

Facility Name & ID Number Snyder Village

0033647 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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	104	Skilled (SNF)	104	37,960	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	37,960	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	8,562	19,657	4,853	33,072	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,562	19,657	4,853	33,072	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.12%

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 4,328

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	397,575	21,871	7,510	426,956		426,956	(12,202)	414,754		1
2	Food Purchase		345,323		345,323		345,323	(95,033)	250,290		2
3	Housekeeping	169,789	30,506	642	200,937		200,937		200,937		3
4	Laundry	85,022	16,935		101,957		101,957		101,957		4
5	Heat and Other Utilities			121,378	121,378		121,378		121,378		5
6	Maintenance	197,110	34,351	16,234	247,695		247,695	(45,806)	201,889		6
7	Other (specify):* Waste Removal			4,603	4,603		4,603		4,603		7
8	TOTAL General Services	849,496	448,986	150,367	1,448,849		1,448,849	(153,041)	1,295,808		8
	B. Health Care and Programs										
9	Medical Director			546	546		546		546		9
10	Nursing and Medical Records	2,601,519	165,764	242,267	3,009,550		3,009,550	(18,171)	2,991,379		10
10a	Therapy	32,266	3,859	472,735	508,860		508,860	(5,139)	503,721		10a
11	Activities	151,096	16,834	565	168,495		168,495	8,305	176,800		11
12	Social Services	82,056	1,000	3,435	86,491		86,491		86,491		12
13	CNA Training			1,250	1,250		1,250		1,250		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,866,937	187,457	720,798	3,775,192		3,775,192	(15,005)	3,760,187		16
	C. General Administration										
17	Administrative	203,486			203,486		203,486	(68,640)	134,846		17
18	Directors Fees										18
19	Professional Services			91,551	91,551		91,551		91,551		19
20	Dues, Fees, Subscriptions & Promotions			21,279	21,279		21,279	(1,745)	19,534		20
21	Clerical & General Office Expenses	276,368	28,878	33,240	338,486		338,486	(172,539)	165,947		21
22	Employee Benefits & Payroll Taxes			872,619	872,619		872,619		872,619		22
23	Inservice Training & Education			2,970	2,970		2,970		2,970		23
24	Travel and Seminar			20,652	20,652		20,652		20,652		24
25	Other Admin. Staff Transportation			3,233	3,233		3,233		3,233		25
26	Insurance-Prop.Liab.Malpractice			59,275	59,275		59,275		59,275		26
27	Other (specify):*										27
28	TOTAL General Administration	479,854	28,878	1,104,819	1,613,551		1,613,551	(242,924)	1,370,627		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,196,287	665,321	1,975,984	6,837,592		6,837,592	(410,970)	6,426,622		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:

1/1/2013

Ending:

12/31/13

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			289,094	289,094	289,094	(5,402)	283,692				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,346	22,346	22,346	(4,381)	17,965				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,589	11,589	11,589		11,589				35
36	Other (specify):*											36
37	TOTAL Ownership			323,029	323,029	323,029	(9,783)	313,246				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		126,164	705	126,869	126,869		126,869				39
40	Barber and Beauty Shops			17	17	17		17				40
41	Coffee and Gift Shops		3,547		3,547	3,547	(3,156)	391				41
42	Provider Participation Fee			229,632	229,632	229,632		229,632				42
43	Other (specify):* See Sch IV	155,309		125,265	280,574	280,574	(260,690)	19,884				43
44	TOTAL Special Cost Centers	155,309	129,711	355,619	640,639	640,639	(263,846)	376,793				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,351,596	795,032	2,654,632	7,801,260	7,801,260	(684,599)	7,116,661				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 Snyder Village

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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	(87,275)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,453)	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	(5,402)	30		9
10	Interest and Other Investment Income	(4,381)	32		10
11	Discounts, Allowances, Rebates & Refunds	(2,152)	2		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	(145)	20		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	3,308	43		24
25	Fund Raising, Advertising and Promotional	(236,048)	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	(347,051)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (684,599)		\$	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))	\$ (684,599)		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

Snyder Village

ID# 0033647

Report Period Beginning: 1/1/2013

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow Flowers	\$ (1,400)	43	1
2	Offset Service Fee income - Administrative	(68,640)	17	2
3	Offset Service Fee income - Marketing/fundraising	(21,097)	43	3
4	Offset Service Fee income/exp - Activities	8,305	11	4
5	Offset Service Fee income - Dietary	(12,202)	1	5
6	Offset Service Fee income - Maintenance	(45,806)	6	6
7	Offset Service Fee income - Therapy	(5,139)	10a	7
8	Offset Service Fee income - Nursing	(18,171)	10	8
9	Offset Service Fee income - Administrative	(171,013)	21	9
10	Offset Misc. Other Revenue	(1,600)	20	10
11	Offset Vending Machine income	(3,156)	41	11
12	Offset Misc. Other Revenue	(5,606)	2	12
13	Offset Misc. Other Revenue	(1,526)	21	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		(347,051)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Snyder Village# 0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	(12,202)	0	0	0	0	0	0	0	0	0	0	(12,202)	1
2	Food Purchase	(95,033)	0	0	0	0	0	0	0	0	0	0	(95,033)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	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	(45,806)	0	0	0	0	0	0	0	0	0	0	(45,806)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(153,041)	0	(153,041)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(18,171)	0	0	0	0	0	0	0	0	0	0	(18,171)	10
10a	Therapy	(5,139)	0	0	0	0	0	0	0	0	0	0	(5,139)	10a
11	Activities	8,305	0	0	0	0	0	0	0	0	0	0	8,305	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	TOTAL Health Care and Programs	(15,005)	0	(15,005)	16									
	C. General Administration													
17	Administrative	(68,640)	0	0	0	0	0	0	0	0	0	0	(68,640)	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	(1,745)	0	0	0	0	0	0	0	0	0	0	(1,745)	20
21	Clerical & General Office Expenses	(172,539)	0	0	0	0	0	0	0	0	0	0	(172,539)	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	TOTAL General Administration	(242,924)	0	(242,924)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(410,970)	0	(410,970)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyder Village# 0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(5,402)	0	0	0	0	0	0	0	0	0	0	(5,402)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,381)	0	0	0	0	0	0	0	0	0	0	(4,381)	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	TOTAL Ownership	(9,783)	0	0	0	0	0	0	0	0	0	0	(9,783)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(3,156)	0	0	0	0	0	0	0	0	0	0	(3,156)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(260,690)	0	0	0	0	0	0	0	0	0	0	(260,690)	43
44	TOTAL Special Cost Centers	(263,846)	0	0	0	0	0	0	0	0	0	0	(263,846)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(684,599)	0	0	0	0	0	0	0	0	0	0	(684,599)	45

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
See Page 6-Supp						

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	Total			\$			\$	\$ *	14

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

Facility Name & ID Number

Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	Lois Lampe	0						4
5	Judy Winkler - Treasurer	0						5
6	Cheryl Harper - Secretary	0						6
7	Tammy Waterworth	0						7
8	Julie Bowald	0						8
9	Bill Christ	0						9
10	Kevin Brinkman	0						10
11	Tom Brock	0						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

Facility Name & ID Number Snyder Village # 0033647 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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	\$ 12,555	L6, C1	1
2	Keith Swartzentruber	Board Mbr/Exec Dir	Administrative	0.00	N/A	25	50.00	wages	114,486	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	\$ 127,041		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

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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	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Commerce Bank		X	Building	\$12,758.00	8/1/87	\$ 3,450,000	\$ 346,486	9/1/26	0.0507	\$ 6,302	1						
2	CDAP Village Metamora		X	Building	\$4,340.00	Various	614,000	16,592	Various	0.0375	1,060	2						
3	Goodfield State Bank		X	Building	\$1,700.00	12/1/12	300,000	288,016	12/1/27	0.0325	9,682	3						
4												4						
5												5						
Working Capital																		
6	Gift Annuity		X	Building	\$510.00	Various	84,000	36,077	Various	0.0675	5,302	6						
7												7						
8												8						
9	TOTAL Facility Related				\$19,308.00		\$ 4,448,000	\$ 687,171			\$ 22,346	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (4,381)	14						
15	TOTALS (line 9+line14)						\$ 4,448,000	\$ 687,171			\$ 17,965	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.)

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

B. Real Estate Taxes

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2012 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>	<u>8</u>
	2009	<u>N/A</u>	<u>9</u>
	2010	<u>N/A</u>	<u>10</u>
	2011	<u>N/A</u>	<u>11</u>
	2012	<u>N/A</u>	<u>12</u>
This facility is owned by a non-profit organization. Real estate taxes are not assessed due to the tax exempt status of the facility. Therefore, no accrual for the real estate tax is required.			

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2012	\$
14	PLUS APPEAL COST FROM LINE 5	\$
15	LESS REFUND FROM LINE 6	\$
16	AMOUNT TO USE FOR RATE CALCULATION	\$

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 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 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)	(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.			\$	\$
		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 Snyder Village

0033647 Report Period Beginning:

1/1/2013 Ending:

12/31/13

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 Ft²
- Snyder Village Retirement Community Cottages - 157 Cottages @ 300,000 Ft²
- Snyder Village Assisted Living - 41 Apartments @ 21,000 Ft²

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	TOTALS	<u>155,422</u>		<u>\$ 44,300</u>	3

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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		\$ 1,093,234	4
5			1992	1992	127,495	2,833	45	2,833		61,148	5
6			1992	1992	33,830	1,353	25	1,353		28,640	6
7	18		1994	1994	600,872	13,353	45	13,353		264,832	7
8	26		1994	1994	1,256,597	27,924	45	27,924		532,886	8
	Improvement Type**										
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		20			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		24,371	19
20		Services Windows		1995	201,662	4,481	45	4,481		82,398	20
21		Landscaping		1995	13,848	692	20	692		10,976	21
22		Canopy		1995	1,102	55	20	55		995	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		16,466	25
26		Tower		1996	7,360	368	20	368		6,501	26
27		Door Open		1996	3,344		10			3,344	27
28		Landscaping		1997	1,500	75	20	75		1,238	28
29		Front Door Wiring		1997	1,396	70	20	70		1,177	29
30		Kelly Glass		1998	3,527	176	20	176		2,817	30
31		MTCO Phone System		1998	18,914	757	25	757		10,606	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	171	4	2,510	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 & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	\$ 4,901	37
38	Blacktop	2000	21,736	1,087	20	1,087		14,221	38
39	Sunroom	2000	86,410	1,920	45	1,920		25,917	39
40	Generator	2000	36,206	1,810	20	1,810		24,361	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		208,928	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		3,149	48
49	Blacktop	2001	12,054	603	20	603		7,337	49
50	Roof	2002	36,779	2,452	15	2,452		28,403	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		1,899	57
58	Water Heater	2005	4,240	424	10	424		3,639	58
59	Therapy room door	2005	755		5			755	59
60	Hall 1 Nurses Station	2005	9,010	451	20	451		3,720	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)		63
64	Heat pump	2006	4,981	498	10	498		3,860	64
65	Air conditioning unit	2006			5				65
66	Heat pump	2006	4,260	426	10	426		3,123	66
67	Hall carpeting	2006	21,377	2,959	10	2,138	(821)	19,809	67
68	Sidewalk	2006		45	20		(45)		68
69	Alarm system	2007	3,304		5			3,304	69
70	TOTAL (lines 4 thru 69)		\$ 5,384,833	\$ 127,520		\$ 126,799	\$ (721)	\$ 2,607,140	70

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

Facility Name & ID Number Snyder Village

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,384,833	\$ 127,520		\$ 126,799	\$ (721)	\$ 2,607,140	1
2	Heat pump	2007	9,181	918	10	918		6,424	2
3	Hall 2 flooring	2007		2,747	10		(2,747)		3
4	Front signage	2008	15,386	1,539	10	1,539		8,079	4
5	Blacktop	2008	15,488	774	20	774		3,997	5
6	Heat Pump	2008	10,609	1,061	10	1,061		5,835	6
7	Rm flooring, wall & window covering, wood work, windows	2009	40,354	2,018	20	2,018		8,575	7
8	Energy management system controls	2009	19,344	1,934	10	1,934		9,665	8
9	Plumbing & sprinkler system	2009	21,157	2,294	10	2,116	(178)	10,394	9
10	Thermo systems	2009		181	10		(181)		10
11	Fencing	2009		91	10		(91)		11
12	Courtyard landscaping	2009	2,539	254	10	254		1,079	12
13	Window blinds for dining room	2009		266	5		(266)		13
14	Cable TV wiring	2009	33,168	4,146	8	4,146		17,266	14
15	Heat Pump	2010	16,061	1,606	10	1,606		5,487	15
16	Motion Detector & Electrical Fixtures	2010	9,081	908	10	908		3,179	16
17	Blacktop	2010	27,905	1,395	20	1,395		4,885	17
18	Schrepfer front door	2010	3,766	377	10	377		1,225	18
19	Fire system	2010		402	5		(402)		19
20	Heat Pump halls 1, 2, 3	2011	10,345	1,035	10	1,035		3,017	20
21	Health Center Hall I Room Design/Drawings/Engineering	2011	13,665	1,367	10	1,367		3,984	21
22	Wall mounted shadow box & bulletin board	2011	2,528	253	10	253		737	22
23	Light fixtures, switches, outlets, breakers, wiring	2011	36,050	1,442	25	1,442		4,204	23
24	Toilets, sinks, faucets, piping, grab bar, lav top	2011	9,847	393	25	393		1,146	24
25	Corner & medicine cabinet, headboards	2011	9,053	905	10	905		2,638	25
26	Wall studs, wall board, paint, trim & guards	2011	6,120	245	25	245		714	26
27	Curtains w/track	2011	3,386	339	10	339		988	27
28	Chair rail & oak light boxes	2011	6,234	249	25	249		726	28
29	Window blinds & valances	2011	8,247	330	25	330		962	29
30	Wall protection 4'x8' sheets for resident rooms	2011	26,660	1,066	25	1,066		2,687	30
31	Health Center Hall I Dining Rm Design/Drawings/Engineering	2011	124,070	2,757	45	2,757		6,949	31
32	Dining room flooring	2011	20,000	800	25	800		2,016	32
33	Hall 1 & 13 resident room flooring	2011	22,900	916	25	916		2,309	33
34	TOTAL (lines 1 thru 33)		\$ 5,907,977	\$ 162,528		\$ 157,942	\$ (4,586)	\$ 2,726,307	34

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

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	\$ 162,528		\$ 157,942	\$ (4,586)	\$ 2,726,307	1
2	Dining rm exhaust hood & fan	2011	5,408	216	25	216		545	2
3	Dining rm cabinetry & counter top	2011	7,688	769	10	769		1,938	3
4	Dining rm constr:walls-windows-doors,heat-a/c,plumbing,electrica	2011	463,862	11,490	45	10,674	(816)	26,904	4
5	Hall 2 fencing	2011	2,996	300	10	300		763	5
6	Sprinkler system improvements	2011	30,617	3,062	10	3,062		6,762	6
7	Two heat pumps	2011	4,991	499	10	499		1,258	7
8	Garbage Disposal	2011	2,684	537	5	537		1,252	8
9	Kitchen heat pump	2011	5,140	514	10	514		1,198	9
10	WI FI	2012	12,791	1,599	8	1,599		3,198	10
11	Sprinkler Heads	2012	12,531	1,253	10	1,253		2,506	11
12	Fire Supression Hall 1 & 2	2012	6,582	658	10	658		1,206	12
13	Hall 3 Remodeling - flooring, fixtures, electrical, wallpaper, painti	2012	180,019	7,201	25	7,201		13,202	13
14	Sprinkler system repair	2012	2,913	582	15	582		825	14
15	Heat Pumps	2012	4,655	466	10	466		606	15
16	Landscaping / Drainage work	2012	1,606	80	20	80		93	16
17	Front Entry Way redesign, Energy Efficient Double Door Entry, F	2013	44,485	1,335	25	1,335		1,335	17
18	Hall 4 Renovation- New flooring, rewiring, Heat Pumps, Lighting,	2013	136,756	2,735	25	2,735		2,735	18
19	Front Entry Way - Lobby flooring and molding	2013	1,925	58	25	58		58	19
20	Hall 4 Flooring	2013	11,545	577	10	577		577	20
21	Roof Replacement	2013	11,765	196	20	196		196	21
22	Nurses Station Flooring	2013	12,699	106	10	106		106	22
23	4 new Heat Pumps	2013	9,026	584	10	584		584	23
24	Blacktop Parking lot	2013	32,917	274	20	274		274	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)		\$ 6,913,578	\$ 197,619		\$ 192,217	\$ (5,402)	\$ 2,794,428	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	\$ 549,923	\$ 81,006	\$ 81,006	\$	various	\$ 365,174	71
72	Current Year Purchases	136,720	9,331	9,331		3-10 yrs	9,331	72
73	Fully Depreciated Assets	857,346				various	857,346	73
74								74
75	TOTALS	\$ 1,543,989	\$ 90,337	\$ 90,337	\$		\$ 1,231,851	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	1,138	1,138	\$	4	\$ 4,449	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	\$ 1,138	\$ 1,138	\$		\$ 85,922	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)	\$ 8,587,888	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 289,094	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 283,692	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (5,402)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,112,201	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	\$ 39,474	92
93			93
94			94
95		\$ 39,474	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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	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 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 11,589 Description: Postage Meter \$791; Copier \$10,798

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>N/A</u>				18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

Facility Name & ID Number Snyder Village # 0033647 Report Period Beginning: 1/1/2013 Ending: 12/31/13
 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>96</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	\$	\$ 1,250	\$	\$ 1,250
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 1,250	\$	\$ 1,250
10	SUM OF line 9, col. 1 and 2 (e)	\$	1,250		

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	4,073	\$ 172,488	\$ 137	4,073	\$ 172,625	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,096	82,065		1,096	82,065	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2,3)	hrs		5,922	211,630	3,548	5,922	215,178	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 prescripts				126,164		126,164	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)	444		11,127		174	444	11,301	12
13	Other (specify):									13
14	TOTAL			\$ 11,127	11,091	\$ 466,183	\$ 130,023	11,535	\$ 607,333	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: 1/1/2013

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 640,807	\$ 640,807	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>39,505</u>)	892,700	892,700	3
4	Supply Inventory (priced at <u>FIFO</u>)	28,270	28,270	4
5	Short-Term Investments			5
6	Prepaid Insurance	164,110	164,110	6
7	Other Prepaid Expenses	3,138	3,138	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Intercompany Receivable</u>	875,086	875,086	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,604,111	\$ 2,604,111	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,600,847	1,600,847	12
13	Land	44,300	44,300	13
14	Buildings, at Historical Cost	7,094,270	6,913,578	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,334,739	1,630,010	16
17	Accumulated Depreciation (book methods)	(3,849,746)	(4,112,201)	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>	39,474	39,474	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,263,884	\$ 6,116,008	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,867,995	\$ 8,720,119	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 247,933	\$ 247,933	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	260,783	260,783	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,912	25,912	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
	Other Current Liabilities(specify):			
36	<u>See Page 17A</u>	103,704	103,704	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 638,332	\$ 638,332	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	687,171	687,171	39
40	Mortgage Payable			40
41	Bonds Payable			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)	\$ 687,171	\$ 687,171	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,325,503	\$ 1,325,503	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,542,492	\$ 7,394,616	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,867,995	\$ 8,720,119	48

*(See instructions.)

Snyder Village

Period Beginning 1/1/2013
Period End 12/31/13

Schedule 17A

XV. BALANCE SHEET

Line 36- Other Current Liabilities

	<u>Operating</u>	<u>After Consolidation</u>
Other Accrued Liabilities	2,953	2,953
Employee Benefits Payable	84,351	84,351
LSN Assessment Accrual	16,400	16,400
	<u>103,704</u>	<u>103,704</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,681,185	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,681,185	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	861,307	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)	\$ 861,307	17
B. Transfers (Itemize):			
18			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)	\$ 7,542,492	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning: 1/1/2013

Ending:

12/31/13

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	\$ 7,243,602	1
2	Discounts and Allowances for all Levels	(1,732,056)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,511,546	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,654,675	6
7	Oxygen	82,901	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,737,576	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	3,156	12
13	Barber and Beauty Care	4,836	13
14	Non-Patient Meals	87,275	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	260,548	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	24,342	20
21	Other Medical Services	135,608	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 515,765	23
D. Non-Operating Revenue			
24	Contributions	476,907	24
25	Interest and Other Investment Income***	40,248	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 517,155	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Service Fee Income	333,763	28
28a	See Pg 19A	46,762	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 380,525	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,662,567	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,448,849	31
32	Health Care	3,775,192	32
33	General Administration	1,613,551	33
B. Capital Expense			
34	Ownership	323,029	34
C. Ancillary Expense			
35	Special Cost Centers	411,007	35
36	Provider Participation Fee	229,632	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,801,260	40
41	Income before Income Taxes (line 30 minus line 40)**	861,307	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 861,307	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 992,128	44
45	Private Pay - Net Inpatient Revenue	4,293,880	45
46	Medicare - Net Inpatient Revenue	199,531	46
47	Other-(specify) <u>Medicare C / Insurance</u>	26,007	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,511,546	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 1/1/2013
Period End 12/31/13

Schedule 19A

Amount

XVII. INCOME STATEMENT

Line 28a- Other Income

Van Income	11,713
Miscellaneous Income	32,897
Purchase Rebates	<u>2,152</u>
Total	<u>46,762</u>

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2013

Ending:

12/31/13

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	1,836	2,080	\$ 82,864	\$ 39.84	1
2	Assistant Director of Nursing	1,726	1,889	61,565	32.59	2
3	Registered Nurses	17,504	18,822	497,257	26.42	3
4	Licensed Practical Nurses	22,457	24,887	530,744	21.33	4
5	CNAs & Orderlies	85,613	93,059	1,254,313	13.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,876	2,064	32,266	15.63	8
9	Activity Director	1,824	2,080	36,735	17.66	9
10	Activity Assistants	8,441	9,216	106,092	11.51	10
11	Social Service Workers	4,459	4,981	82,056	16.47	11
12	Dietician	3,242	3,682	70,557	19.16	12
13	Food Service Supervisor	1,744	1,945	31,023	15.95	13
14	Head Cook					14
15	Cook Helpers/Assistants	26,679	28,902	295,995	10.24	15
16	Dishwashers					16
17	Maintenance Workers	9,493	10,255	197,110	19.22	17
18	Housekeepers	13,454	14,888	169,789	11.40	18
19	Laundry	6,660	7,474	85,022	11.38	19
20	Administrator	1,896	2,080	89,000	42.79	20
21	Assistant Administrator					21
22	Other Administrative	1,792	2,080	114,486	55.04	22
23	Office Manager	1,832	2,080	61,428	29.53	23
24	Clerical	11,820	12,697	214,940	16.93	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	14,145	15,198	338,354	22.26	33
34	TOTAL (lines 1 - 33)	238,493	260,359	\$ 4,351,596 *	\$ 16.71	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	150	\$ 6,654	L1, C3	35
36	Medical Director	5	546	L9, C3	36
37	Medical Records Consultant	36	2,340	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,730	L10, C3	39
40	Physical Therapy Consultant	52	3,537	L10a, C3	40
41	Occupational Therapy Consultant	9	624	L10a, C3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	35	2,391	L10a, C3	43
44	Activity Consultant	11	495	L11, C3	44
45	Social Service Consultant	12	540	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	310	\$ 22,857		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,015	\$ 41,003	L10, C3	50
51	Licensed Practical Nurses	2,049	69,369	L10, C3	51
52	Certified Nurse Assistants/Aides	6,681	123,112	L10, C3	52
53	TOTAL (lines 50 - 52)	9,745	\$ 233,484		53

Snyder Village

Period Beginning 1/1/2013

Period End 12/31/13

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Care Plan Coordinator	3,547	3,735	102,443	27.43
Ward Clerk	3,567	3,934	56,665	14.40
Admission Nurse	723	723	15,668	21.67
Transportation	756	770	8,269	10.74
Development	4,052	4,482	122,544	27.34
Marketing	1,500	1,554	32,765	21.08
TOTAL	14,145	15,198	338,354	

Snyder Village

Period Beginning 1/1/2013
Period End 12/31/13

Schedule XIX C. Professional Fees

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Johnson, Bunce & Noble	Legal	1,621
Davis and Campbell, LLC	Legal	81
Ascensus	Pension Plan Admin	1,500
Petrov Lawrence Reed Insurance	Pension Plan	351
Frontier Trust Company	Pension Plan Fee	90
	Total	<u>3,643</u>

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

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

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning: 1/1/2013

Ending: 12/31/13

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. 7,908 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. \$ 35,650 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. \$ 229,632
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. \$ 87,275
- (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? 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.

FACILITY NAME: Snyder Village
ID # 0033647

BEGINNING: 1/1/2013
ENDING: 12/31/13

ATTACHED SCHEDULE I

SCHEDULE V - LINE 43 - SPECIAL COST CENTERS -OTHER

	Salary / Wages	Supplies	Other	Total
Laboratory/Xray			19,884	19,884
Non-Allowable costs	155,309		105,381	260,690
	<u>155,309</u>	-	<u>125,265</u>	<u>280,574</u>

FACILITY NAME: Snyder Village
 ID # 0033647

BEGINNING: 1/1/2013
 ENDING: 12/31/13

ATTACHED SCHEDULE III

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Job Title	Description	Travel Expenses					Seminar Exp
			Travel	Meals	Lodging	Out of St.	Total	
Ann Berkshier	RN	Alzheimer's Association					-	90.00
Krista Herring	DON	Alzheimer's Association					-	90.00
Marci Cook	Care Plan Coor.	Alzheimer's Association					-	90.00
Kim Sasso	Social Services	Alzheimer's Association					-	90.00
Cynthia Schlosser		Alzheimer's Association					-	90.00
Activities Staff		Alzheimer's Association					-	270.00
Ginger Light	Admission Coordinator	Multi-Dimensional Functional Screening					-	149.00
Krista Herring	DON	Multi-Dimensional Functional Screening					-	149.00
Krista Herring	DON	INR					-	81.00
RN	RN	INR					-	81.00
Sara Barrow	Nurse	IBP					-	79.00
	RN's	LSN - leading excellence in memory care					-	685.00
Tim Wiley	HC Admin	LSN					-	2,200.00
		ANFP - MEMBERSHIP RENEWAL					-	145.00
		Connie Biggs - Food Sanitation					-	110.00
		Connie Biggs - Food Sanitation					-	210.00
Diane Newswander	HR Director	Hotel Stay			187.59		187.59	
Department Heads		Camp Manitoumi - Manager Retreat			280.00		280.00	
		LSN					-	600.00
		AAIM Employers Assoc					-	175.00
		Eventbrite					-	25.00
		Eventbrite					-	25.00
		Eventbrite					-	25.00
		Eventbrite					-	25.00
		Eventbrite					-	25.00
		Meals 6/30/13		13.50			13.50	
		Meals 6/30/13		8.00			8.00	
		Meals 6/30/13		9.00			9.00	
		LSN - Legislative Awards Luncheon					-	40.00

FACILITY NAME: Snyder Village
 ID # 0033647

BEGINNING: 1/1/2013
 ENDING: 12/31/13

ATTACHED SCHEDULE III

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Job Title	Description	Travel Expenses					Seminar Exp
			Travel	Meals	Lodging	Out of St.	Total	
Tim Wiley	HC Admin	Hilton			348.18		348.18	
Tim Wiley	HC Admin	500 Davis St.		10.00			10.00	
Tim Wiley	HC Admin	Polaris					-	109.00
Kim Sasso & Tim Wiley		INR					-	162.00
Anne Eggers	Chef	Fred Pryor Seminars					-	199.00
Ronda Henry	Asst. Dietary Director	Fred Pryor Seminars					-	199.00
Marci Cook	Care Plan Coor.	Marriot Hotels			727.52		727.52	
Tim Wiley	HC Admin	Hilton - LSN			248.96		248.96	
Marci Cook	Care Plan Coor.	Hyatt Place			299.48		299.48	
Marci Cook	Care Plan Coor.	Hyatt Place			299.48		299.48	
Krista Herring	DON	Hilton - LSN			660.00		660.00	
Diane Newswander	HR Director	Webinar - Dr Zimmerman					-	49.00
Care Plan Coordinators		LSN					-	1,650.00
		LSN					-	199.00
		Meals		35.00			35.00	
		Polaris					-	109.00
		Cheesecake Factory - LSN		507.96			507.96	
		Embassy Suites - LSN			3,300.55		3,300.55	
		LSN					-	2,232.64
		Hilton - LSN			199.00		199.00	
Kevin Rauh	Board President	LSN Registration					-	329.22
Kevin Rauh	Board President	Hilton - LSN		122.97	859.35		982.32	
Keith Swartzentruber	Executive Director			12.42			12.42	
Keith Swartzentruber	Executive Director	Leading Age					-	99.00
Tim Wiley	HC Admin	Leading Age					-	99.00
Kevin Rauh	Board President	Meals		24.99			24.99	
Diane Newswander	HR Director	Dr. Allan Zimmerman					-	49.00
		PTS					-	550.00
		PTS					-	550.00

FACILITY NAME: Snyder Village
 ID # 0033647

BEGINNING: 1/1/2013
 ENDING: 12/31/13

ATTACHED SCHEDULE III

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Job Title	Description	Travel Expenses					Seminar Exp
			Travel	Meals	Lodging	Out of St.	Total	
		LSN - Webinars					-	190.00
		AAIM Employers Assoc - Diane N					-	175.00
			\$ -	\$ 743.84	\$ 7,410.11	\$ -	\$ 8,153.95	\$ 12,498.86

Total Travel & Seminar
90.00
90.00
90.00
90.00
90.00
270.00
149.00
149.00
81.00
81.00
79.00
685.00
2,200.00
145.00
110.00
210.00
187.59
280.00
600.00
175.00
25.00
25.00
25.00
25.00
25.00
13.50
8.00
9.00
40.00

Total Travel & Seminar
348.18
10.00
109.00
162.00
199.00
199.00
727.52
248.96
299.48
299.48
660.00
49.00
1,650.00
199.00
35.00
109.00
507.96
3,300.55
2,232.64
199.00
329.22
982.32
12.42
99.00
99.00
24.99
49.00
550.00
550.00

Total Travel & Seminar	
	190.00
	175.00
\$	20,652.81

FACILITY NAME: Snyder Village
ID # 0033647

BEGINNING: 1/1/2013
ENDING: 12/31/13

ATTACHED SCHEDULE IV

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Mileage reimbursement for allowable travel	2,995
Fuel and miscellaneous supplies	<u>238</u>
	<u><u>3,233</u></u>

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	397,575	21,871	7,510	426,956	0	426,956	-12,202	414,754
2. Food Purchase	0	345,323	0	345,323	0	345,323	-95,033	250,290
3. Housekeeping	169,789	30,506	642	200,937	0	200,937	0	200,937
4. Laundry	85,022	16,935	0	101,957	0	101,957	0	101,957
5. Heat and Other Utilities	0	0	121,378	121,378	0	121,378	0	121,378
6. Maintenance	197,110	34,351	16,234	247,695	0	247,695	-45,806	201,889
7. Other (specify)*	0	0	4,603	4,603	0	4,603	0	4,603
8. Total General Services	849,496	448,986	150,367	1,448,849	0	1,448,849	-153,041	1,295,808
9. Medical Director	0	0	546	546	0	546	0	546
10. Nursing & Medical Records	2,601,519	165,764	242,267	3,009,550	0	3,009,550	-18,171	2,991,379
10a. Therapy	32,266	3,859	472,735	508,860	0	508,860	-5,139	503,721
11. Activities	151,096	16,834	565	168,495	0	168,495	8,305	176,800
12. Social Services	82,056	1,000	3,435	86,491	0	86,491	0	86,491
13. Nurse Aide Training	0	0	1,250	1,250	0	1,250	0	1,250
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	2,866,937	187,457	720,798	3,775,192	0	3,775,192	-15,005	3,760,187
17. Administrative	203,486	0	0	203,486	0	203,486	-68,640	134,846
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	91,551	91,551	0	91,551	0	91,551
20. Fees, Subscriptions & Promotion	0	0	21,279	21,279	0	21,279	-1,745	19,534
21. Clerical & General Office	276,368	28,878	33,240	338,486	0	338,486	-172,539	165,947
22. Employee Benefits & Payroll	0	0	872,619	872,619	0	872,619	0	872,619
23. Inservice Training & Education	0	0	2,970	2,970	0	2,970	0	2,970
24. Travel and Seminar	0	0	20,652	20,652	0	20,652	0	20,652
25. Other Admin. Staff Trans	0	0	3,233	3,233	0	3,233	0	3,233
26. Insurance-Prop.Liab.Malpractice	0	0	59,275	59,275	0	59,275	0	59,275
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	479,854	28,878	1,104,819	1,613,551	0	1,613,551	-242,924	1,370,627
29. Total General Administrative	4,196,287	665,321	1,975,984	6,837,592	0	6,837,592	-410,970	6,426,622
30. Depreciation	0	0	289,094	289,094	0	289,094	-5,402	283,692
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	22,346	22,346	0	22,346	-4,381	17,965
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	11,589	11,589	0	11,589	0	11,589
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	323,029	323,029	0	323,029	-9,783	313,246
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	126,164	705	126,869	0	126,869	0	126,869
40. Barber and Beauty Shop	0	0	17	17	0	17	0	17
41. Coffee and Gift Shops	0	3,547	0	3,547	0	3,547	-3,156	391
42	0	0	229,632	229,632	0	229,632	0	229,632
43. Other (specify):*	155,309	0	125,265	280,574	0	280,574	-260,690	19,884
44. Total Special Cost Ce	155,309	129,711	355,619	640,639	0	640,639	-263,846	376,793
45. Grand Total	4,351,596	795,032	2,654,632	7,801,260	0	7,801,260	-684,599	7,116,661

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	640,807	640,807
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	892,700	892,700
4. Supply Inventory	28,270	28,270
5. Short-Term Investments	0	0
6. Prepaid Insurance	164,110	164,110
7. Other Prepaid Expenses	3,138	3,138
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	875,086	875,086
10. Total current assets	2,604,111	2,604,111
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	1,600,847	1,600,847
13. Land	44,300	44,300
14. Buildings, at Historical Cost	7,094,270	6,913,578
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	1,334,739	1,630,010
17. Accumulated Depreciation (book methods)	-3,849,746	-4,112,201
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):	39,474	39,474
24. Total Long-Term Assets	6,263,884	6,116,008
25. Total Assets	8,867,995	8,720,119
CURRENT LIABILITIES		
26. Accounts Payable	247,933	247,933
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	260,783	260,783
31. Accrued Taxes Payable	25,912	25,912
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):	103,704	103,704

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	638,332	638,332
LONG TERM LIABILITES		
39.Long-Term Notes Payable	687,171	687,171
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	687,171	687,171
46.Total Liabilities	1,325,503	1,325,503
47.Total Equity	7,542,492	7,394,616
48.Total Liabilities and Equity	8,867,995	8,720,119

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	7,243,602
2. Discounts and Allowances for all Levels	-1,732,056
Subtotal - Inpatient Care	5,511,546
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,654,675
7. Oxygen	82,901
Subtotal - Anciliary Revenue	1,737,576
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	3,156
13. Barber and Beauty Care	4,836
14. Non-Patient Meals	87,275
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	260,548
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	24,342
21. Other Medical Services	135,608
22. Laundry	0
Subtotal - Other Operating Revenue	515,765
24. Contributions	476,907
25. Interest and Other Investments Income	40,248
Subtotal - Non-Operating Revenue	517,155
27. Other Revenue (specify):	333,763
28. Other Revenue (specify):	46,762
Subtotal - Other Revenue	380,525
30. Total Revenue	8,662,567
31. General Services	1,448,849
32. Health Care	3,775,192
33. General Administration	1,613,551
34. Ownership	323,029

35. Special Cost Centers	411,007
35. Provider Participation Fee	229,632
37. Other	0
40. Total Expenses	7,801,260
41. Income Before Income Taxes	861,307
42. Income Taxes	0
43. Net Income or Loss for the Year	861,307