0	71,424	
41. Coffee and Gift Shops	21,054	31,799	0	52,853	0	52,853	0	52,853	
42	0	0	454,638	454,638	0	454,638	0	454,638	
43. Other (specify):*	239,263	0	936,460	1,175,723	0	1,175,723	-1,175,723	0	
44. Total Special Cost Ce	327,823	217,992	1,391,257	1,937,072	0	1,937,072	-1,175,723	761,349	
45. Grand Total	8,221,833	1,690,963	6,490,195	16,402,991	0	16,402,991	-1,352,202	15,050,789	

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	680,463	680,463
2. Cash - Patient Deposits	36,247	36,247
3. Accounts & Notes Receivable	2,225,696	2,225,696
4. Supply Inventory	0	0
5. Short-Term Investments	858,836	858,836
6. Prepaid Insurance	197,335	197,335
7. Other Prepaid Expenses	11,303	11,303
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	26,555	26,555
10. Total current assets	4,036,435	4,036,435
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	23,818,612	23,818,612
13. Land	444,649	444,649
14. Buildings, at Historical Cost	26,288,073	26,207,883
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	2,664,863	2,664,863
17. Accumulated Depreciation (book methods)	#####	-10,946,143
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):	270,066	270,066
23. other (specify):	11,498,110	11,498,110
24. Total Long-Term Assets	53,968,519	53,958,040
25. Total Assets	58,004,954	57,994,475
CURRENT LIABILITIES		
26. Accounts Payable	810,251	810,251
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	35,930	35,930
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	703,545	703,545
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	20,437	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):	211,495	211,495

37. Other Current Liabilities (specify):	3,172,207	3,172,207
38. Total Current Liabilities	4,953,865	4,933,428
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	7,915,374	7,915,374
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	7,915,374	7,915,374
46.Total Liabilities	12,869,239	12,848,802
47.Total Equity	45,135,715	45,145,673
48.Total Liabilities and Equity	58,004,954	57,994,475

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	12,039,620
2. Discounts and Allowances for all Levels	-2,393,339
Subtotal - Inpatient Care	9,646,281
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,039,480
7. Oxygen	4,660
Subtotal - Anciliary Revenue	1,044,140
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	34,711
13. Barber and Beauty Care	60,521
14. Non-Patient Meals	81,858
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	362,249
18. Sale of Supplies to Non-Patients	0
19. Laboratory	23,936
20. Radiology and X-Ray	20,971
21. Other Medical Services	116,353
22. Laundry	0
Subtotal - Other Operating Revenue	700,599
24. Contributions	109,228
25. Interest and Other Investments Income	3,337,167
Subtotal - Non-Operating Revenue	3,446,395
27. Other Revenue (specify):	50,494
28. Other Revenue (specify):	3,137,848
Subtotal - Other Revenue	3,188,342
30. Total Revenue	18,025,757
31. General Services	3,656,806
32. Health Care	6,034,057
33. General Administration	3,373,229
34. Ownership	1,401,827

35. Special Cost Centers	1,482,434
35. Provider Participation Fee	454,638
37. Other	0
40. Total Expenses	16,402,991
41. Income Before Income Taxes	1,622,766
42. Income Taxes	0
43. Net Income or Loss for the Year	1,622,766