

Facility Name & ID Number Good Samaritan Home

0009258 Report Period Beginning: 10/01/2015 Ending: 09/30/2016

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 4/1/2016

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	72	Skilled (SNF)	85	28,182	1
2		Skilled Pediatric (SNF/PED)		0	2
3	131	Intermediate (ICF)	118	45,567	3
4		Intermediate/DD		0	4
5	28	Sheltered Care (SC)	28	10,248	5
6		ICF/DD 16 or Less		0	6
7	231	TOTALS	231	83,997	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	2,057	1,690	6,291	10,038	8
9	SNF/PED					9
10	ICF	22,173	31,179	230	53,582	10
11	ICF/DD					11
12	SC		6,306		6,306	12
13	DD 16 OR LESS					13
14	TOTALS	24,230	39,175	6,521	69,926	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.25%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

Outpatient Therapy - Pool Exercise Classes, Assisted Living Center days 7,842

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 02/22/1957

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 17 and days of care provided 5,709

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 9/30/2016 Fiscal Year: 9/30/2016

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

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/01/2015 Ending: 09/30/2016

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	1,021,168	67,578	34,102	1,122,848		1,122,848		1,122,848		1
2	Food Purchase		971,321		971,321		971,321	(93,220)	878,101		2
3	Housekeeping	391,982	57,351	59,858	509,191		509,191	(7,225)	501,966		3
4	Laundry	157,763		17,429	175,192		175,192		175,192		4
5	Heat and Other Utilities			415,467	415,467		415,467		415,467		5
6	Maintenance	314,349	68,109	247,496	629,954		629,954	(460)	629,494		6
7	Other (specify):*										7
8	TOTAL General Services	1,885,262	1,164,359	774,352	3,823,973		3,823,973	(100,905)	3,723,068		8
	B. Health Care and Programs										
9	Medical Director			1,610	1,610		1,610		1,610		9
10	Nursing and Medical Records	5,680,124	289,475	18,964	5,988,563		5,988,563		5,988,563		10
10a	Therapy		3,225	543,448	546,673		546,673		546,673		10a
11	Activities	211,166	4,221	9,616	225,003		225,003		225,003		11
12	Social Services	190,306	8,856	500	199,662		199,662		199,662		12
13	CNA Training			21,794	21,794		21,794		21,794		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,081,596	305,777	595,932	6,983,305		6,983,305		6,983,305		16
	C. General Administration										
17	Administrative	305,051			305,051		305,051		305,051		17
18	Directors Fees										18
19	Professional Services			46,391	46,391		46,391	(10,907)	35,484		19
20	Dues, Fees, Subscriptions & Promotions			84,633	84,633		84,633	(3,032)	81,601		20
21	Clerical & General Office Expenses	553,764	97,879	276,684	928,327		928,327	(194,703)	733,624		21
22	Employee Benefits & Payroll Taxes			2,412,778	2,412,778		2,412,778		2,412,778		22
23	Inservice Training & Education			1,326	1,326		1,326		1,326		23
24	Travel and Seminar			11,150	11,150		11,150	(1,769)	9,381		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			130,819	130,819		130,819		130,819		26
27	Other (specify):*										27
28	TOTAL General Administration	858,815	97,879	2,963,781	3,920,475		3,920,475	(210,411)	3,710,064		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,825,673	1,568,015	4,334,065	14,727,753		14,727,753	(311,316)	14,416,437		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Good Samaritan Home

#0009258

Report Period Beginning:

10/01/2015

Ending:

09/30/2016

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,057,664	1,057,664		1,057,664	(4,665)	1,052,999			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			231,064	231,064		231,064		231,064			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,288,728	1,288,728		1,288,728	(4,665)	1,284,063			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		217,139		217,139		217,139		217,139			39
40	Barber and Beauty Shops	73,913	4,545	462	78,920		78,920		78,920			40
41	Coffee and Gift Shops	24,132	53,521		77,653		77,653		77,653			41
42	Provider Participation Fee			462,494	462,494		462,494		462,494			42
43	Other (specify):*	240,018		1,970,677	2,210,695		2,210,695	(2,210,695)				43
44	TOTAL Special Cost Centers	338,063	275,205	2,433,633	3,046,901		3,046,901	(2,210,695)	836,206			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,163,736	1,843,220	8,056,426	19,063,382		19,063,382	(2,526,676)	16,536,706			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	(82,858)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,375)	30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,109)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(965,783)	43		24
25	Fund Raising, Advertising and Promotional	(382)	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 Sch 5A	(1,474,169)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,526,676)		\$	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))	\$ (2,526,676)		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

BHF USE ONLY							
48		49		50		51	

Good Samaritan Home

ID# 0009258

Report Period Beginning: 10/01/2015

Ending: 09/30/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

Good Samaritan Home

0009258

09/30/2016

Schedule 5A

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V Reference
Resident Cable Expense	(40,800)	43
To disallow Rotary Club and Chamber of Commerce Dues	(941)	20
To disallow non-allowable Administrative Expenses	(6,273)	21
To disallow radio station expense	(88)	43
To disallow X-Ray expense	(15,730)	43
To disallow Lab expense	(15,534)	43
To disallow investment consultants	(59,918)	43
To disallow Assisted Living facility license	0	20
To record second year facility license	(1,990)	20
To offset guest room income	(3,290)	30
To disallow cottage service income	(225)	3
To offset miscellaneous income	(402)	21
To offset discount earned income	(101)	20
To offset discount earned income	(460)	6
To offset discount earned income	(10,362)	2
To offset Smoking and Pet Clearing Fee	(7,000)	3
To offset Foundation Management Fee	(120,000)	21
To disallow Property Taxes	(62,567)	43
To disallow Assist Living depreciation	(111,198)	43
To disallow Assist Living Wages	(161,431)	43
To disallow cottage expenses	(775,155)	43
To disallow Public Relation Wages	(68,028)	21
To disallow Legal Fees	(10,907)	19
To disallow out of Period Seminars	(1,250)	24
To disallow Assisted Living Seminars	(519)	24
	<u>(1,474,169)</u>	

Total

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015

Ending:

09/30/2016

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(82,858)	0	0	0	0	0	0	0	0	0	0	(82,858)	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	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	(82,858)	0	(82,858)	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	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(82,858)	0	(82,858)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015 Ending:

09/30/2016

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

	Capital Expense	PAGES	PAGE	SUMMARY TOTALS										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,375)	0	0	0	0	0	0	0	0	0	0	(1,375)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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	(1,375)	0	(1,375)	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):*	(968,274)	0	0	0	0	0	0	0	0	0	0	(968,274)	43
44	TOTAL Special Cost Centers	(968,274)	0	(968,274)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,052,507)	0	(1,052,507)	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
N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V	N/A						4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V	N/A						17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	0	\$ *

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

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	Genea Awewkamp	BOD						1
2	Gary Blickhan	BOD						2
3	Andrew Cashman	BOD						3
4	Laura Ehrhart	BOD	N/A	N/A	N/A	N/A	N/A	4
5	John Heidbreder	BOD						5
6	Jerry Jackson	BOD						6
7	Bob Johnson	BOD						7
8	Paul Kemner	BOD						8
9	Prandy Riley	BOD						9
10	Larry Shepherd	BOD						10
11	Jeff Spear	BOD						11
12	Steve Wavering	BOD						12
13								13
14	Auxillary Representatives							14
15	Billie Menke	BOD						15
16	Janet Scheeberger	BOD						16
17								17
18	Uncle Sam Representatives							18
19	Richard Walz	BOD						19
20	Robert Young	BOD						20
21								21
22	Illinois Conference UCC Representatives							22
23	Mike Oberdahlhoff	BOD						23
24	Raymond Scheiter	BOD						24
25	William Winn	BOD						25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/01/2015 Ending: 09/30/2016

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1									\$	1
2	N/A									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 Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015

Ending: 9/30/2016

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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	N/A								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

Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015

Ending:

09/30/2016

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	First Bankers Trust Company		X	Mortgage	\$65,550.75	12/01/09	\$ 12,000,000	\$ 7,006,028	12/01/2039	3.0500	\$ 218,656	1						
2			X	Amortization of Loan Cost							12,408	2						
3												3						
4												4						
5												5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related				\$65,550.75		\$ 12,000,000	\$ 7,006,028			\$ 231,064	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 12,000,000	\$ 7,006,028			\$ 231,064	15						

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

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2015 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 2016 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:

2011	<u> </u>	8
2012	N/A	9
2013	<u> </u>	10
2014	<u> </u>	11
2015	<u> </u>	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2015	\$ <u> </u>	13
14	PLUS APPEAL COST FROM LINE 5	\$ <u> </u>	14
15	LESS REFUND FROM LINE 6	\$ <u> </u>	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$ <u> </u>	16

NOTES:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Good Samaritan Home COUNTY Adams

FACILITY IDPH LICENSE NUMBER 0009258

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (217) 223-8717 FAX #: (217) 223-6015

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Good Samaritan Home

0009258 Report Period Beginning:

10/01/2015 Ending:

09/30/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 124,970 B. General Construction Type: Exterior Brick Frame Steel Number of Stories _____

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Residential Cottage Apartments 180 Units for 199,478 square feet

Assisted Living Facilities with 26 beds for 15,900 square feet Resident Days 7,842

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>1,219,680</u>	<u>1956-2010</u>	<u>\$ 114,502</u>	<u>1</u>
2	<u>Facility</u>		<u>2011</u>	<u>330,147</u>	<u>2</u>
3	TOTALS	1,219,680		\$ 444,649	3

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015

Ending:

09/30/2016

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	48		1962	\$ 683,823	\$	40	\$	\$	\$ 683,823	4
5	68		1973	1,683,761		40			1,683,761	5
6	91		1984	1,953,541	48,839	40	48,839		1,591,326	6
7	24		2010	1,695,151	73,166	Various	73,166		469,484	7
8										8
	Improvement Type**									
9	Building Service Equipment		1983	10,058		20			10,058	9
10	Land Improvements		1984	37,294		15			37,294	10
11	Building Service Equipment		1984	299,341		Various			299,341	11
12	Building Improvements		1985	250,935	6,273	40	6,273		196,150	12
13	Building Service Equipment		1985	23,430		Various			23,430	13
14	Building Improvements		1986	119,616	2,990	40	2,990		90,707	14
15	Building Service Equipment		1986	137,391		Various			137,391	15
16	Building Service Equipment		1987	10,451		20			10,451	16
17	Building Service Equipment		1988	1,620		15			1,620	17
18	Building Improvements		1989	130,612	4,354	30	4,354		121,902	18
19	Building Improvements State Audit Adjustments 10881+30372		1991	511,992	18,441	30	17,066	(1,375)	432,287	19
20	Building Services Equipment		1991	22,309		Various			22,309	20
21	Kitchen/Dining Room		1993	310,412	7,760	40	7,760		181,073	21
22	Building Services Equipment		1993	5,941	238	25	238		5,485	22
23	Parking Lot		1994	87,827		15			87,827	23
24	Sidewalk		1994	7,875		15			7,875	24
25	Dining Room		1994	6,305		Various			6,305	25
26	Building Services Equipment		1994	61,368		Various			61,368	26
27	Building Services Equipment		1995	12,183		15			12,183	27
28	Gutters		1996	10,817	270	20	270		10,817	28
29	Roof		1996	9,016	225	20	225		9,016	29
30	Roof - Anna Brown Wing		1996	70,800	3,540	20	3,540		70,505	30
31	Building Services Equipment		1996	38,438	652	various	652		38,438	31
32										32
33	Sprinkling System		1997	3,354		10			3,354	33
34	Tamper Detectors - Dispose of in 2016		1997							34
35	Sprinkler System		1997	102,875	5,144	20	5,144		98,160	35
36	Roof- Kitchen/Dinning		1998	40,400	1,036	39	1,036		19,414	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

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	Elevator Doors - Dietary	1998	\$ 1,095	\$	10	\$	\$	\$ 1,095	37
38	Remodeling -Anna Brow Wing Walls, Ceiling, Floors,Lights	1999	199,131	4,978	39	4,978		85,668	38
39	Remodeling -Anna Brow Wing - Fire Damper	1999	21,915	538	39	538		9,615	39
40	Chapel Roof	1999	21,515	548	39	548		9,519	40
41	Fire Damper Alarm - Dispose of 2016	1999							41
42	Eber Parking Lot Lights	1999	5,495		15			5,495	42
43	Stainless Steel D/W Exhaust	1999	1,659		10			1,659	43
44	Wiring Chapel Roof	1999	332		10			332	44
45	Code Alert System	1999	61,985		5			61,985	45
46	Elevator Upgrade A/B East	1999	22,556		10			22,556	46
47	Elevator Upgrade - Special Care	1999	5,970		10			5,970	47
48	Fire Protection A/B	1999	4,500		10			4,500	48
49	Condensor Unit	1999	22,945		15			22,945	49
50	Fire Protection Pool Area	1999	776		10			776	50
51	Damper Duct Work	1999	5,602		15			5,602	51
52	Chapel Remodeling - Unity & Pews	2000	14,760	369	39	369		5,919	52
53	Kitchen Remodeling - Sidewalls	2000	3,485		15			3,485	53
54	Kitchen Remodeling - Galvanized Wall Divider	2000	2,601		15			2,601	54
55	East Nursing Remodeling - Walls, Ceilings, Floors	2000	26,757	669	39	669		10,898	55
56	Eber Wing Smoke Damper Dispose of 2016	2000							56
57	HVAC Rehab Eber Wing - Dispose of in 2016	2000							57
58	3 Ton Rooftop Unit A/C West Dining	2000	2,776		15			2,776	58
59	Elevator Up Grade East Wing	2000	12,776		15			12,776	59
60	Entrance Code Lock Special Care	2000							60
61	Life Safety Code Sprinkler Drains	2000	7,000		15			7,000	61
62	Land Improvement New Sidewalk	2000	1,200	60	20	60		930	62
63	Renovation of East Nursing Wing	2001	369,213	9,230	39	9,230		140,378	63
64	Painting Kitchen Dispose of in 2016	2001		85		85			64
65	Kitchen Electrical Work	2000	611	20	15	20		611	65
66	HVAC Rehab Eber Wing - Dispose of in 2016	2000		186	15	186			66
67	Sprinklers	2000	4,151	138	15	138		4,151	67
68	Wet Chemical Fire Suppressor Work	2000	3,695	123	15	123		3,695	68
69	Electrical Work	2001	1,609	54	15	54		1,609	69
70	TOTAL (lines 4 thru 69)		\$ 9,165,046	\$ 189,926		\$ 188,551	\$ (1,375)	\$ 6,857,700	70

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

Facility Name & ID Number Good Samaritan Home# 0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,165,046	\$ 189,926		\$ 188,551	\$ (1,375)	\$ 6,857,700	1
2	Smoke/ Fire Damper East, South and Eber - Dispose in 2016	2001		1,691	15	1,691			2
3	3D Detectors in Elevators	2001	4,916		10			4,916	3
4	Compensators	2001	2,724		10			2,724	4
5	33 Lever Passage Locks	2002	2,904		10			2,904	5
6	Exit Lights and Hold Opens	2002	966		10			966	6
7	16 Lever Passage Locks	2002	1,408		10			1,408	7
8	Water Piping	2001	4,600	115	39	115		1,711	8
9	Buffet in Dining Area	2003	2,977	198	15	198		2,715	9
10	Door - code alert and keypad	2003	2,489		10			2,489	10
11	Fire Collars	2003	3,619		10			3,619	11
12	Main Breaker	2003	3,291	219	15	219		2,870	12
13	Elevator Master Door Operator	2003	4,278		10			4,278	13
14	Annunciators	2004	51,494		10			51,494	14
15	Sewer Lines	2003	5,801	387	15	387		4,995	15
16	Smoke Damper - Eber	2003	698	47	15	47		597	16
17	Beauty Shop Wiring	2003	2,272	151	15	151		1,932	17
18	Dietary Doors	2004	3,801	253	15	253		3,210	18
19	Roof	2004	4,028	269	15	269		3,357	19
20	Remote Annunciator Dispose of 2016	2004							20
21	Cooler Expansion	2004	6,120	408	15	408		5,032	21
22	Parking Lot	2004	6,800	453	15	453		5,553	22
23	Ambulance Garage Doors	2004	1,070		10			1,070	23
24	Kitchen Remodel	2004	6,425		10			6,425	24
25	Plumbing wok in Eber/South	2004	5,147	343	15	343		4,060	25
26	Water Softener System	2004	15,642		10			15,642	26
27	Kitchen Electrical Work	2004	247	12	20	12		148	27
28	Kitchen Remodel	2004	1,248	62	20	62		744	28
29	Sprinkler System	2004	980	49	20	49		580	29
30	Sprinkler System	2005	2,373	119	20	119		1,384	30
31	Perry Suite Renovations	2005	2,470	165	15	165		1,907	31
32	Water Heater	2006	723	60	10	60		723	32
33	Telephone System	2006	50,625	3,375	15	3,375		35,718	33
34	TOTAL (lines 1 thru 33)		\$ 9,367,182	\$ 198,302		\$ 196,927	\$ (1,375)	\$ 7,032,871	34

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

Facility Name & ID Number Good Samaritan Home# 0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,367,182	\$ 198,302		\$ 196,927	\$ (1,375)	\$ 7,032,871	1
2	Sprinkler System Pipes	2006	1,645	126	various	126		1,431	2
3	Overhead Door	2005	1,400	12	10	12		1,400	3
4	Concrete Work	2005	9,936	662	15	662		7,176	4
5	Fire Walls	2006	14,948	747	20	747		7,723	5
6	Fire Alarm System	2006	23,500	1,567	15	1,567		16,711	6
7	Life Safety Code Renovations	2006	1,905	79	10	79		1,905	7
8	Renovations to Building Front Entrance	2006	38,611	1,931	20	1,931		19,949	8
9	Telephone System Wiring	2006	35,781	3,261	10	3,261		35,781	9
10	Pool Area Renovations	2006	98,370	4,919	20	4,919		51,234	10
11	Concrete Work	2006	3,850	257	15	257		2,674	11
12	Lighting in the Hallway	2006	7,872	394	20	394		4,034	12
13	Laundry Renovations- Air System	2006	9,841	492	20	492		5,044	13
14	Smoke/Fire Dampers Special Care Area	2006	14,683	734	20	734		7,525	14
15	Eber Elevator Remodel	2006	12,769	851	15	851		8,441	15
16	Sprinkler System Heads	2006	20,456	1,364	15	1,364		13,296	16
17	South Wing Fiber Server	2007	2,526	168	15	168		1,642	17
18	Smoke/Fire Detectors	2007	10,431	1,043	10	1,043		10,083	18
19	Repairs to Boiler Motor	2007	954	95	10	95		922	19
20	Smoke/Fire Dampers	2007	1,125	113	10	113		1,088	20
21	CO Detectors	2007	1,483	148	10	148		1,360	21
22	Call Lights - Dining Hall	2007	823	82	10	82		747	22
23	Hot Water Tank	2007	2,588	259	10	259		2,372	23
24	Repairs to Hot Water Shower Area	2007	1,113	111	10	111		1,002	24
25	Compressor - Walk in	2007	2,922	292	10	292		2,629	25
26	Repairs to Wiring in Chapel Area	2007	14,516	968	15	968		8,709	26
27	HVAC Controllers	2007	11,952	797	15	797		7,171	27
28	Physical Therapy Ductwork Repairs	2006	2,254	150	15	150		1,490	28
29	Alarm Stations Repairs	2006	27,685	1,846	15	1,846		17,995	29
30	Dining Hall Electric	2007	890	59	15	59		578	30
31	Chapel Roof Repair	2007	3,528	235	15	235		2,293	31
32	Dining Hall Paint	2007	7,401	740	10	740		7,093	32
33	Dinning Hall Roof Repairs	2007	573	38	15	38		363	33
34	TOTAL (lines 1 thru 33)		\$ 9,755,513	\$ 222,842		\$ 221,467	\$ (1,375)	\$ 7,284,732	34

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,755,513	\$ 222,842		\$ 221,467	\$ (1,375)	\$ 7,284,732	1
2	Storm Sewer Line	2007	3,459	231	15	231		2,153	2
3	Dietary Doors	2007	1,485	148	10	148		1,336	3
4	Alarm System at Stations	2007	4,450	445	10	445		3,931	4
5	Roof South Eber	2007	9,587	639	15	639		5,646	5
6	Fiber Project Improvements	2008	10,646	709	15	709		6,033	6
7	Door Closers	2008	10,180	1,018	10	1,018		8,144	7
8	Elevator Renovation	2008	122,827	8,188	15	8,188		68,237	8
9	Wanderer Alert System	2008	1,968	197	10	197		1,672	9
10	CO System Detectors	2008	1,395	140	10	140		1,174	10
11	Improvements Fire Protection	2009	35,300	2,353	15	2,353		18,042	11
12	New Doors Alarm	2008	8,704	435	20	435		3,373	12
13	Improvements to Elevator	2008	27,518	1,835	15	1,835		14,524	13
14	Improvement to Alarms	2009	14,985	749	20	749		5,682	14
15	Eber Water Project	2009	3,795	190	20	190		1,423	15
16	Improvements Fire Protection	2009	1,640	82	20	82		581	16
17	Hot Water Heater	2009	5,577	558	10	558		4,183	17
18	Improvements to Heater in Pool	2009	14,325	1,433	10	1,433		10,624	18
19	Run Fiber - Anna Brown to switch in Maint. For Phone Sys.	2009	1,040		5			1,040	19
20	IDCS 500 Release - Wiring & Cabinet for Phone System	2009	7,099		5			7,099	20
21	Addition to Walking Freezer	2009	88,733	5,916	20	5,916		37,958	21
22	Roof Repair to the East Circle and Chapel	2009	61,810	3,091	20	3,091		21,118	22
23	East Circle Laundry- Labor, Plumbing Materials,	2009	11,420	571	20	571		3,854	23
24	Install Upgrade to Code Alert System - Wiring and Labor	2009	85,645	8,564	20	8,564		54,955	24
25	Wiring for the Facility Phone System	2010	10,951	1,095	20	1,095		6,935	25
26	Replace the Transfer Switch - Wiring and Labor	2009	12,414	621	20	621		3,880	26
27	Install Water Valve in Meter Pit/ Fire Hydrant	2009	13,300	1,330	20	1,330		9,015	27
28	Concrete Work for Ambulance Garage,Sidewalks, & Drives	2010	24,818	1,241	20	1,241		8,066	28
29	Alzheimer's Unit -Landscaping	2010	51,508	3,434	15	3,434		22,034	29
30	Alzheimer's Unit -Parking Lot	2010	154,072	10,272	15	10,272		65,909	30
31	New Alzheimer Building	2010	4,789,401	119,735	40	119,735		768,300	31
32	New Alzheimer Building -Unit Mechanical	2010	838,272	41,914	20	41,914		268,946	32
33	New Alzheimer Building -Unit Roofing	2010	223,472	8,939	25	8,939		57,358	33
34	TOTAL (lines 1 thru 33)		\$ 16,407,309	\$ 448,915		\$ 447,540	\$ (1,375)	\$ 8,777,957	34

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 16,407,309	\$ 448,915		\$ 447,540	\$ (1,375)	\$ 8,777,957	1
2	New Alzheimer -Mega Plant	2010	1,405,351	46,845	30	46,845		300,589	2
3	New Alzheimer -Unit Generator	2010	383,839	19,192	20	19,192		123,148	3
4	New Alzheimer - Unit Elevator	2010	117,455	7,830	15	7,830		50,245	4
5	New Alzheimer -Counter Tops and Cabinets	2010	354,518	17,726	20	17,726		113,741	5
6	New Alzheimer -Floor Coverings & Carpet	2010	209,459	13,964	15	13,964		89,602	6
7	Office Building	2010	167,615	4,190	40	4,190		26,190	7
8	Handicapped Doors for South Hall	2010	5,872	294	20	294		1,835	8
9	Air Curtain -Dietary	2010	1,455	145	10	145		897	9
10	Code Alert -Eber South	2010	105,708	10,571	10	10,571		64,306	10
11	Patios & sidewalk -Foose	2010	11,290	565	20	565		3,387	11
12	Windows-Dinning Room	2010	2,672	134	20	134		790	12
13	Elevator Kitchen - Door Operator	2010	3,335	334	10	334		2,001	13
14	Installing Ballast (Dimming)	2010	4,350	435	10	435		2,574	14
15	Transfer Switch - Eber	2010	8,600	860	10	860		5,088	15
16	Sprinkler Heads - West Nursing	2010	2,688	269	10	269		1,546	16
17	Code Alert - Eber/ South	2011	10,751	1,075	10	1,075		5,555	17
18	Plumbing Rehab. East Circle	2011	33,362	3,336	10	3,336		18,349	18
19	Walk-in-Freezer	2011	3,245	325	10	325		1,758	19
20	Foose & AB Unit Room Controllers	2011	75,000	3,750	20	3,750		18,750	20
21	Wash Station for the eye	2011	18,800	1,880	10	1,880		9,870	21
22	Land Improvement New Bldg-Crubs, Sidewalks, Sewers etc	2011	392,571	26,171	15	26,171		130,857	22
23	Renovations to Special Care Unit	2012	1,152,325	28,808	40	28,808		117,633	23
24	Special Care Mechanical	2012	609,108	30,455	20	30,455		124,360	24
25	Administration Office and AL	2011	1,673,695	41,842	40	41,842		209,212	25
26	Roof for Administration Bldg & AL	2011	50,491	1,262	40	1,262		6,311	26
27	Mechanical for Administration and AL	2011	383,112	19,155	20	19,155		95,778	27
28	New Roof Ambulance Bay	2012	54,200	2,710	20	2,710		11,066	28
29	New Roof West Nursing	2011	52,290	2,615	20	2,615		12,637	29
30	Electrical Work Remodel for signs & wiring for Medicare unit	2012	13,070	523	25	523		2,222	30
31	Doors- Remodel electric doors closers in nursing facility	2012	10,437	417	25	417		1,670	31
32	Controls for Individual Rooms	2012	62,000	6,200	10	6,200		29,450	32
33	Dry Pipe System Remodeling	2011	12,582	1,258	10	1,258		5,977	33
34	TOTAL (lines 1 thru 33)		\$ 23,798,555	\$ 744,051		\$ 742,676	\$ (1,375)	\$ 10,365,351	34

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 23,798,555	\$ 744,051		\$ 742,676	\$ (1,375)	\$ 10,365,351	1
2	Addressable Pull Stations	2012	2,366	237	10	237		1,124	2
3	Laundry Control System	2011	2,890	289	10	289		1,373	3
4	Water Heater Barber Shop	2011	8,971	897	10	897		4,336	4
5	Data Connections Administration Building	2011	5,262	526	10	526		2,587	5
6	Water Heater Dietary Department	2011	9,510	951	10	951		4,755	6
7	Floor coverings Special Care Unit	2011	123,277	12,328	10	12,328		50,338	7
8	Floor coverings Administration	2011	55,207	5,521	10	5,521		27,604	8
9	HVAC Roof Unit	2011	7,845	784	10	784		3,530	9
10	Flooring Ann Brown	2011	10,249	1,025	10	1,025		5,039	10
11	Chapel Renovations - Phase III	2013	135,247	5,410	25	5,410		18,484	11
12	Rounda Renovation Phase III	2013	19,306	772	25	772		2,638	12
13	Can Lights - Medicare Unit	2012	2,750	110	25	110		440	13
14	Exit Lighting Panel- Medicare Unit	2012	2,779	111	25	111		445	14
15	Painting - Ecircle Eber South Ct	2013	35,753	1,430	25	1,430		4,886	15
16	Neighborhoods - Phase III	2013	691,456	27,658	25	27,658		94,499	16
17	Sunnydale Transition	2013	2,895	72	40	72		259	17
18	Convert Foose Singles	2013	9,698	485	20	485		1,576	18
19	Eastbrook Lane	2013	13,087	654	20	654		2,127	19
20	Sunny Dale Tile Project	2013	16,955	848	20	848		2,543	20
21	Courtyard Railing	2012	4,292	172	25	172		658	21
22	Fire Alarm - Social Room	2012	3,237	130	25	130		507	22
23	Paging System - Nursing	2013	10,826	722	15	722		2,707	23
24	Code Alert - E Circle, Social Room	2013	2,792	186	15	186		652	24
25	Voice, Dara, Video - Nursing	2013	11,551	770	15	770		2,695	25
26	Bradley HL80 Mixing Valves	2013	5,376	358	15	358		1,314	26
27	Power Assis Dooes - Medicare	2013	5,000	333	15	333		1,167	27
28	SS Sink & Eyewash - Special Care	2013	2,943	196	15	196		687	28
29	Flooring Covering -Phase III	2013	122,252	8,150	15	8,150		27,846	29
30	Window Treatment - Phase III	2013	6,416	428	15	428		1,461	30
31	Code Alert - E Circle, Social Room	2013	1,536	154	10	154		512	31
32	Eber Roof Unit	2013	8,244	824	10	824		2,679	32
33	Rheem Hot Water Tank - Dietary	2013	3,754	375	10	375		1,220	33
34	TOTAL (lines 1 thru 33)		\$ 25,142,276	\$ 816,957		\$ 815,582	\$ (1,375)	\$ 10,638,039	34

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

Facility Name & ID Number Good Samaritan Home# 0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 25,142,276	\$ 816,957		\$ 815,582	\$ (1,375)	\$ 10,638,039	1
2	E Circle Water & Sewer Lines	2013	1,473	147	10	147		454	2
3	RTU - Social Services	2013	5,570	557	10	557		1,717	3
4	Water Heater AO Smith - Dietary & Laundry Area)	2014	11,452	1,145	10	1,145		2,958	4
5	Installation and equipment for Wander Management System	2014	14,800	1,480	10	1,480		3,823	5
6	Eber/Southnurseing wings HVAC Replacement	2014	58,997	3,933	15	3,933		7,866	6
7	Condenser Unit for Laundry Area	2014	1,850	185	10	185		432	7
8	Nursing Area Compressor Unit	2014	8,497	850	10	850		1,770	8
9	Dietary Area Sprinkler System Upgrade	2014	1,895	190	10	190		395	9
10	Sunny Dale - Install Wallcovering and Painting	2013	20,595	1,030	20	1,030		3,003	10
11	Sunny Dale Painting the Exterior and West Kitchen Vestibule	2013	5,856	293	20	293		830	11
12	Sunny Dale Projest Counter Tops, Cabinet Cover and Cabinets	2014	11,472	574	20	574		1,530	12
13	Sunny Dale Improvements - Install Handrails	2014	5,200	260	20	260		693	13
14	Nursing Station Improv. Wallcovering and Painting	2014	18,850	943	20	943		2,278	14
15	Eber & South - Room Refurbishing Wallcovering/Painting	2014	29,920	1,496	20	1,496		3,491	15
16	Eber & South - Room Refurbishing Wallcovering/Painting	2014	11,968	598	20	598		1,297	16
17	Eber & South - Room Refurbishing Wallcovering/Painting	2014	5,984	299	20	299		598	17
18	New Sewer Line installed in the Dietary Labor/Materials	2013	4,677	234	20	234		643	18
19	East Circle Light Fixtures Wiring and Installation	2014	2,855	143	20	143		333	19
20	Accounting firm reclassification items 9/30/2013								20
21	Floor Title in Kitchen	1999	2,455		10			2,455	21
22	Ductwork 213OH	2004	1,760		10			1,760	22
23	Flooring - Beauty Shop	2003	2,512		10			2,512	23
24	Junction Box Linal	2004	10,383		10			10,383	24
25	Carpet - Perry Suite	2005	1,916		10			1,916	25
26	Flooring - Medical Records	2005	1,337		10			1,337	26
27	Carpet - Exercise Room	2006	890	52	10	52		890	27
28	Base Cabinets - Dietary	2006	1,117	112	10	112		1,099	28
29	ABS Single Basin Sink - East Nursing	2007	1,141	114	10	114		1,036	29
30	Flooring - Rooms	2010	4,563	456	10	456		2,966	30
31	Dinning Floor - Eber * South Court	2010	14,397	1,440	10	1,440		9,238	31
32	Dinning Floor - Sunny Dale	2010	3,638	364	10	364		2,334	32
33	Floor - East Laundry	2010	1,003	100	10	100		644	33
34	TOTAL (lines 1 thru 33)		\$ 25,411,299	\$ 833,952		\$ 832,577	\$ (1,375)	\$ 10,710,720	34

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

Facility Name & ID Number Good Samaritan Home# 0009258

Report Period Beginning:

10/01/2015 Ending: 09/30/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 25,411,299	\$ 833,952		\$ 832,577	\$ (1,375)	\$ 10,710,720	1
2	Dinning Floor - Main Dinning	2010	9,586	959	10	959		6,151	2
3	Eber Gardens Carpet	2011	27,615	2,762	10	2,762		13,808	3
4	Carpeting	2011	3,436	344	10	344		1,947	4
5	Floor Covering Room 451	2012	1,794	179	10	179		717	5
6	21 Showers Doors Anna Brown Section	2012	3,826	383	10	383		1,626	6
7	Floor Covering Room 447	2012	2,563	256	10	256		1,196	7
8	Floor Covering Room 126./132	2011	787	79	10	79		380	8
9	Eber & South	2015	95,744	4,787	20	4,787		6,782	9
10	Anna Brown - Roof	2015	50,480	2,524	20	2,524		3,365	10
11	Door Project - Automatic	2015	38,598	1,930	20	1,930		2,895	11
12	Door Alarm Fire Foose Section	2015	1,253	125	10	125		209	12
13	2 Jeld-Wen Casement Windows	2015	2,271	227	10	227		322	13
14	New Doors East Circle	2015	4,795	480	10	480		559	14
15	Eber and South Halls Lighting	2015	19,845	993	20	993		1,075	15
16	New Doors Chapel	2015	2,811	281	10	281		281	16
17	New Doors - Kitchen/Dinning	2015	2,721	272	10	272		272	17
18	Additional Recepticals Kitchen	2015	7,876	394	20	394		394	18
19	Cooling Tower Refurbish	2014	2,983	149	20	149		286	19
20	Hot Water Storage Tank - Dietary	2014	2,933	293	10	293		537	20
21	Fusible Links in Dampers	2014	8,800	587	15	587		1,027	21
22	Rebuild Mixing Valves	2015	2,167	217	10	217		379	22
23	Replace Inverter	2015	4,445	445	10	445		741	23
24	Anna Brown HVAC Upgrade	2015	5,692	569	10	569		949	24
25	Steel Pipe Epsilon Plant	2015	1,950	195	10	195		325	25
26	Wiring / Sprinkler Correction Plan	2015	17,979	1,798	10	1,798		2,547	26
27	Landscaping - Eber/South	2015	11,577	579	15	579		579	27
28	Parking Lot Jercho Road	2015	244,373	4,073	15	4,073		4,073	28
29	Room 601 - Painting and Refurbishing	2015	5,984	299	20	299		299	29
30	East Circle/ Chaple - wiring of receptacles to generator	2015	5,602	257	20	257		257	30
31	Eber Parking Lot Drain - Concrete work	2015	2,000	122	15	122		122	31
32	Rooms 516,517,521 Painting and Refurbishing	2015	17,952	823	20	823		823	32
33	Room 514 - Painting and Refurbishing	2015	5,984	224	20	224		224	33
34	TOTAL (lines 1 thru 33)		\$ 26,027,721	\$ 861,557		\$ 860,182	\$ (1,375)	\$ 10,765,867	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 26,027,721	\$ 861,557		\$ 860,182	\$ (1,375)	\$ 10,765,867	1
2	Room 515 - Painting and Refurbishing	2016	5,984	224	20	224		224	2
3	Room 609 - Painting and Refurbishing	2016	5,984	199	20	199		199	3
4	Room 501 - Painting and Refurbishing	2016	5,984	175	20	175		175	4
5	Staff Restroom - Eber South Patch and replace sinks	2015	2,268	189	10	189		189	5
6	HVAC Eber South	2016	927,249	3,864	20	3,864		3,864	6
7	Emergency Power Project	2015	195,687	7,338	20	7,338		7,338	7
8	Call Light System	2015	7,631	636	10	636		636	8
9	Emergency Call System Anna Brown	2016	50,856	2,967	10	2,967		2,967	9
10	Gas Line - Eber South	2016	15,000	375	20	375		375	10
11	Commercial Water Heater	2016	9,831	164	10	164		164	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						(3,290)	(3,290)		32
33	Guest Room Income Offset								33
34	TOTAL (lines 1 thru 33)		\$ 27,254,195	\$ 877,688		\$ 873,023	\$ (4,665)	\$ 10,781,998	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,243,239	\$ 129,412	\$ 129,412	\$	3-20 yrs	\$ 645,362	71
72	Current Year Purchases	169,321	13,877	13,877		5 -10 yrs	13,877	72
73	Fully Depreciated Assets	971,025				3-20 yrs	971,025	73
74								74
75	TOTALS	\$ 2,383,585	\$ 143,289	\$ 143,289	\$		\$ 1,630,264	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	Facility	Ford Starcraft Bus 2015 (2)	2015	\$ 128,098	\$ 12,810	\$ 12,810	\$	10 yrs.	\$ 18,147	76
77	Facility	Dodge Grand Carvan 2014	2015	39,255	7,851	7,851		5 yrs.	11,776	77
78	Maintenance	Ford E-150 2014	2015	11,056	2,211	2,211		5 yrs.	4,422	78
79	See Attach Sch 13A	Various	Various	194,969	13,815	13,815		5-10 yrs	152,868	79
80	TOTALS			\$ 373,378	\$ 36,687	\$ 36,687	\$		\$ 187,213	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)	\$ 30,455,807	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,057,664	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,052,999	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (4,665)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,599,475	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87	Cottage Land				87
88	Cottage Fixed Assets				88
89	Rental Property & Radio Station				89
90	Assisted Living				90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Building Construction	\$	92
93	HVAC Project		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.

Facility Name & ID Number Good Samaritan Home # 0009258 Report Period Beginning: 10/1/2014 Ending: 9/30/2015

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	\$	\$	\$	0		\$	37
38	Current Year Purchases				0			38
39	Fully Depreciated Assets				0			39
40					0			40
41	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Facility	Snow Salt Spreader	2015	1,600	240	240	0	5 yrs	240	42
43	Facility	Toro 8260XE Snow Blower	2014	1,189	119	119	0	10 yrs	218	43
44	Facility	Landpride RB1584 Blade	2014	575	57	57	0	10 yrs	105	44
44a	Facility	Landpride RTR0550 Tiller	2015	1,950	195	195	0	10 yrs	292	44a
44c	Facility	Toro Titan MX5400	2015	6,150	615	615	0	10 yrs	923	44c
44d	Facility	Toro Titan MX5400	2015	6,150	615	615	0	10 yrs	923	44d
44e	Facility	Toro mower	2005	984			0	5 yrs	984	44g
44f	Facility	2005 Chrysler Town	2005	21,931			0	5 yrs	21,931	44f
44g	Facility	Kubota L3430	2006	18,895	1,890	1,890	0	10 yrs	18,580	44g
44h	Facility	Ford F350	2007	30,224	3,022	3,022	0	10 yrs	27,958	44h
44i	Facility	Toro Mower	2009	7,000			0	5 yrs	7,000	44i
44j	Facility	Toro mower	2009	9,000			0	5 yrs	9,000	44j
44k	Facility	Golf Cart	2008	1,200			0	5 yrs	1,200	44k
44l	Facility	Tractor with Cab JD 4320	2010	33,977	3,398	3,398	0	10 yrs	20,103	44l
44m	Facility	2010 GMC Sierra	2010	32,410	1,080	1,080	0	5 yrs	32,410	44m
44n	Facility	Various Mower/Snow EQ	Various	6,637	624	624	0	10 yrs	4,916	44n
44o	Facility	2003 Ford F150	2013	3,500	700	700	0	5 yrs	2,567	44o
44p	Facility	Toro 30" Mower	2013	999	200	200	0	5 yrs	666	44p
44q	Maintenance	Kubota KQ163	2014	1,850	185	185	0	10 yrs	463	44q
44r	Maintenance	YS 200UTV	2014	3,248	325	325	0	10 yrs	785	44r
44s	Maintenance	Kubota BX 1800	2013	5,500	550	550	0	10 yrs	1,604	44s
45							0			45
46	TOTALS			\$ 194,969	\$ 13,815	\$ 13,815	\$ 0		\$ 152,868	46

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$ 47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 49
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	\$ 50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 51

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		\$	\$	\$	52
53					53
54					54
55					55
56					56
57	TOTALS	\$	\$	\$	57

G. Construction-in-Progress

	Description	Cost	
58		\$	58
59			59
60			60
61		\$	61

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

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

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning: 10/01/2015

Ending: 09/30/2016

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	<u>N/A</u>						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.	<u>/2017</u>	\$ <u>N/A</u>
13.	<u>/2018</u>	\$ <u>N/A</u>
14.	<u>/2019</u>	\$ <u>N/A</u>

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

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

N/A
N/A

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

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

15. Is Movable equipment rental included in building rental?

YES NO

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

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<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.

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. <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 checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>104</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>48</u></p>
--	---	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 17,757	\$	\$ 17,757
2	Books and Supplies		3,452		3,452
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		585		585
9	TOTALS	\$	\$ 21,794	\$	\$ 21,794
10	SUM OF line 9, col. 1 and 2 (e)	\$	21,794		

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	9
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	9

- (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	L. 10a C. 3	hrs	\$	2,711	\$ 176,222	\$	2,711	\$ 176,222	1
2	Licensed Speech and Language Development Therapist	L. 10a C. 3	hrs		414	26,889		414	26,889	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L. 10a C. 3	hrs		5,236	340,337	3,225	5,236	343,562	4
5	Physician Care		visits							5
6	Dental Care	L. 10 C 2,3	visits			2,400			2,400	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L. 39 C 2	# of prescrpts				217,139		217,139	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$	8,361	\$ 545,848	\$ 220,364	8,361	\$ 766,212	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Good Samaritan Home# 0009258Report Period Beginning: 10/01/2015Ending: 09/30/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/2016

(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	\$ 439,512	\$ 439,512	1
2	Cash-Patient Deposits	59,922	59,922	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>5,000</u>)	1,933,599	1,933,599	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	625,436	625,436	5
6	Prepaid Insurance	35,455	35,455	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Application Fee Repurchase</u>	25,931	25,931	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,119,855	\$ 3,119,855	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,802,443	8,802,443	12
13	Land	444,649	444,649	13
14	Buildings, at Historical Cost	27,334,386	27,254,195	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,756,963	2,756,963	16
17	Accumulated Depreciation (book methods)	(12,673,311)	(12,599,475)	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 (spe <u>Sch17A</u>)	241,986	241,986	22
23	Other(specify): <u>Cottage & Rental Property</u>	10,887,211	10,887,211	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 37,794,327	\$ 37,787,972	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 40,914,182	\$ 40,907,827	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 655,170	\$ 655,170	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	59,605	59,605	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	555,794	555,794	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	38,459		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Sch 17C</u>	187,185	187,185	36
37	<u>Prepaid Resident Rent</u>	3,000,314	3,000,314	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,496,527	\$ 4,458,068	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	7,006,028	7,006,028	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,006,028	\$ 7,006,028	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,502,555	\$ 11,464,096	46
47	TOTAL EQUITY(page 18, line 24)	\$ 29,411,627	\$ 29,443,731	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 40,914,182	\$ 40,907,827	48

*(See instructions.)

Good Samaritan Home
0009258
09/30/2016

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

B. Long Term Assets

<u>Other Long Term Assets (specify):</u>	<u>Operating</u>	<u>After Consolidation</u>
Loan Amortization Cost	216,986	216,986
Construction in Progress	25,000	25,000
Total Line 22 - Other Long Term Assets (specify):	241,986	241,986

Good Samaritan Home
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09/30/2016

Schedule 17C

XV. BALANCE SHEET - Unrestricted Operating Fund.

C. Current Liabilities

<u>Other Current Liabilities (specify):</u>	<u>Operating</u>	<u>After Consolidation</u>
ST Disability Payable - Employee	5,124	5,124
United Way Deduction	120	120
Misc. Employee Deduction	11	11
Employee Assist Fund Withheld	12,009	12,009
Accrued Interest Payable	8,904	8,904
Pension Plan Payable-Employee		
Capital Campaign Pledge		
Capital Campaign Pledge - Residents		
Benevolent Fund Payable	7,428	7,428
Flower Fund Payable	76	76
Foose Center's Special Activity Fund	10,000	10,000
Application Fee Payable	25,830	25,830
Medicare Liability		
Medicaid Liability		
Employee Health/Life Liability	117,683	117,683
Total Line 36 - Other Current Liabilities(specify):	187,185	187,185

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 29,159,972	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 29,159,971	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	251,656	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)	\$ 251,656	17
	B. Transfers (Itemize):		
18			18
19	Rounding		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)	\$ 29,411,627	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning: 10/01/2015

Ending: 09/30/2016

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,643,498	1
2	Discounts and Allowances for all Levels	(2,236,393)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,407,105	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,163,246	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,163,246	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	46,368	12
13	Barber and Beauty Care	57,616	13
14	Non-Patient Meals	82,858	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	425,306	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	33,837	19
20	Radiology and X-Ray	34,821	20
21	Other Medical Services	191,365	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 872,171	23
D. Non-Operating Revenue			
24	Contributions	1,705,080	24
25	Interest and Other Investment Income***	811,078	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,516,158	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Attached Schedule 19E</u>	180,070	28
28a	<u>Cottage and Rental Property Income</u>	3,176,288	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,356,358	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,315,038	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,823,973	31
32	Health Care	6,983,305	32
33	General Administration	3,920,475	33
B. Capital Expense			
34	Ownership	1,288,728	34
C. Ancillary Expense			
35	Special Cost Centers	2,584,407	35
36	Provider Participation Fee	462,494	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,063,382	40
41	Income before Income Taxes (line 30 minus line 40)**	251,656	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 251,656	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 3,839,820	44
45	Private Pay - Net Inpatient Revenue	6,702,552	45
46	Medicare - Net Inpatient Revenue	864,733	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,407,105	49

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

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

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

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

Good Samaritan Home
0009258
09/30/2016

Schedule 19E

XVII. INCOME STATEMENT

Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Miscellaneous Income	402
Discount Earned Income	10,923
Management Fee Foundation	120,000
Guest Room Income	3,290
Van Transportation	38,230
Cottage Services Income	225
Smoking and/or Pet Cleaning Fee	7,000
	<hr/>
Total Line 28 - Other Revenue (specify):	<u><u>180,070</u></u>

Facility Name & ID Number Good Samaritan Home

0009258

Report Period Beginning: 10/01/2015

Ending: 09/30/2016

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	1,936	2,160	\$ 78,204	\$ 36.21	1
2	Assistant Director of Nursing	2,032	2,160	64,972	30.08	2
3	Registered Nurses	50,305	54,195	1,372,812	25.33	3
4	Licensed Practical Nurses	52,020	55,962	1,133,511	20.26	4
5	CNAs & Orderlies	211,207	228,751	2,668,743	11.67	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,320	10,672	130,105	12.19	8
9	Activity Director	2,016	2,160	41,119	19.04	9
10	Activity Assistants	15,128	16,702	170,047	10.18	10
11	Social Service Workers	15,241	16,897	190,306	11.26	11
12	Dietician					12
13	Food Service Supervisor	5,977	6,737	140,432	20.84	13
14	Head Cook	6,369	7,119	88,203	12.39	14
15	Cook Helpers/Assistants	63,187	67,614	701,953	10.38	15
16	Dishwashers	8,432	8,936	90,580	10.14	16
17	Maintenance Workers	19,274	21,528	314,349	14.60	17
18	Housekeepers	34,458	37,895	391,982	10.34	18
19	Laundry	13,843	15,506	157,763	10.17	19
20	Administrator	2,012	2,160	150,511	69.68	20
21	Assistant Administrator	2,972	3,288	154,540	47.00	21
22	Other Administrative	6,232	6,880	150,152	21.82	22
23	Office Manager					23
24	Clerical	23,803	25,915	403,612	15.57	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	2,100	2,344	38,788	16.55	31
32	Other Health C: SCH 20A	14,408	16,211	192,989	11.90	32
33	Other(specify) SCH 20A	22,220	24,530	338,063	13.78	33
34	TOTAL (lines 1 - 33)	584,492	636,322	\$ 9,163,736 *	\$ 14.40	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	629	\$ 31,955	L. 1 C3	35
36	Medical Director	Monthly	1,610	L. 9 C3	36
37	Medical Records Consultant	44	3,184	L. 10 C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	13,380	L. 10 C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	6	500	L. 11 C3	44
45	Social Service Consultant	6	500	L. 12 C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	685	\$ 51,129		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	N/A	\$		50
51	Licensed Practical Nurses	N/A			51
52	Certified Nurse Assistants/Aides	N/A			52
53	TOTAL (lines 50 - 52)		\$		53

Good Samaritan Home
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09/30/2016

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

LINE 32 - Other (Health Care specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Nursing Secretary	10,287	11,523	129,506	11.24
Medical Supply Clerk	2,146	2,495	32,545	13.04
Staff Coord.	1,975	2,193	30,938	14.11
Total Line 32 - Other	14,408	16,211	\$ 192,989	\$ 11.90

XVIII. STAFFING AND SALARY COSTS

LINE 33 - Other (specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Maintenance Cottages	4,818	5,382	\$ 78,587	14.60
Assisted Living Administrative	8,095	9,011	110,035	12.21
Assisted Living Nursing	1,764	1,983	51,396	25.92
Beauty Shop	5,068	5,531	73,913	13.36
General Store	2,475	2,623	24,132	9.20
Total Line 33 - Other	22,220	24,530	\$ 338,063	\$ 13.78

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Michael Duffy	Administrator	0	\$ 150,511	Workers' Compensation Insurance	\$ 308,086	IDPH License Fee	\$ 1,900	
Judy Graham	Asst Admin.	0	113,867	Unemployment Compensation Insurance		Advertising: Employee Recruitment	47,749	
Stephanie D Erwin	Asst Admin.	0	40,673	FICA Taxes	652,582	Health Care Worker Background Check (Indicate # of checks performed <u>91</u>)	3,146	
				Employee Health Insurance	1,070,875	Patient Background Checks <u>200</u>	2,000	
				Employee Meals		Council for Health and Human Services	9,414	
				Illinois Municipal Retirement Fund (IMRF)*		Various Dues, Licenses, and Permits	2,575	
				Employee Tuition	23,053	Leading Age Illinois	14,817	
				Pension Plan	249,170			
				Employee Medical	73,898	Less: Public Relations Expense	()	
				Life Insurance	4,842	Non-allowable advertising	()	
				Employee Recognition	30,272	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 305,051	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 2,412,778		\$ 81,601		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
N/A				N/A			Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				In-State Travel	
C. Professional Services				TOTAL			Seminar Expense	
Vendor/Payee	Type		Amount					
Schmiedeskamp, Robertson	Legal		\$ 19,355				See attach Schedule	
Dennis G. Koch	Accountant		24,000				9,381	
ACH	Payroll Services		676					
McGladrey LLP	Accountant		2,360					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 46,391				Entertainment Expense (agree to Sch. V, line 24, col. 8)	
							\$ 9,381	

* Attach copy of IMRF notifications

**See instructions.

Good Samaritan Home
Provider #: 0009258
10/01/2015 to 09/30/2016

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3)	46,391
Accounting Fees	0
Development Expense	0
Legal Expenses	(10,907)
Total (agree to Schedule V, line 19, column 8)	<u>35,484</u>

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. Leading Age Illinois \$14,817 CHHS\$9,414
- (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? 6.49 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 76,940 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 462,494
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 82,858
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? N/A
 - d. Have vehicle usage logs been maintained? Adequate records have been maintained.
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Dennis G. Koch
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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. Yes
Attach invoices and a summary of services for all architect and appraisal fees

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	1,021,168	67,578	34,102	1,122,848	0	1,122,848	0	1,122,848
2. Food Purchase	0	971,321	0	971,321	0	971,321	-93,220	878,101
3. Housekeeping	391,982	57,351	59,858	509,191	0	509,191	-7,225	501,966
4. Laundry	157,763	0	17,429	175,192	0	175,192	0	175,192
5. Heat and Other Utilities	0	0	415,467	415,467	0	415,467	0	415,467
6. Maintenance	314,349	68,109	247,496	629,954	0	629,954	-460	629,494
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,885,262	1,164,359	774,352	3,823,973	0	3,823,973	-100,905	3,723,068
9. Medical Director	0	0	1,610	1,610	0	1,610	0	1,610
10. Nursing & Medical Records	5,680,124	289,475	18,964	5,988,563	0	5,988,563	0	5,988,563
10a. Therapy	0	3,225	543,448	546,673	0	546,673	0	546,673
11. Activities	211,166	4,221	9,616	225,003	0	225,003	0	225,003
12. Social Services	190,306	8,856	500	199,662	0	199,662	0	199,662
13. Nurse Aide Training	0	0	21,794	21,794	0	21,794	0	21,794
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	6,081,596	305,777	595,932	6,983,305	0	6,983,305	0	6,983,305
17. Administrative	305,051	0	0	305,051	0	305,051	0	305,051
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	46,391	46,391	0	46,391	-10,907	35,484
20. Fees, Subscriptions & Promotion	0	0	84,633	84,633	0	84,633	-3,032	81,601
21. Clerical & General Office	553,764	97,879	276,684	928,327	0	928,327	-194,703	733,624
22. Employee Benefits & Payroll	0	0	2,412,778	2,412,778	0	2,412,778	0	2,412,778
23. Inservice Training & Education	0	0	1,326	1,326	0	1,326	0	1,326
24. Travel and Seminar	0	0	11,150	11,150	0	11,150	-1,769	9,381
25. Other Admin. Staff Trans	0	0	0	0	0	0	0	0
26. Insurance-Prop.Liab.Malpractice	0	0	130,819	130,819	0	130,819	0	130,819
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	858,815	97,879	2,963,781	3,920,475	0	3,920,475	-210,411	3,710,064
29. Total General Administrative	8,825,673	1,568,015	4,334,065	14,727,753	0	14,727,753	-311,316	14,416,437
30. Depreciation	0	0	1,057,664	1,057,664	0	1,057,664	-4,665	1,052,999
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	231,064	231,064	0	231,064	0	231,064
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	0	0	0	0	0	0
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,288,728	1,288,728	0	1,288,728	-4,665	1,284,063
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	217,139	0	217,139	0	217,139	0	217,139
40. Barber and Beauty Shop	73,913	4,545	462	78,920	0	78,920	0	78,920
41. Coffee and Gift Shops	24,132	53,521	0	77,653	0	77,653	0	77,653
42	0	0	462,494	462,494	0	462,494	0	462,494
43. Other (specify):*	240,018	0	1,970,677	2,210,695	0	2,210,695	-2,210,695	0
44. Total Special Cost Ce	338,063	275,205	2,433,633	3,046,901	0	3,046,901	-2,210,695	836,206
45. Grand Total	9,163,736	1,843,220	8,056,426	19,063,382	0	19,063,382	-2,526,676	16,536,706

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	439,512	439,512
2. Cash - Patient Deposits	59,922	59,922
3. Accounts & Notes Recievable	1,933,599	1,933,599
4. Supply Inventory	0	0
5. Short-Term Investments	625,436	625,436
6. Prepaid Insurance	35,455	35,455
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	25,931	25,931
10. Total current assets	3,119,855	3,119,855
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	8,802,443	8,802,443
13. Land	444,649	444,649
14. Buildings, at Historical Cost	27,334,386	27,254,195
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	2,756,963	2,756,963
17. Accumulated Depreciation (book methods)	#####	-12,599,475
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):	241,986	241,986
23. other (specify):	10,887,211	10,887,211
24. Total Long-Term Assets	37,794,327	37,787,972
25. Total Assets	40,914,182	40,907,827
CURRENT LIABILITIES		
26. Accounts Payable	655,170	655,170
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	59,605	59,605
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	555,794	555,794
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	38,459	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):	187,185	187,185
37. Other Current Liabilities (specify):	3,000,314	3,000,314
38. Total Current Liabilities	4,496,527	4,458,068
LONG TERM LIABILITES		
39. Long-Term Notes Payable	0	0
40. Mortgage Payable	0	0
41. Bonds Payable	7,006,028	7,006,028
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	7,006,028	7,006,028
46. Total Liabilities	11,502,555	11,464,096
47. Total Equity	29,411,627	29,443,731
48. Total Liabilities and Equity	40,914,182	40,907,827

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	13,643,498
2. Discounts and Allowances for all Levels	-2,236,393
Subtotal - Inpatient Care	11,407,105
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	1,163,246
7. Oxygen	0
Subtotal - Ancillary Revenue	1,163,246
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	46,368
13. Barber and Beauty Care	57,616
14. Non-Patient Meals	82,858
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	425,306
18. Sale of Supplies to Non-Patients	0
19. Laboratory	33,837
20. Radiology and X-Ray	34,821
21. Other Medical Services	191,365
22. Laundry	0
Subtotal - Other Operating Revenue	872,171
24. Contributions	1,705,080
25. Interest and Other Investments Income	811,078
Subtotal - Non-Operating Revenue	2,516,158
27. Other Revenue (specify):	180,070
28. Other Revenue (specify):	3,176,288
Subtotal - Other Revenue	3,356,358
30. Total Revenue	19,315,038
31. General Services	3,823,973
32. Health Care	6,983,305
33. General Administration	3,920,475
34. Ownership	1,288,728
35. Special Cost Centers	2,584,407
35. Provider Participation Fee	462,494
37. Other	0
40. Total Expenses	19,063,382
41. Income Before Income Taxes	251,656
42. Income Taxes	0
43. Net Income or Loss for the Year	251,656