

Facility Name & ID Number ST JOSEPH NURSING HOME

0005637 Report Period Beginning: 7/1/2013 Ending: 6/30/2014

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 93

	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	<u>3</u>	Skilled (SNF)	<u>3</u>	<u>1095</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>90</u>	Intermediate (ICF)	<u>90</u>	<u>32850</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>93</u>	TOTALS	<u>93</u>	<u>33,945</u>	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	<u>0</u>	<u>0</u>	<u>2,101</u>	<u>2,101</u>	8
9	SNF/PED					9
10	ICF	<u>13,555</u>	<u>12,706</u>	<u>0</u>	<u>26,261</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>13,555</u>	<u>12,706</u>	<u>2,101</u>	<u>28,362</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.55%

D. How many bed-hold days during this year were paid by the Department? NONE (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)

Headstart Program and Sheriff's Department

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

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 5/7/1965

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 93 and days of care provided 13,555

Medicare Intermediary NGS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 7/1/13-6/31/14 Fiscal Year: 7/1/13-6/31/14

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

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	358,131		47,630	405,761		405,761	(3,414)	402,347		1
2	Food Purchase		297,162		297,162		297,162	(65,549)	231,613		2
3	Housekeeping	92,838	21,555		114,393		114,393		114,393		3
4	Laundry	85,374		5,528	90,902		90,902		90,902		4
5	Heat and Other Utilities			101,927	101,927		101,927	(3,768)	98,159		5
6	Maintenance	93,064		35,414	128,478		128,478		128,478		6
7	Other (specify):* miscellaneous			3,221	3,221		3,221		3,221		7
8	TOTAL General Services	629,407	318,717	193,720	1,141,844		1,141,844	(72,731)	1,069,113		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	2,062,202	113,357	6,585	2,182,144		2,182,144		2,182,144		10
10a	Therapy			129,610	129,610		129,610		129,610		10a
11	Activities	111,237	1,809	1,980	115,026		115,026		115,026		11
12	Social Services	45,045	277	2,490	47,812		47,812		47,812		12
13	CNA Training										13
14	Program Transportation			8,473	8,473		8,473		8,473		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,218,484	115,443	149,138	2,483,065		2,483,065		2,483,065		16
	C. General Administration										
17	Administrative	90,682			90,682		90,682		90,682		17
18	Directors Fees										18
19	Professional Services			103,818	103,818		103,818		103,818		19
20	Dues, Fees, Subscriptions & Promotions			13,865	13,865		13,865		13,865		20
21	Clerical & General Office Expenses	234,357	12,602	34,151	281,110		281,110	(7,947)	273,163		21
22	Employee Benefits & Payroll Taxes			648,969	648,969		648,969	(5,251)	643,718		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,844	14,844		14,844		14,844		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			39,680	39,680		39,680		39,680		26
27	Other (specify):*										27
28	TOTAL General Administration	325,039	12,602	855,327	1,192,968		1,192,968	(13,198)	1,179,770		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,172,930	446,762	1,198,185	4,817,877		4,817,877	(85,928)	4,731,949		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 ST JOSEPH NURSING HOME

#0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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			75,331	75,331		75,331		75,331			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			13,534	13,534		13,534	(13,534)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*							(310)	(310)			36
37	TOTAL Ownership			88,865	88,865		88,865	(13,844)	75,021			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			149,354	149,354		149,354		149,354			39
40	Barber and Beauty Shops			22,351	22,351		22,351		22,351			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			151,866	151,866		151,866		151,866			42
43	Other (specify):* Bad Debt Expense			182,281	182,281		182,281		182,281			43
44	TOTAL Special Cost Centers			505,852	505,852		505,852		505,852			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,172,930	446,762	1,792,902	5,412,594		5,412,594	(99,772)	5,312,822			45

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

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(36,636)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,947)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(13,534)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(7,612)	2		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				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				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (65,729)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (65,729)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

ST JOSEPH NURSING HOMEID# 0005637Report Period Beginning: 7/1/2013Ending: 6/30/2014

Sch. V Line

Reference

NON-ALLOWABLE EXPENSES

Amount

1	Sister's Portion of Dietary Costs	\$ (3,414)	1	1
2	Sister's Portion of Food Costs	(21,301)	2	2
3	Sister's Portion of Heat and Other Utilities	(3,768)	5	3
4	Sister's Portion of Employee Benefits in Meals	(5,251)	22	4
5	Sister's Portion of Depreciation Expense	(310)	36	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		(34,043)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ST JOSEPH NURSING HOME# 0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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	(3,414)	0	0	0	0	0	0	0	0	0	0	(3,414)	1
2	Food Purchase	(65,549)	0	0	0	0	0	0	0	0	0	0	(65,549)	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	(3,768)	0	0	0	0	0	0	0	0	0	0	(3,768)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(72,731)	0	(72,731)	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(7,947)	0	0	0	0	0	0	0	0	0	0	(7,947)	21
22	Employee Benefits & Payroll Taxes	(5,251)	0	0	0	0	0	0	0	0	0	0	(5,251)	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	(13,198)	0	(13,198)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(85,928)	0	(85,928)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ST JOSEPH NURSING HOME# 0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(13,534)	0	0	0	0	0	0	0	0	0	0	(13,534)	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):*	(310)	0	0	0	0	0	0	0	0	0	0	(310)	36
37	TOTAL Ownership	(13,844)	0	0	0	0	0	0	0	0	0	0	(13,844)	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	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(99,772)	0	0	0	0	0	0	0	0	0	0	(99,772)	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
THIS WORKSHEET IS NOT APPLICABLE						

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		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
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

ST JOSEPH NURSING HOME

0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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								1
2	THIS WORKSHEET IS NOT APPLICABLE							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

Facility Name & ID Number ST JOSEPH NURSING HOME # 0005637 Report Period Beginning: 7/1/2013 Ending: 6/30/2014

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	THIS WORKSHEET IS NOT APPLICABLE								\$	1
2										2
3										3
4										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 ST JOSEPH NURSING HOME

0005637

Report Period Beginning:

7/1/2013

Ending: 7/30/2014

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	THIS WORKSHEET IS NOT APPLICABLE								
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

ST JOSEPH NURSING HOME

0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	A. Directly Facility Related																
	Long-Term																
1	Bank of Lacon		X	Working Capital	\$1,484.03	11/15/13	\$ 400,000	\$ 302,803	11/15/16	4.0000	\$ 13,534	1					
2												2					
3												3					
4												4					
5												5					
	Working Capital																
6												6					
7												7					
8												8					
9	TOTAL Facility Related				\$1,484.03		\$ 400,000	\$ 302,803			\$ 13,534	9					
	B. Non-Facility Related*																
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$	14					
15	TOTALS (line 9+line14)						\$ 400,000	\$ 302,803			\$ 13,534	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2013 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.)		\$			2														
3. Under or (over) accrual (line 2 minus line 1).		\$			3														
4. Real Estate Tax accrual used for 2014 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:	2009 _____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$ _____</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$ _____</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$ _____</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$ _____</td> <td style="text-align: center;">16</td> </tr> </table>			FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$ _____	13	14	PLUS APPEAL COST FROM LINE 5 \$ _____	14	15	LESS REFUND FROM LINE 6 \$ _____	15	16	AMOUNT TO USE FOR RATE CALCULATION \$ _____	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$ _____	13																	
14	PLUS APPEAL COST FROM LINE 5 \$ _____	14																	
15	LESS REFUND FROM LINE 6 \$ _____	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$ _____	16																	
	2010 _____	9																	
	2011 _____	10																	
	2012 _____	11																	
	2013 _____	12																	
THIS WORKSHEET IS NOT APPLICABLE																			

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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ST JOSEPH NURSING HOME COUNTY MARSHALL

FACILITY IDPH LICENSE NUMBER 0005637

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 2013 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 2013.

	(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.	<u>THIS WORKSHEET IS NOT APPLICABLE</u>	_____	\$ _____	\$ _____
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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,656 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories ONE

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).

NOT APPLICABLE

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: NOT APPLICABLE 2. Number of Years Over Which it is Being Amortized: NOT APPLICABLE
 3. Current Period Amortization: NOT APPLICABLE 4. Dates Incurred: NOT APPLICABLE

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>OWNED BY DAUGHTERS</u>			\$	1
2	<u>OF ST. FRANCIS OF ASSISI</u>	<u>428,532</u>	<u>1965</u>	<u>25,700</u>	2
3	TOTALS	428,532		\$ 25,700	3

Facility Name & ID Number ST JOSEPH NURSING HOME

0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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	43			1965	\$ 465,065	\$ 9,301	50	\$ 9,301	\$	\$ 455,764	4
5	50			1969	898,293	17,966	50	17,966		790,498	5
6				1968	395,224		25			395,224	6
7				1986	9,717		12			9,717	7
8				2010	5,818	388	15	388		1,940	8
	Improvement Type**										
9	MISC			1968	6,160	123	50	123		5,667	9
10	GARAGE			1972	2,491	50	50	50		2,092	10
11	FINISH BASEMENT			1973	6,343	127	50	127		5,202	11
12	WINDOW			1974	900	18	50	18		720	12
13	INSULATION			1976	21,986	440	50	440		16,709	13
14	ROOF			1980	16,049	321	50	321		10,913	14
15	MISC REMODELING			1981	7,711		10			7,711	15
16	ADPA AUDIT ADJUSTMENTS			1982	351,694		10			351,694	16
17	DECORATING			1987	3,285		10			3,285	17
18	PARKING LOT			1988	19,937		10			19,937	18
19	FIRE ALARM SYSTEM			1990	37,956		10			37,956	19
20	NEW ROOF			1992	55,787		10			55,787	20
21	HOT WATER TANK			1992	3,295		10			3,295	21
22	BUILDING PAINTING			1993	7,336		5			7,336	22
23	ROOF REPAIRS			1993	434		10			435	23
24	WATER HEATER			1993	223		15			223	24
25	BOILER REPAID			1993	1,415		10			1,415	25
26	CODE ALERT FIRE SYSTEM			1995	8,559		10			8,559	26
27	MISC			1997	3,013		10			3,013	27
28	VINYL FLOOR			1998	4,012		5			4,012	28
29	CERAMIC FLOOR FOR NEW TUB			1999	107	5	20	5		74	29
30	CARPET ON WALLS			2000	2,668		5			2,668	30
31	METAMORA TELEPHONE SYSTEM			2000	7,337		10			7,337	31
32	TOMKAT ROOFING			2001	18,760		10			18,760	32
33	HOBERT CORP			2001	1,555		10			1,555	33
34	ASPHALT REPAID			2002	2,900		8			2,900	34
35	75 GALLON 365M ASME WTR HTR			2006	5,225	523	10	523		3,921	35
36	ULTRA CARE 709 BED LAMINATE PANELS			2006	5,809	387	15	387		2,903	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 ST JOSEPH NURSING HOME

0005637

Report Period Beginning:

7/1/2013

Ending:

6/30/2014

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	HOYER PROF PATIENT LIFT	2006	\$ 3,020	\$ 302	10	\$ 302	\$	\$ 2,265	37
38	HOYER PROF VERTICAL PATIENT LIFT W/SCALE	2006	4,249	425	10	425		3,183	38
39	CONCRETE SIDEWALK	2007	5,220	348	15	348		2,262	39
40	ROOFING	2007	20,986	2,099	10	2,099		13,639	40
41	FIRE DAMPERS	2007	13,100	873	15	873		5,679	41
42	BEDS (16)	2007	19,904	1,327	15	1,327		8,629	42
43	DOOR ALARM SYSTEM	2007	20,963	1,398	15	1,398		9,086	43
44	EQUIPMENT - NURSING SERVICE	2008	21,360	1,424	15	1,424		6,627	44
45	KITCHEN SUPPRESSION HOOD	2010	3,321	664	5	664		3,211	45
46	MODIFY GAS PIPING TO KITCHEN	2010	1,585	317	5	317		1,506	46
47	AIR CONDITIONING UNIT	2011	45,717	2,286	20	2,286		9,144	47
48	MEDICAL EQUIPMENT -DEFIBRILATOR	2011	1,562	156	10	156		625	48
49	LOUNGE REMODEL: WALL REPAID AND PAINT	2012	1,100	110	10	110		330	49
50	LOUNGE REMODEL: FLOORING (CARPETING) INSTALL	2012	3,465	173	20	173		520	50
51	REHAB ROOM UPGRADE: PAINT, VINLY FLOOR & PURCH	2012	4,344	434	10	434		1,303	51
52	WATER HEATER AND BOOSTER	2012	4,817	241	20	241		723	52
53	DINING ROOM LIGHTS	2013	1,137	114	10	114		227	53
54	DINING ROOM DOOR	2013	7,445	745	10	745		1,179	54
55	LAND IMPROVEMENTS - EARTHWORK, PLANTS, MOBILA	2013	7,510	751	10	751		814	55
56	ADJUSTMENT FOR PY DEPRECIATION			4,191		4,191		31,180	56
57	Chapel Flooring and Painting	2014	19,580	783	25	783		783	57
58	Synthetic Wall Guard-Whole Facility (Lower Wall Covering)	2014	36,550	1,462	25	1,462		1,462	58
59	Concrete Flooring-External-Memorial Garden Patio	2014	35,808	2,387	15	2,387		2,387	59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,659,807	\$ 52,658		\$ 52,658	\$	\$ 2,345,981	70

**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	\$ 317,142	\$ 19,646	\$ 19,646	\$		\$ 174,779	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	488,139					488,139	73
74								74
75	TOTALS	\$ 805,281	\$ 19,646	\$ 19,646	\$		\$ 662,918	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	NURSING HOME USE	CHEVY CAPRICE & PICKUP	1987	\$ 24,879	\$	\$	\$		\$ 24,879	76
77	NURSING HOME USE	MISC. OTHER	VARIOUS	9,476					9,476	77
78	NURSING HOME USE	2008 MED DUTY VEHICLE	2008	46,866	3,027	3,027			46,866	78
79										79
80	TOTALS			\$ 81,221	\$ 3,027	\$ 3,027	\$		\$ 81,221	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)	\$ 3,572,009	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 75,331	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 75,331	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,090,120	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	SISTERS' SHARE OF BUILDING	\$ 63,491	\$	\$ 63,491	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 63,491	\$	\$ 63,491	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	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: THIS WORKSHEET IS NOT APPLICABLE

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					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 ST JOSEPH NURSING HOME # 0005637 Report Period Beginning: 7/1/2013 Ending: 6/30/2014
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 type="checkbox"/> YES <input checked="" 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. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$ NONE

D. NUMBER OF CNAs TRAINED

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

- (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		hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist		hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist		hrs							4	
5	Physician Care		visits		THIS WORKSHEET IS NOT APPLICABLE			#VALUE!		5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescrpts							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			\$		\$	\$	#VALUE!	\$	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 **ST JOSEPH NURSING HOME**# **0005637**Report Period Beginning: **7/1/2013**

Ending:

6/30/2014**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/2014**

(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	\$ 370,482	\$	1
2	Cash-Patient Deposits	4,954		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 276,951)	409,584		3
4	Supply Inventory (priced at COST)	32,620		4
5	Short-Term Investments			5
6	Prepaid Insurance	22,111		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare/Medicaid Receivable	340,848		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,180,599	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	122,321		13
14	Buildings, at Historical Cost	1,542,375		14
15	Leasehold Improvements, at Historical Cost	979,428		15
16	Equipment, at Historical Cost	901,950		16
17	Accumulated Depreciation (book methods)	(3,090,120)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	59,983		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 515,937	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,696,536	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 504,937	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	165,667		30
31	Accrued Taxes Payable (excluding real estate taxes)			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	FNB - Line of Credit	302,803		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 973,407	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	25,000		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)	\$ 25,000	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 998,407	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 698,129	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,696,536	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 508,002	1
2	Restatements (describe):		2
3	Audit adjustments	274,850	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 782,852	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(144,706)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	59,983	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)	\$ (84,723)	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)	\$ 698,129	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	\$ 6,026,667	1
2	Discounts and Allowances for all Levels	(983,471)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,043,196	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	481	12
13	Barber and Beauty Care	20,608	13
14	Non-Patient Meals	36,636	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients	14,794	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	7,612	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 80,131	23
D. Non-Operating Revenue			
24	Contributions	143,393	24
25	Interest and Other Investment Income***	1,168	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 144,561	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,267,888	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,141,844	31
32	Health Care	2,483,065	32
33	General Administration	1,192,968	33
B. Capital Expense			
34	Ownership	88,865	34
C. Ancillary Expense			
35	Special Cost Centers	171,705	35
36	Provider Participation Fee	151,866	36
D. Other Expenses (specify):			
37	Bad Debt Expense	182,281	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,412,594	40
41	Income before Income Taxes (line 30 minus line 40)**	(144,706)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (144,706)	43

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

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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.

Facility Name & ID Number **ST JOSEPH NURSING HOME**

0005637

Report Period Beginning: **7/1/2013**

Ending:

6/30/2014

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	1,984	2,208	\$ 70,370	\$ 31.87	1
2	Assistant Director of Nursing	1,286	1,362	36,572	26.85	2
3	Registered Nurses	16,648	17,767	508,660	28.63	3
4	Licensed Practical Nurses	20,526	22,064	595,549	26.99	4
5	CNAs & Orderlies	60,953	66,312	851,052	12.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,936	2,088	36,644	17.55	9
10	Activity Assistants	5,934	6,637	73,543	11.08	10
11	Social Service Workers	2,005	2,088	45,045	21.57	11
12	Dietician					12
13	Food Service Supervisor	1,772	2,088	46,750	22.39	13
14	Head Cook	4,720	5,132	55,117	10.74	14
15	Cook Helpers/Assistants	14,186	15,471	203,428	13.15	15
16	Dishwashers	5,174	5,698	52,835	9.27	16
17	Maintenance Workers	3,517	3,742	93,064	24.87	17
18	Housekeepers	7,702	8,665	92,838	10.71	18
19	Laundry	6,507	7,194	85,374	11.87	19
20	Administrator	1,545	1,589	68,011	42.80	20
21	Assistant Administrator					21
22	Other Administrative	5,651	6,194	149,072	24.07	22
23	Office Manager	2,309	2,421	60,659	25.06	23
24	Clerical	496	512	4,220	8.24	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	1,539	1,751	21,696	12.39	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Admin</u>	1,179	1,179	22,431	19.03	33
34	TOTAL (lines 1 - 33)	167,569	182,162	\$ 3,172,930 *	\$ 17.42	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	5,241	\$ 5,241	1.1	35
36	Medical Director				36
37	Medical Records Consultant	1,778	1,778	10.1	37
38	Nurse Consultant				38
39	Pharmacist Consultant	4,807	4,807		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	2,250	2,250	12.1	45
46	Other(specify) <u>Administrator</u>	455	22,671	17.1	46
47					47
48					48
49	TOTAL (lines 35 - 48)	14,531	\$ 36,747		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	277	\$ 12,483	10.1	50
51	Licensed Practical Nurses	2,604	88,521	10.1	51
52	Certified Nurse Assistants/Aides	678	12,891	10.1	52
53	TOTAL (lines 50 - 52)	3,559	\$ 113,895		53

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	
Lisa Helms	Administrator	0	\$ 22,670	Workers' Compensation Insurance	\$ 129,831	IDPH License Fee	\$	
Jaqulyn Helphinstine	Administrator	0	68,011	Unemployment Compensation Insurance	45,865	Advertising: Employee Recruitment	6,003	
				FICA Taxes	209,770	Health Care Worker Background Check		
				Employee Health Insurance	245,047	(Indicate # of checks performed _____)		
				Employee Meals	1,871	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Licenses and Fees	7,862	
				Employee Incentives	16,585			
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 90,682					
B. Administrative - Other				Less: Sister's Maintenance Adjustment				
Description			Amount					
THIS SCHEDULE IS NOT APPLICABLE			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 643,718	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
C. Professional Services				Description			Line #	
Vendor/Payee	Type	Amount		Amount				
Brown Smith Wallace, LLC	Auditor	\$ 27,735		THIS SCHEDULE IS NOT APPLICABLE				
Provena Senior Services	Healthcare Management	21,183						
Point Click Care	Medical Billing and Reporting	13,918						
Kronos	Time Management	12,419						
Facet Technologies	Medical Supplier	10,657						
Alliance Benefit Group	Nursing Home Org. - Fees	5,270						
Walker Phillips	Medicare Cost Report	4,520						
Great Plains Orthopaedics	Service for MC residents	3,429						
Galaxy	Payroll Software	3,339						
Ability Network	Medicare Billing & Elig.	1,099						
OSF Medical Group	Service for MC residents	249						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	
(For legal fee disclosure, see page 39 of instructions)			\$ 103,818					
				G. Schedule of Travel and Seminar**				
				Description			Amount	
				Out-of-State Travel			\$ NONE	
				In-State Travel			3,929	
				Seminar Expense			10,915	
				Entertainment Expense			()	
				TOTAL (agree to Sch. V, line 24, col. 8)			\$ 14,844	

* Attach copy of IMRF notifications

**See instructions.

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	THIS WORKSHEET IS NOT APPLICABLE											
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number ST JOSEPH NURSING HOME

0005637

Report Period Beginning: 7/1/2013

Ending: 6/30/2014

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. CHA, AASHA, LSN, Lacon Chamber of Commerce
- (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? 15
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 63,478 Line 10.2
- (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. \$ 151,866
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 - see adj. 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. \$ NONE Has any meal income been offset against related costs? YES Indicate the amount. \$ 36,636
- (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? NONE
- d. Have vehicle usage logs been maintained? N/A
- 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? In Process
Firm Name: BROWN SMITH WALLACE, LLC
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A
Attach invoices and a summary of services for all architect and appraisal fees.

ST. JOSEPH NURSING HOME

PAGE 5A - NON-ALLOWABLE EXPENSES (RECLASSES AND ADJUSTMENTS) DETAIL

Reporting Period Beginning JULY 1, 2013 and Ending JUNE 30, 2014

Patient, Sister and Employee Meals:

		Detail	Subtotals	Percentages
<i>Meals served to Patients:</i>	Patient Days	28,362		
	Meals per day	3	85,086	92.83%
<i>Meals provided to Sisters (non-patient):</i>	Number of Sisters	6		
	Meals per day	3		
	Days per year	365	6,570	7.17%
Total Meals Served			91,656	100.00%

Adjustments for Sisters' Maintenance:

Sisters' portion of dietary and

food cost:

Dietary cost	\$ 47,630	<i>From page 3, Line 1, Col. 4</i>
Sisters' percentage	7.17%	<i>From calculation above</i>
Sisters' Portion of Dietary Cost	\$ 3,414	Adjustment: To Line 1, Schedule V

Food cost	\$ 297,162	<i>From page 3, Line 2, Col. 4</i>
Sisters' percentage	7.17%	<i>From calculation above</i>
Sisters' Portion of Food Cost	\$ 21,301	Adjustment: To Line 2, Schedule V

Sisters' portion of building and utilities:

Sisters' portion of building:

Convent (Sisters) Square Footage	2,464	<i>From prior year - no changes</i>
Total Square Footage	66,656	<i>From prior year - no changes</i>
Convent (Sisters) Offset Percentage	3.70%	

Sisters' portion of utilities:

Heat and Other Utilities	\$ 101,927	<i>From page 3, Line 5, Col. 4</i>
Sisters' percentage	3.70%	<i>From calculation above</i>
Sisters' Portion of Heat and Other Utilities	\$ 3,768	Adjustment: To Line 5, Schedule V

Sisters' portion of building

depreciation expense:

Building Depreciation Exp	\$ 8,385	<i>From G/L Account No. 782029-00</i>
Sisters' percentage	3.70%	<i>From calculation above</i>

Sister's Portion of Building Depreciation **\$ 310** *Adjustment: To Line 36, Schedule V (also see p 13 of CR)*

Employee Benefits in Sisters' Meals:

Dietary Salaries	\$ 358,131	<i>From page 3, Line 1, Col. 1</i>
Sisters' percentage	7.17%	<i>From calculation above</i>
Salaries Applicable to Sister's Meals	\$ 25,671	

Total Salaries	\$ 3,172,930	<i>From page 4, Line 45, Col. 1</i>
Employee Benefits	\$ 648,969	<i>From page 3, Line 22, Col. 4</i>
Employee benefits ratio	\$ 0.20	

Employee Benefits Applicable to Sisters' Meals **\$ 5,251** *Adjustment: To Line 22, Schedule V*

Total Adjustments for Sisters' Portion of Costs **\$ 34,043**

ST. JOSEPH NURSING HOME

Schedule V - Detail of Line 14 (Total Exceeds \$2,000)

Reporting Period Beginning JULY 1, 2013 and Ending JUNE 30, 2014

V--14.3 Program Transportation

<u>Name</u>	<u>Dollar</u>	<u>Description</u>
Interstate Battery	\$ 548.17	Battery Replace/Repair
Cash Fuel	\$ 33.99	Gas for Automobiles
Fleet One fuel	\$ 5,321.58	Gas for Automobiles
Advanced Medical	\$ 400.00	Gas for Automobiles
Battery Service	\$ 632.90	Battery Replace/Repair
American Express	\$ 1,172.66	Gas for Automobiles
Bill's Small Engine	\$ 518.40	Service
O'Reilly	\$ 83.39	Service
7/13 Credit	\$ (237.74)	Gas for Automobiles
Subtotal	<u>8,473</u>	
Variance	<u>(0)</u>	
	<u>8,473</u>	V--14.3 Program Transportation

ST. JOSEPH NURSING HOME

Schedule V - Detail of Line 24 (Total Exceeds \$2,000)

Reporting Period Beginning JULY 1, 2013 and Ending JUNE 30, 2014

V--24.3 Travel and Seminar Other

Date	Description	Name	Title	Itemized Cost
4/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 446.00
5/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 582.50
6/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 525.55
7/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 758.10
8/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 489.10
9/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 679.45
10/1/2013	Marketing mileage	Michelle Urnikus	Director of Marketing	\$ 448.60
		Travel	410039-00	3,929.30
11/15/2013	LFM Foundation Expense - Certification Program	Jackie Helphinstine	Administrator	\$ 6,605.00
		Education	410219-00	6,605.00
4/17/2014	Food Safety Certification	Deb Hagemeyer	Director of Dietary	\$ 49.00
6/17/2014	Insightful Food Safety	Deb Hagemeyer	Director of Dietary	\$ 443.00
9/15/2013	Annual CEU for Dietary Licensing	Deb Hagemeyer	Director of Dietary	\$ 500.00
		Education	520619-00	992.00
	Direct Supply Equipment - Survey Training Education Material	Jackie Helphinstine	Administrator	\$ 184.00
		Education	530119-00	184.00
4/17/2014	Continuing Education Fee	Jackie Helphinstine	Administrator	\$ 400.00
4/11/2014	CPR Training	Jackie Helphinstine	Administrator	\$ 90.00
10/15/2013	Annual Illinois State Board Administrator Training Expenses	Tina Gardener	Administrator	\$ 399.00
10/15/2013	Annual Illinois State Board Administrator Training CEU	Tina Gardener	Administrator	\$ 1,745.00
		Education	600119-00	2,634.00
10/1/2013	Activity Director Program training	Harriet Powell	Activity Director	\$ 500.00
		Education	750119-00	500.00
		Subtotal		14,844.30
			Variance	(0.30)
				14,844.00

V--24.3 Travel and Seminar Other

ST. JOSEPH NURSING HOME

List of Board of Directors

Reporting Period Beginning JULY 1, 2013 and Ending JUNE 30, 2014

Name	Title	Services Provided	Ownership of Other Entities	
			Entity Name	Business Conducted w/ Home
Sister Loretta Matas	President of the Board	Management, Administrative	None	N/A
Sister M. Adriana Zdila	Board Member	Clerical and Medical Records	None	N/A
Sister M. Justina Delonga	Board Member	Resident Care	None	N/A
Sister M. Agnes Stetson	Board Member	Resident Care	None	N/A
Sister M. Michael Fox	Board Member	Resident Care	None	N/A
<u>Non Board Member - Attends Meetings</u>				
Jaquelyn Helphinstine	Administrator	Administrator	None	N/A

ST. JOSEPH NURSING HOME

Schedule V - Detail of Line 7 (Total Exceeds \$1,000)

Reporting Period Beginning JULY 1, 2013 and Ending JUNE 30, 2014

V--7.3 Other

Unallocated Expenses 3,221.00

Note: This expense account is used as a clearing account to balance the income statement. Due to the adjustments made during the current year, and the system conversion, these expenses were not allocated to individual accounts.

Client: 79733 - St. Joseph Nursing Home, Inc.
Engagement: 79733.150 - Saint Joseph Nursing Home, Inc.
Period Ending: 6/30/2013
Trial Balance: 1400 - TB
Workpaper: TB Combined Detail LS

Account	Description	FINAL 6/30/2013	PP-FINAL 6/30/2012
---------	-------------	--------------------	-----------------------

Group : [1.1] V--1.1 Dietary Salary/Wage

Subgroup : None

520017-00	Salaries - Dietary	358,131	314,773
520018-00	Accrued Vacation - Dietary	-	-
520025-00	Accrued Sick - Dietary	-	-
520117-00	Dietary Supervisor	-	-
520217-00	Dietary Cooks	-	-
520317-00	Dietary Aides	-	-
520417-00	Cooks Assistant	-	-
520517-00	Dietary Pots and Pans	-	-

Subtotal : None 358,131 314,773

Total [1.1] V--1.1 Dietary Salary/Wage 358,131 314,773 **pg 3 - 1.1**

Group : [1.3] V--1.3 Dietary Other

Subgroup : None

520020-00	Consultant	5,241	5,436
520029-00	Dishes, Etc	1,126	1,673
520039-00	Dietary Chemicals and Supplies	31,173	22,937
783090-00	Headstart Meals Expense	2,320	5,002
783092-00	Headstart Labor Expense	725	1,550
783095-00	Marshall Co. Sheriff's Dept Meals	5,117	8,988
783096-00	Marshall Co Sheriff's Dept Labor	1,928	8,150

Subtotal : None 47,630 53,736

Total [1.3] V--1.3 Dietary Other 47,630 53,736 **pg 3 - 1.3**

Group : [2.2] V--2.2 Food Purchase Supplies

Subgroup : None

520019-00	Food	297,162	241,725
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Subtotal : None 297,162 241,725

Total [2.2] V--2.2 Food Purchase Supplies 297,162 241,725 **pg 3 - 2.2**

Group : [3.1] V--3.1 Housekeeping Salary/Wage

Subgroup : None			
540017-00	Salaries - Housekeeping	92,838	80,558
540018-00	Accrued Vacation - Housekeeping	-	-
540025-00	Accrued Sick - Housekeeping	-	-
Subtotal : None		92,838	80,558
Total [3.1] V--3.1 Housekeeping Salary/Wage		92,838	80,558 pg 3 - 3.1

Group : [3.2] V--3.2 Housekeeping Supplies			
Subgroup : None			
540019-00	Housekeeping Misc Supplies	21,555	24,253
Subtotal : None		21,555	24,253
Total [3.2] V--3.2 Housekeeping Supplies		21,555	24,253 pg 3 - 3.2

Group : [4.1] V--4.1 Laundry Salary/Wage			
Subgroup : None			
530017-00	Salaries - Laundry	85,374	108,893
530018-00	Accrued Vacation - Laundry	-	-
530025-00	Accrued Sick - Laundry	-	-
Subtotal : None		85,374	108,893
Total [4.1] V--4.1 Laundry Salary/Wage		85,374	108,893 pg 3 - 4.1

Group : [4.3] V--4.3 Laundry Other			
Subgroup : None			
530019-00	Linen & Bedding	2,183	330
530039-00	Laundry Misc Supplies	3,345	2,769
Subtotal : None		5,528	3,099
Total [4.3] V--4.3 Laundry Other		5,528	3,099 pg 3 - 4.3

Group : [5.3] V--5.3 Heat and Other Utilities Other			
Subgroup : None			
510029-00	Gas - Cilco	33,677	24,584
510039-00	Electricity - Integrys	62,906	65,867
510049-00	Water	5,344	4,547
Subtotal : None		101,927	94,998
Total [5.3] V--5.3 Heat and Other Utilities Other		101,927	94,998 pg 3 - 5.3

Group : [6.1] V--6.1 Maintenance Salary/Wage			
Subgroup : None			
510017-00	Salaries - Maintenance	93,064	78,576
510018-00	Accrued Vacation - Maintenance	-	-

510025-00	Accrued Sick - Maintenance	-	-
Subtotal : None		93,064	78,576
Total [6.1] V--6.1 Maintenance Salary/Wage		93,064	78,576 pg 3 - 6.1

Group : [6.3] V--6.3 Maintenance Other			
Subgroup : None			
510059-00	Equipment Replacement	4,167	2,577
510069-00	Environmental Contract Services	13,917	17,489
510079-00	Misc. Supplies & Exp Maint.	15,554	8,149
510089-00	Maintenance of Grounds	1,776	226
Subtotal : None		35,414	28,441
Total [6.3] V--6.3 Maintenance Other		35,414	28,441 pg 3 - 6.3

Group : [10.1] V--10.1 Nursing & Med Records - Salary			
Subgroup : None			
410025-00	Accrued Sick - Administration	-	-
410118-00	Accrued Vacation - Religious	-	-
410125-00	Accrued Sick - Religious	-	-
600015-00	Director of Nursing	-	-
600016-00	Clinical Coordinator	-	-
600017-00	Salaries - Nursing	1,948,308	1,743,818
600025-00	Nursing Accrued Sick	-	-
600027-00	Secular Salaries - LPN's	-	-
600028-00	MDS Coordinator	-	-
600029-00	MDS Coordinator Asst.	-	-
600037-00	Secular Salaries - CNA's	-	-
600038-00	Non-Certified Nurses' Aide	-	-
600047-00	Nursing Services Coordinator	-	-
600048-00	Medical Record Consultant	-	-
600078-00	Agency Nursing Staffing	113,894	24,859
600088-00	Nursing Consultant	-	-
730017-00	Secular Salareis - Rehab	-	-
Subtotal : None		2,062,202	1,768,677
Total [10.1] V--10.1 Nursing & Med Records - Salary		2,062,202	1,768,677 pg 3 - 10.1

Group : [10A] V--10a.1 Therapy			
Subgroup : None			
730021-00	Select Rehab Therapy Expense	-	-
730023-00	RN - Rehab Nurse Wage	-	-
Subtotal : None		-	-

Total [10A] V--10a.1 Therapy - - **pg 3 - 10a.3**

Group : [10.2] V--10.2 Nursing & Med Records Supplies			
Subgroup : None			
600049-00	Supplies & Expense	49,879	65,770
600050-00	Undergarments/Pads	63,478	82,243 pg 23 (Q6)
730019-00	Supplies & Expense "Rehab"	-	-
Subtotal : None		113,357	148,013
Total [10.2] V--10.2 Nursing & Med Records Supplies		113,357	148,013 pg 3 - 10.2

Group : [10.3] V--10.3 Nursing & Med Records - Other			
Subgroup : None			
410229-00	Medical Record Consultant	1,778	2,709
600018-00	Nursing Accrued Vacation	-	-
600020-00	Sisters Services - RN	-	-
600021-00	Sister Services - Ward Clerk	-	-
720017-00	Pharmacist Consultant	4,807	5,739
730020-00	Consultant-Physical Therapy	-	-
730022-00	Consultant - Occupational Therapy	-	-
740017-00	Secular Speech Therapist	-	-
740020-00	Speech Consultant	-	-
Subtotal : None		6,585	8,448
Total [10.3] V--10.3 Nursing & Med Records - Other		6,585	8,448 pg 3 - 10.3

Group : [11.1] V--11.1 Activities Salary/Wages			
Subgroup : None			
750017-00	Salaries - Activities	110,188	55,755
750025-00	Accrued Sick - Activities	-	-
770019-00	Supplies & Expense	1,049	179
Subtotal : None		111,237	55,934
Total [11.1] V--11.1 Activities Salary/Wages		111,237	55,934 pg 3 - 11.1

Group : [10.4] V--10.4 Medicare Therapy Other			
Subgroup : None			
790001-00	PT MCA EXPENSE	23,017	72,419
790002-00	OT MCA EXPENSE	21,421	71,340
790003-00	ST MCA EXPENSE	8,716	20,909
800001-00	PT MCB EXPENSE	29,573	37,259
800002-00	OT MCB EXPENSE	24,891	28,367
800003-00	ST MCB EXPENSE	6,216	11,255

810001-00	PT INS EXPENSE	7,284	9,237
810002-00	OT INS EXPENSE	8,022	7,524
810003-00	ST INS EXPENSE	470	1,128
820002-00	OT Private Expense	-	-
820003-00	ST Private Expense	-	-
Subtotal : None		129,610	259,438
Total [10.4] V--10.4 Medicare Therapy Other		129,610	259,438 pg 3 - 10a.3

Group : [11.2] V--11.2 Activities Supplies			
Subgroup : None			
750019-00	Supplies & Expense -Activity	1,809	2,604
Subtotal : None		1,809	2,604
Total [11.2] V--11.2 Activities Supplies		1,809	2,604 pg 3 - 11.2

Group : [11.3] V--11.3 Activities Other			
Subgroup : None			
730018-00	Sister Services	-	-
750018-00	Accrued Vacation - Activities	-	-
750020-00	Consultant	-	-
750021-00	Entertainment	1,980	1,555
Subtotal : None		1,980	1,555
Total [11.3] V--11.3 Activities Other		1,980	1,555 pg 3 - 11.3

Group : [12.1] V--12.1 Social Services Salary/Wage			
Subgroup : None			
760017-00	Salaries - Social Services	45,045	90,196
760018-00	Social Services Accrued Vacation	-	-
760025-00	Social Service Accrued Sick	-	-
Subtotal : None		45,045	90,196
Total [12.1] V--12.1 Social Services Salary/Wage		45,045	90,196 pg 3 - 12.1

Group : [12.2] V--12.2 Social Services Supplies			
Subgroup : None			
760019-00	Supplies & Expense - Social Services	-	-
770020-00	Chapel Supplies	277	24
Subtotal : None		277	24
Total [12.2] V--12.2 Social Services Supplies		277	24 pg 3 - 12.2

Group : [12.3] V--12.3 Social Services Other	
Subgroup : None	

760020-00	Consultant - Social Services	2,490	2,690
760029-00	Purchased Services	-	-
770017-00	Chaplains Salary	-	-
Subtotal : None		2,490	2,690
Total [12.3] V--12.3 Social Services Other		2,490	2,690 pg 3 - 12.3

Group : [13.3] V--13.3 Nurse Aide Training			
Subgroup : None			
600086-00	CNA Class Instruction	-	-
600087-00	CNA Class Supplies	-	-
Subtotal : None		-	-
Total [13.3] V--13.3 Nurse Aide Training		-	-

Group : [17.1] V--17.1 Administrative			
Subgroup : None			
410016-00	Executive Wages	-	-
410045-00	DEVELOPMENT COMM	5,662	12,519
Subtotal : None		5,662	12,519
Total [17.1] V--17.1 Administrative		5,662 A	12,519

Group : [19.3] V--19.3 Professional Services Other			
Subgroup : None			
410069-00	Professional Services	82,635	38,280
410070-00	Provena Management Account	21,183	63,549
Subtotal : None		103,818	101,829
Total [19.3] V--19.3 Professional Services Other		103,818	101,829 pg 3 - 19.3

Group : [20.3] V--20.3 Dues, Fees, Subscript & Promos			
Subgroup : None			
410049-00	Advertising & Public Relation	6,003	10,604 pg 21 - F1
410059-00	Licenses & Dues	7,862	25,291 pg 21 - F2
Subtotal : None		13,865	35,895
Total [20.3] V--20.3 Dues, Fees, Subscript & Promos		13,865	35,895 pg 3 - 20.3

Group : [21.1] V--21.1 Clerical & Gen Office Salary			
Subgroup : None			
410017-00	Salaries - Administration	304,403	288,432
410116-00	Salaries - Religious Fr. Schmitt	14,974	19,302
Subtotal : None		319,377	307,734
Total [21.1] V--21.1 Clerical & Gen Office Salary		319,377 B	307,734

Note: Per discussions with Nancy, the administrator's salary is included within Acct 410017; as such, BSW reconciled the portion of administrative salaries out.

5,662.00	A	
319,377.00	B	
(90,681.60)	pg 21 - A	Administrator sala
234,357.40	pg 3 - 21.1	

Group : [21.2] V--21.2 Clerical & Gen Office Supplies			
Subgroup : None			
410019-00	Office Supplies & Printing	12,602	9,202
Subtotal : None		12,602	9,202
Total [21.2] V--21.2 Clerical & Gen Office Supplies		12,602	9,202 pg 3 - 21.2

Group : [21.3] V--21.3 Clerical & Gen Office Other			
Subgroup : None			
410018-00	Sister Services	-	-
410029-00	Telephone & Internet	9,841	9,888
410030-00	Cable T.V.	7,947	8,137 pg 5 - 5.1
410099-00	Miscellaneous & Postage	7,415	5,324
410100-00	Copier Maintenance	8,948	8,417
510090-00	Room Remodeling	-	166
Subtotal : None		34,151	31,932
Total [21.3] V--21.3 Clerical & Gen Office Other		34,151	31,932 pg 3 - 21.3

Group : [22.3] V--22.3 Employee Ben & PR Taxes Other			
Subgroup : None			
349107-00	Maint Fee-Employee Loan	-	-
410050-00	Employee Service Awards	73	2,726 pg 21 - D6
410051-00	Employee Annual Party	1,871	1,230 pg 21 - D5
410052-00	Employee Physicals	15,184	9,792 pg 21 - D6
410053-00	Employee Incentives	1,328	475 pg 21 - D6
410054-00	Employee / Resident Vaccine	-	-
410078-00	Unemployment Tax	43,729	36,845 pg 21 - D2
410079-00	Employee Share FICA-Payroll Tax	209,770	184,817 pg 21 - D3
410087-00	Employee Health Insurance BCBS	245,047	214,780 pg 21 - D4
410088-00	Employee Life Insurance	2,136	4,348 pg 21 - D2
410209-00	Employee Pension Expense	-	-
Subtotal : None		519,138	455,013
Total [22.3] V--22.3 Employee Ben & PR Taxes Other		519,138	455,013 pg 3 - 22.3

Group : [24.3] V--24.3 Travel and Seminar Other			
Subgroup : None			
410039-00	Travel	3,929	4,598
410219-00	Education	6,605	185
510019-00	Vehicle Maint. & Gas, Etc.	8,473	9,189 pg 3 - 14.3
510219-00	Education	-	-

520619-00	Education	992	115
530119-00	Education	184	-
600119-00	Education	2,634	759
730119-00	Education	-	-
750119-00	Education	500	-
760119-00	Education	-	-
Subtotal : None		23,317	14,846
Total [24.3] V--24.3 Travel and Seminar Other		23,317	14,846

pg 3 - 24.3

Note: Per discussions with Nancy, worker's compensation is included within account 410089 - SYNERGY. As such, BSW reconciled the balance out to include it within page 21, part D as well as the employee benefits section on page 22.

Group : [26.3]	V--26.3 Insurance - Prop. Liab Malpract		
Subgroup : None			
410089-00	Insurance	169,511	207,830
Subtotal : None		169,511	207,830
Total [26.3] V--26.3 Insurance - Prop. Liab Malpract		169,511	207,830

169,511.00 C

Worker's Comp portion 129,831.00 pg 21 - D1, pg 3 - 22.3

39,680.00 pg 3 - 26.3

Group : [30.3]	V--30.3 Depreciation Other		
Subgroup : None			
782019-00	Deprec. - Land Improvements	2,748	1,443
782029-00	Deprec. - Building & Bldg. Improvem	8,385	37,025
782039-00	Deprec. - Building Fixtures	34,357	2,390
782049-00	Deprec. - Furniture & Equipment	19,913	11,799
782059-00	Deprec. - Vehicles	9,929	4,784
Subtotal : None		75,332	57,441
Total [30.3] V--30.3 Depreciation Other		75,332	57,441

45,490.00 40,858.00 Pg12A

Pg24 - 38

Pg13

Pg13

pg4 - 30.3

Group : [32.3]	V--32.3 Interest Expense		
Subgroup : None			
783100-00	Interest Expense	13,534	14,836
Subtotal : None		13,534	14,836
Total [32.3] V--32.3 Interest Expense		13,534	14,836

pg4 - 32.3

Group : [39.3]	V--39.3 Anxillary Service Center Other		
Subgroup : None			
720018-00	Resi-Dent Dental Program Expense	-	-
720019-00	Drugs	36,869	29,041
720020-00	Vision Care	-	-
720021-00	Pharmacy Medicare A	95,882	89,144
720022-00	Lab Medicare A	4,906	7,786
720023-00	X-Ray Medicare A	2,254	3,507
720024-00	Oxygen Medicare A	3,524	6,685

720029-00	Misc. Medicare A Expense	5,919	7,207	
Subtotal : None		149,354	143,370	
Total [39.3] V--39.3 Anxillary Service Center Other		149,354	143,370	pg4 - 39.3

Group : [40.4] V--40.1 Bad Debt Expense				
Subgroup : None				
350012-00	Bad Debt Expene Private	-	730	
410075-00	Bad Debit Expense	182,281	-	
Subtotal : None		182,281	730	
Total [40.4] V--40.1 Bad Debt Expense		182,281	730	pg4 - 43.3

Group : [40.2] V--40.2 Barber and Beauty Shops Supplies				
Subgroup : None				
780029-00	Supplies for Beauty and Barber	-	-	
Subtotal : None		-	-	
Total [40.2] V--40.2 Barber and Beauty Shops Supplies		-	-	

Group : [40.3] V--40.3 Barber and Beauty Shops Other				
Subgroup : None				
780019-00	Professional Services Beauty Shop	22,351	21,190	
Subtotal : None		22,351	21,190	
Total [40.3] V--40.3 Barber and Beauty Shops Other		22,351	21,190	pg4 - 40.3

Group : [42.3] V--42.3 Provider Participation Fee Other				
Subgroup : None				
410230-00	Illinois Dept. of Public Aid Fee	151,866	212,555	
Subtotal : None		151,866	212,555	
Total [42.3] V--42.3 Provider Participation Fee Other		151,866	212,555	pg4 - 42.3, pg 23.11

Group : [1A] Pg 19 - Sch XVII - 1				
Subgroup : None				
305001-00	Room-PA/PVT	(3,435,621)	(4,595,886)	
305002-00	Resident Refunds	(1,333,077)	-	
305003-00	Medicare A Room Revenue	-	-	
305005-00	R&B Skilled MCA	(326,815)	-	
305006-00	R&B Skilled MCA	(95,164)	(449,863)	
305007-00	R&B Skilled MGC/INS	(5,012)	(37,460)	
305008-00	Contractual Adj - R&B MCA	(529,889)	(597,870)	
305009-00	Contractual Adj - R&B MGC	54,786	14,754	
305010-00	Contractual Adj - R&B MCB	143,199	5,804	

305011-00	Ancillary Supplies - MCA	(190,661)	(17,740)
305012-00	Ancillary Supplies - MGC	(36,862)	(1,482)
305014-00	Ancillary Supplies - PVT	-	(152)
305015-00	Pharmacy - MCA	(83,848)	(80,885)
305016-00	Pharmacy - MGC	(11,201)	(4,055)
305018-00	X-Ray MCA	(758)	(2,009)
305021-00	Contractual Adj - Ancillaries MCA	95,571	453,715
305022-00	Contractual Adj - Ancillaries MGC/INS	(3,564)	(32,017)
305023-00	Contractual Adj - Ancillaries MCB	5,707	4,166
308001-00	PT MCA REVENUE	-	(149,434)
308002-00	OT MCA REVENUE	-	(156,678)
308003-00	ST MCA REVENUE	-	(43,542)
309001-00	PT MCB REVENUE	-	(67,222)
309002-00	OT MCB REVENUE	-	(40,372)
309003-00	ST MCB REVENUE	-	(15,778)
310001-00	PT INS REVENUE	-	(20,311)
310002-00	OT INS REVENUE	-	(16,867)
310003-00	ST INS REVENUE	-	(3,540)
311001-00	Resi-Dent Dental Program Revenue	-	-
311002-00	Financial Assistance	-	-
311002-01	Physical Therapy - Public Aid	-	-
311002-02	Financial Assistance	-	5,667
311032-00	Physical Therapy, IPMR	-	-
305008-01	Contractual Allow Med A Ancil	481,083	-
305011-01	PT Medicare A	(200,710)	-
305011-02	Speech Medicare A	(58,772)	-
305012-01	PT Managed care	(38,678)	-
305012-02	Speech Managed Care	(7,879)	-
305013-00	OT Medicare B	(126,495)	-
305013-01	PT Medicare B	(154,743)	-
305013-02	Speech Medicare B	(19,908)	-
305024-00	Oxygen Revenue Medicare A	(30)	-
305027-00	Lab Revenue Medicare A	(2,297)	-
305028-00	Lab Revenue Managed Care	(407)	-
305030-00	Incont Supplies Med A	(9)	-
305031-00	Incont Supplies Managed Care	(54)	-
311012-01	Oxygen Medicaid	(760)	-
311012-02	Oxygen Private Pay	(320)	-
311032-01	PT - Medicaid	3,700	-
311032-02	PT - Private	35	-
311033-01	OT - Medicaid	2,750	-

339002-02	Lab Revenue - Private Pay	(15)	-
347002-00	Miscellaneous - Medicare	(4,174)	-
350026-02	Medical Supply - Private Pay	(239)	-
321002-01	Pharmacy - Public Aid	(18,412)	(19,934)
321002-02	Pharmacy - Private	(3,245)	-
331002-01	Special Diets - Public Aid	(4,539)	(3,150)
331002-02	Special Diets - Private	(4,548)	(989)
335012-01	Injection Supplies - Public Aid	(16,352)	(17,922)
335012-02	Injection Supplies - Private	(7,505)	(10,318)
336002-00	Nursing Supplies	-	-
336002-01	Spec. Nursing Supplies - PA	(7,703)	(13,531)
336002-02	Spec. Nursing Supplies - PV	(14,686)	(10,278)
336012-01	Undergarments - Public Aid	(40,717)	(40,412)
336012-02	Undergarments - Private	(27,829)	(21,995)
336022-00	Wheelchair Rental	-	-
Subtotal : None		(6,026,667)	(5,987,586)
Total [1A] Pg 19 - Sch XVII - 1		(6,026,667)	(5,987,586) pg 19 - 1.1

Group : [2A] Pg 19 - Sch XVII - 2			
Subgroup : None			
350013-00	Private Bed Hold Writeoff	4,126	3,702
350014-00	State - Write Offs	965,801	939,219
350026-00	Other Allowances / Hill Burton	13,544	4,958
350084-00	Internet	-	-
Subtotal : None		983,471	947,879
Total [2A] Pg 19 - Sch XVII - 2		983,471	947,879 pg 19 - 2.1

Group : [12A] Pg 19, Sch XVII - 12			
Subgroup : None			
349106-00	Vending Machine	(481)	(712)
805100-00	Vending Machines	-	-
Subtotal : None		(481)	(712)
Total [12A] Pg 19, Sch XVII - 12		(481)	(712) pg 19 - 12.1

Group : [13A] Pg 19 - Sch XVII - 13			
Subgroup : None			
348003-00	Beauty/Barber	-	-
348003-01	Hairdresser - Public Aid	(10)	(27)
348003-02	Hairdresser - Private	(20,598)	(19,085)
Subtotal : None		(20,608)	(19,112)

Total [13A] Pg 19 - Sch XVII - 13 (20,608) (19,112) **pg 19 - 13.1**

Group : [14A] Pg 19 - Sch XVII - 14

Subgroup : None

349101-00	Headstart Meals Income	(10,882)	(10,459)
349101-01	Marshall Co Sheriff's Dept	(16,073)	(16,898)
349102-00	Cafeteria, Scrubs, Misc	(9,681)	(9,391)
781021-00	Headstart Meals Income	-	-
781029-00	Cafeteria	-	-

Subtotal : None (36,636) (36,748)

Total [14A] Pg 19 - Sch XVII - 14 (36,636) (36,748) **pg 19 - 14.1**

Group : [15A] Pg 19 - Sch XVII - 15

Subgroup : None

347022-02	Cable T.V. - Private	-	-
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Subtotal : None - -

Total [15A] Pg 19 - Sch XVII - 15 - - **pg 19 - 15.1**

Group : [21A] Pg 19 - Sch XVII - 21

Subgroup : None

347002-01	Miscellaneous - Public Aid	(3,652)	(6,771)
347002-02	Miscellaneous - Private	(4,446)	(1,197)
349104-00	Miscellaneous	-	(12)
350021-00	Employee Purchases	-	-
350070-00	Employee Purchases	486	(883)
803100-00	Miscellaneous	-	-

Subtotal : None (7,612) (8,863)

Total [21A] Pg 19 - Sch XVII - 21 (7,612) (8,863) **pg 19 - 21.1**

Group : [24A] Pg 19 - Sch XVII - 24

Subgroup : None

349000-00	Contribution revenue	-	-
349110-00	Activity Contributions	-	-
349112-00	Memorial & Gifts	(143,393)	(55,170)
349113-00	IN-Kind Contributions	-	(82,101)
813000-00	Memorials & Gifts	-	-

Subtotal : None (143,393) (137,271)

Total [24A] Pg 19 - Sch XVII - 24 (143,393) (137,271) **pg 19 - 24.1**

Group : [25A] Pg 19 - Sch XVII - 25

Subgroup : None			
349103-00	Interest Earned	(51)	(4,386)
222470-00	Donatons - Dollar Difference	(1,117)	-
801100-00	Interest Earned	-	-
Subtotal : None		(1,168)	(4,386)
Total [25A] Pg 19 - Sch XVII - 25		(1,168)	(4,386) pg 19 - 25.1

Group : [28AA] Pg 19 - Sch XVII - 28			
Subgroup : None			
349100-00	Sisters Maintenance	(14,833)	(15,854)
780040-00	Penalties	39	-
781019-00	Penalties	-	8,457
Subtotal : None		(14,794)	(7,397)
Total [28AA] Pg 19 - Sch XVII - 28		(14,794)	(7,397) pg 19 - 18.1

Group : [BS] Balance Sheet Accounts			
Subgroup : [A] Assets			
101290-00	Restricted Donations	59,983	43,512
Subtotal [A] Assets		59,983	43,512 pg 17 - 21

Subgroup : [A1001] Total Cash			
101200-00	1st Nat'l Bank Lacon - General	166,756	180,831
101230-00	1st Nat'l Bank - Payroll	14,741	5,315
101240-00	Resident Trust Fund	-	-
101250-00	F.N.B. Lacon 90 Day CD	-	-
101255-00	Merill Lunch Money Market	-	-
101256-00	Interest receivable	-	-
101260-00	Petty Cash	375	375
101261-00	Employee Casual Day Fund	2,336	1,962
101270-00	Depreciation Fund	3,452	3,449
101271-00	Fundraising Fund	9,141	9,132
101272-00	Memorial Fund	46,055	34,220
101273-00	Activity Fund	5,329	5,302
101280-00	Development Fund Account	119,772	81,646
101285-00	Development PayPal Account	2,525	1,172
Subtotal [A1001] Total Cash		370,482	323,404 pg 17 - 1.1

Subgroup : [A1002] Resident Trust Fund			
101276-00	Resident Trust Fund	-	-
101277-00	Resident Trust Fund - Savings	4,954	5,437
Subtotal [A1002] Resident Trust Fund		4,954	5,437 pg 17 - 2.1

Subgroup : [A1003] Patients Receivable						
105100-00	Patient Accounts Rec.	513,705	574,083	PAR		
105800-00	A/R Insurance	172,830	-	PAR		
106100-00	A/R Patient Refunds	-	-	PAR	686,535.00	
106000-00	Allowance	(514,148)	-		<u>(276,951.00)</u>	pg 17 - 3.1
105101-00	Allowance	-	(270,459)		<u>409,584.00</u>	pg 17 - 3.1
Subtotal [A1003] Patients Receivable		172,387	303,624			Patient AR Allowance
Subgroup : [A1004] Supplies						
121300-00	Supplies	32,620	36,669			
Subtotal [A1004] Supplies		32,620	36,669	pg 17 - 4.1		
Subgroup : [A1005] Unexpired Insurance						
131100-00	Unexpired Insurance	22,111	1,936			
Subtotal [A1005] Unexpired Insurance		22,111	1,936	pg 17 - 6.1		
Subgroup : [A1006] Medicare Receivable						
105500-00	Accrued Interest Receivable	-	(1,585)			
105106-00	A/R Medicaid	182,480	-			
105600-00	A/R Provena Medicare Billing	158,368	416,738		578,045.00	MAR
105900-00	A/R Provena Accounts	237,197	-		<u>(237,197.00)</u>	Provena Allowance
131300-00	Due From Medicare	-	43,000		<u>340,848.00</u>	pg 17 - 9.1
Subtotal [A1006] Medicare Receivable		578,045	458,153	MAR		
Subgroup : [A1007] Land and Buildings						
141100-00	Land Improvements	122,321	86,513	pg 17 - 13.1		
141200-00	Buildings	1,542,375	1,542,375	pg 17 - 14.1		
141250-00	Building Improvements	308,832	252,701		979,428.00	923,297.00 pg 17 - 15.1
141300-00	Building Fixtures & Equipment	670,596	670,596			
141600-00	Minor Equipment	15,683	-			
143100-00	Minor Equipment	-	15,683		901,950.00	901,950.00 pg 17 - 16.1
Subtotal [A1007] Land and Buildings		2,659,807	2,567,868	Pg12A		
Subgroup : [A1008] Furniture and Equip						
141400-00	Furniture & Equipment	805,046	805,046	Pg13		
141500-00	Vehicles	81,221	81,221	Pg13		
Subtotal [A1008] Furniture and Equip		886,267	886,267			
Subgroup : [A1009] Accum Depr - Land and Build						

142100-00	Accum.Deprc-Land Improvement	(88,900)	(86,089)	
142200-00	Accum.Deprc - Bldg & Bldg. Improvem	(1,646,639)	(1,636,338)	
142300-00	Accum.Deprc - Bldg.Fixtures & Eq	(610,442)	(576,085)	(3,090,120.00) (3,009,319.00) pg 17 -17.1
Subtotal [A1009] Accum Depr - Land and Build		(2,345,981)	(2,298,512)	Pg12A - 170.9

Subgroup : [A1010] Accum Depr - Furn and Equip

142400-00	Accum.Deprc-Furniture & Equip.	(662,918)	(639,418)	
142500-00	Accum.Depreciation - Vehicles	(81,221)	(71,389)	Pg13 - 80.6
Subtotal [A1010] Accum Depr - Furn and Equip		(744,139)	(710,807)	

Subgroup : [A1011] Other Assets

105200-00	Patient Accounts Refunds	-	-	
105250-00	Promises to give	-	-	
105300-00	Misc. A/R & Sister's Maint.	-	-	
131200-00	Other Prepaid Expenses	-	-	
Subtotal [A1011] Other Assets		-	-	

Subgroup : [B] Liab & Net Assets

Subtotal [B] Liab & Net Assets		-	-	
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Subgroup : [B1001] Accounts Payable

221300-00	Accounts Payable - Trade	(500,526)	(626,090)	
221500-00	Resident Trust Fund - Savings	-	(5,437)	
221600-00	Resident Trust Fund - Savings	(4,411)	-	
Subtotal [B1001] Accounts Payable		(504,937)	(631,527)	pg 17 - 26.1

Subgroup : [B1002] Accrued Payroll

222100-00	Federal Income Tax Withheld	-	-	
222200-00	FICA Taxes Payable	(18,549)	(4,154)	
222250-00	Unemployment Taxes	-	-	
222300-00	State Income Tax Withheld	-	-	
222350-00	Wage Garnishment Payable	-	(135)	
222400-00	Employee Insurance Withheld	(2,143)	3,301	
222450-00	Employee Pension Loan Payments	-	-	
222460-00	Employee Pension American Funds	-	-	
222510-00	Disability Insurance Withheld	-	-	
224000-00	Accrued Payroll	(63,924)	(59,651)	
226190-00	Accrued Sick	(21,750)	(15,437)	
231100-00	Accrued Vacation	(59,301)	(48,153)	
Subtotal [B1002] Accrued Payroll		(165,667)	(124,229)	pg 17 - 30.1

Subgroup : [B1003] LOC			
222000-00	First National Bank - L.O.C.	(302,803)	(253,954)
Subtotal [B1003] LOC		(302,803)	(253,954) pg 17 - 36.1
Subgroup : [B1004] Provena Payable			
221400-00	A/P Provena Medicare Billing	-	(6,309)
Subtotal [B1004] Provena Payable		-	(6,309) pg 17 - 28.1
Subgroup : [B1005] Accrued Expenses			
221350-00	Accrued Expenses	-	(71,917)
221360-00	Accrued Exp/Life Ser Ntwk Trust	-	(21,614)
Subtotal [B1005] Accrued Expenses		-	(93,531) pg 17 - 37.1
Subgroup : [B1006] Installment Loans			
231200-00	DSF Installment Loan	-	-
222001-00	Loan from DSF	(25,000)	-
231300-00	DSF Installment Loan-SF AC	-	-
Subtotal [B1006] Installment Loans		(25,000)	- pg 17 - 39
Subgroup : [B1007] Retained Earnings			
236100-00	Deferred Revenue - Prepayments	-	-
260250-00	Undesignated Retained Earnings	(782,852)	(203,846) pg 18 - 1.1
260300-00	Restricted Funds	(59,983)	(43,512) pg 18 - 11.1
Subtotal [B1007] Retained Earnings		(842,835)	(247,358)
999999-00	Clearing Account	3,221	- Pg3 - 7.3