

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0033647 Facility Name: Snyder Village Address: 1200 E Partridge Metamora 61548 County: Woodford Telephone Number: (309) 367-4300 Fax # (309) 367-2235 HFS ID Number: Date of Initial License for Current Owners: 1988 Type of Ownership: X VOLUNTARY,NON-PROFIT X Charitable Corp. Trust IRS Exemption Code 501 (c) 3 PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Keith Swartzentruber Telephone Number: (309) 367-4300 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2012 to 12/31/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) Larry Templin Partner (Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525 (Telephone) 630-361-2868 Fax # () MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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Facility Name & ID Number Snyder Village# 0033647 Report Period Beginning: 1/1/2012 Ending: 12/31/12

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>104</u>	Skilled (SNF)	<u>104</u>	<u>38,064</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>104</u>	TOTALS	<u>104</u>	<u>38,064</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>9,508</u>	<u>16,046</u>	<u>5,092</u>	<u>30,646</u>	8
9	SNF/PED					9
10	ICF	<u>856</u>	<u>964</u>		<u>1,820</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>10,364</u>	<u>17,010</u>	<u>5,092</u>	<u>32,466</u>	14

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

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

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

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

Out-patient Therapy

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐NO ☒Non-allowable costs have been
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 1988

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

YES ☒Date 1988NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 104 and days of care provided 4,543Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			277,694	277,694		277,694	(2,825)	274,869			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			21,884	21,884		21,884	(7,004)	14,880			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			10,612	10,612		10,612		10,612			35
36	Other (specify):*											36
37	TOTAL Ownership			310,190	310,190		310,190	(9,829)	300,361			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		144,794	240	145,034		145,034		145,034			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		3,403		3,403		3,403	(3,398)	5			41
42	Provider Participation Fee			230,140	230,140		230,140		230,140			42
43	Other (specify):* Non-allowable Costs	110,936		124,705	235,641		235,641	(235,641)				43
44	TOTAL Special Cost Centers	110,936	148,197	355,085	614,218		614,218	(239,039)	375,179			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,368,882	744,065	2,366,699	7,479,646		7,479,646	(643,089)	6,836,557			45

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

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(79,142)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,906)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,825)	30		9
10	Interest and Other Investment Income	(7,004)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(13,444)	43		24
25	Fund Raising, Advertising and Promotional	(157,332)	43		25
	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(378,436)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (643,089)		\$	30

BHF USE ONLY							
48		49		50		51	52

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

		1 Amount	2 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))	\$ (643,089)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Snyder Village

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

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Disallow Lab/Xray	\$ (17,920)	43	1
2	Disallow Flowers	(1,430)	43	2
3	Offset Service Fee income - Administrative	(128,602)	21	3
4	Offset Service Fee income - Marketing/fundraising	(40,609)	43	4
5	Offset Service Fee income/exp - Activities	8,285	11	5
6	Offset Service Fee income - Dietary	(12,970)	1	6
7	Offset Service Fee income - Maintenance	(74,147)	6	7
8	Offset Service Fee income - Therapy	(4,769)	10a	8
9	Offset Service Fee income - Nursing	(17,520)	10	9
10	Offset In-Home Service income	(117)	3	10
11	Offset Van Income	(18,243)	11	11
12	Offset Vending Machine income	(3,398)	41	12
13	Offset Misc. Other Revenue	(10,854)	2	13
14	Offset Misc. Other Revenue	(784)	21	14
15	Offset Service Fee income - Administrative	(55,358)	17	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(378,436)		49

STATE OF ILLINOIS

Summary A

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

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

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

Summary B

12/31/12

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

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supp						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

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

1		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)	
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.

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Board of Directors:							1
2	Keith Swartzentruber	0						2
3	Kevin Rauh - President	0						3
4	Christie Barrow - Treasurer	0						4
5	Judy K. Winkler	0						5
6	Sherrie Harper - Secretary	0						6
7	Jerry Heller - Vice President	0						7
8	Marge Mason	0						8
9	Tammy Waterworth	0						9
10	Bill Christ	0						10
11	Kevin Brinkman	0						11
12	Bob Harbors	0						12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Kevin Rauh	Board Member	Maintenance	0.00	N/A	9	20.00	wages	\$ 13,163	L6, C1	1
2	Keith Swartzentruber	Board Mbr/Exec Dir	Administrative	0.00	N/A	25	50.00	wages	116,030	L17, C1	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 129,193		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2012

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

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									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

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

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

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

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

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 2011 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 2012 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:		2007	N/A	8	
		2008	N/A	9	
		2009	N/A	10	
		2010	N/A	11	
		2011	N/A	12	
This facility is owned by a non-profit organization. Real estate taxes are not assessed due to the tax exempt status of the facility. Therefore, no accrual for the real estate tax is required.					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

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

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Snyder Village

COUNTY
Woodford

FACILITY IDPH LICENSE NUMBER
0033647

CONTACT PERSON REGARDING THIS REPORT
Keith Swartzentruber

TELEPHONE
(309) 367-4300

FAX #:
(309) 367-2235

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Snyder Village Retirement Community Apartments - 41 Apartments @ 38,793 Ft2

Snyder Village Retirement Community Cottages - 157 Cottages @ 300,000 Ft2

Snyder Village Assisted Living - 41 Apartments @ 21,000 Ft2

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

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

XI. OWNERSHIP COSTS (continued)

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

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

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

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

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

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,907,977	\$ 162,544		\$ 157,954	\$ (4,590)	\$ 2,585,333	1
2	Dining rm exhaust hood & fan	2011	5,408	216	25	216		329	2
3	Dining rm cabinetry & counter top	2011	7,688	769	10	769		1,169	3
4	Dining rm constr:walls-windows-doors,heat-a/c,plumbing,electrica	2011	463,862	8,909	45	10,674	1,765	16,230	4
5	Hall 2 fencing	2011	2,996	300	10	300		463	5
6	Sprinkler system improvements	2011	30,617	3,062	10	3,062		3,700	6
7	Two heat pumps	2011	4,991	499	10	499		759	7
8	Garbage Disposal	2011	2,684	537	5	537		715	8
9	Kitchen heat pump	2011	5,140	514	10	514		684	9
10	WI FI	2012	12,791	1,599	8	1,599		1,599	10
11	Sprinkler Heads	2012	12,531	1,253	10	1,253		1,253	11
12	Fire Supression Hall 1 & 2	2012	6,582	548	10	548		548	12
13	Hall 3 Remodeling - flooring, fixtures, electrical, wallpaper, painti	2012	180,019	6,001	25	6,001		6,001	13
14	Sprinkler system repair	2012	2,913	243	15	243		243	14
15	Heat Pumps	2012	4,655	140	10	140		140	15
16	Landscaping / Drainage work	2012	1,606	13	20	13		13	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,652,460	\$ 187,147		\$ 184,322	\$ (2,825)	\$ 2,619,179	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 421,941	\$ 71,933	\$ 71,933	\$	various	\$ 266,691	71
72	Current Year Purchases	127,982	17,477	17,477		3-10 yrs	17,477	72
73	Fully Depreciated Assets	857,346				various	857,346	73
74								74
75	TOTALS	\$ 1,407,269	\$ 89,410	\$ 89,410	\$		\$ 1,141,514	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Nurse on Call	2002 Chevy Caviliar	2010	4,548	1,137	1,137	\$	4	\$ 3,311	76
77	Resident Transportation	1996 Van	1996	51,573				10	51,573	77
78	Patient Transport	2000 Ford Van	2002	29,900				10	29,900	78
79										79
80	TOTALS			\$ 86,021	\$ 1,137	\$ 1,137	\$		\$ 84,784	80

E. Summary of Care-Related Assets

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

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
-
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 10,612
- Description: Postage Meter \$916; Copier \$9,696
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

(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.

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	

HFS 3745 (N-4-99)

IL478-2471

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	2,397	\$ 153,413	\$	2,397	\$ 153,413	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,357	86,856		1,357	86,856	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2,3)	hrs		313	192,841	3,252	313	196,093	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				144,794		144,794	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Massage Therapist</u>	10A(3)	501 hrs	12,515			120	501	12,635	12
13	Other (specify): _____									13
14	TOTAL			\$ 12,515	4,067	\$ 433,110	\$ 148,166	4,568	\$ 593,791	14

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

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

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

*(See instructions.)

Snyder Village

Period Beginning	<u>1/1/2012</u>
Period End	<u>12/31/12</u>

Schedule 17A

	<u>Operating</u>	<u>After Consolidation</u>
XV. BALANCE SHEET		
Line 36- Other Current Liabilities		
Quality Assurance Liability	2,453	2,453
Accrued Workers Comp Insurance	106,173	106,173
Employee Benefits Payable	92,493	92,493
LSN Assessment Accrual	16,400	16,400
	<u>217,519</u>	<u>217,519</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,998,970	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,998,970	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	682,215	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 682,215	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)	\$ 6,681,185	24 *

* This must agree with page 17, line 47.

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

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

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

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

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

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? Yes If not, please attach a reconciliation.

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

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

Snyder Village

Period Beginning	<u>1/1/2012</u>
Period End	<u>12/31/12</u>

Schedule 19A

Amount

XVII. INCOME STATEMENT

Line 28a- Other Income

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

Facility Name & ID Number Snyder Village# 0033647

Report Period Beginning:

1/1/2012

Ending:

12/31/12

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,832	2,068	\$ 80,621	\$ 38.99	1
2	Assistant Director of Nursing	1,700	1,867	57,608	30.86	2
3	Registered Nurses	16,490	18,269	491,268	26.89	3
4	Licensed Practical Nurses	24,002	26,602	589,257	22.15	4
5	CNAs & Orderlies	86,738	96,014	1,306,419	13.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,746	1,874	30,229	16.13	8
9	Activity Director	1,908	2,088	36,339	17.40	9
10	Activity Assistants	8,197	9,033	102,080	11.30	10
11	Social Service Workers	4,738	5,335	84,931	15.92	11
12	Dietician	3,247	3,707	69,987	18.88	12
13	Food Service Supervisor	1,694	2,012	30,285	15.05	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,165	26,128	272,564	10.43	15
16	Dishwashers					16
17	Maintenance Workers	11,382	12,109	230,732	19.05	17
18	Housekeepers	13,752	15,120	164,440	10.88	18
19	Laundry	6,757	7,666	83,991	10.96	19
20	Administrator	2,088	2,246	83,963	37.38	20
21	Assistant Administrator					21
22	Other Administrative	1,936	2,080	116,030	55.78	22
23	Office Manager	1,860	2,080	59,181	28.45	23
24	Clerical	10,530	11,636	188,122	16.17	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Sch 20A</u>	13,506	14,486	290,835	20.08	33
34	TOTAL (lines 1 - 33)	238,268	262,420	\$ 4,368,882 *	\$ 16.65	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	136	\$ 6,040	L1, C3	35
36	Medical Director	3	336	L9, C3	36
37	Medical Records Consultant	28	1,841	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,284	L10, C3	39
40	Physical Therapy Consultant	73	4,685	L10a, C3	40
41	Occupational Therapy Consultant	5	317	L10a, C3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	13	834	L10a, C3	43
44	Activity Consultant	12	562	L11, C3	44
45	Social Service Consultant	10	450	L12, C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	280	\$ 20,349		49

C. CONTRACT NURSES

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

Snyder Village

Period Beginning	<u>1/1/2012</u>
Period End	<u>12/31/12</u>

Schedule 20A

XVIII. Staffing and Salary Costs

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

STATE OF ILLINOIS

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning: 1/1/2012

Page 21

Ending: 12/31/12

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			
Keith Swartzentruber		Exec Director	0	\$ 116,030		Workers' Compensation Insurance		\$ 123,568		IDPH License Fee		\$ 3,980			
Timothy Wiley		Administrator	0	58,558		Unemployment Compensation Insurance		22,000		Advertising: Employee Recruitment		4,028			
Thomas Becher		Administrator	0	25,405		FICA Taxes		317,379		Health Care Worker Background Check		791			
						Employee Health Insurance		265,333		(Indicate # of checks performed 28)					
						Employee Meals				Patient Background Checks		109 1,090			
						Illinois Municipal Retirement Fund (IMRF)*				Dues & Licenses		1,151			
						Employee Pension Plan		72,718		Subscription		740			
						Employee Life/Disability		3,640		Life Services Network of IL		5,405			
						Employee Flex Time		11,463		Silverchair		2,520			
						Hep B & Employee Physicals		4,396		Curaspan		2,250			
						Employee Appreciation		14,869		Less: Public Relations Expense		()			
						Employee Wellness		6,190		Non-allowable advertising		()			
						Other Employee Benefits		100		Yellow page advertising		()			
TOTAL (agree to Schedule V, line 17, col. 1)				\$ 199,993		TOTAL (agree to Schedule V, line 22, col.8)		\$ 841,656		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 21,955			
B. Administrative - Other															
Description				Amount											
N/A				\$											
TOTAL (agree to Schedule V, line 17, col. 3)				\$											
(Attach a copy of any management service agreement)															
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**							
Vendor/Payee		Type		Amount		Description		Line #		Amount		Description		Amount	
MDI Achieve		Computer Service		\$ 18,374						\$		Out-of-State Travel		\$	
Empower		Computer Service		2,329											
Sage/Abra		Computer Service		2,541											
Casamba		Computer Service		3,500								In-State Travel			
Clear Path		Computer Support		26,000											
Ivans		Medicare Electronic Filing		1,170											
Heinold - Banwart		Accounting		18,893											
Farnsworth Group		Architecture		249								Seminar Expense		7,095	
Robert Rein		Cost Report Preparation		5,200											
Johnson, Bunce & Noble		Legal		616											
Evans, Froehlich, Beth & Chamley		Legal		398											
Ascensus		Pension Plan Admin		1,617											
TOTAL (agree to Schedule V, line 19, column 3)				\$		TOTAL		\$				Entertainment Expense		()	
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 80,887								(agree to Sch. V, line 24, col. 8)		\$ 7,095	

* 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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

No
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

5,405 Life Services Network
- (3)

Did the nursing home make political contributions or payments to a political action organization?

No

If YES, have these costs been properly adjusted out of the cost report?
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

3-10 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$

40,685

Line

10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

N/A
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$

230,140

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

Yes: OP Therapy

For example, is a portion of the building used for rental, a pharmacy, day care, etc.)

If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

0

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$

79,142
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

100

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

N/A

Indicate the amount of income earned from providing such transportation during this reporting period.

\$
- (17)

Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

Heinold-Banwart, Ltd.
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

N/A

Attach invoices and a summary of services for all architect and appraisal fees.

Facility	Snyder Village
Period	1/1/12 - 12/31/12
ID Number	0033647

ATTACHED SCHEDULE I

SCHEDULE V - LINE 23 - IN-SERVICE TRAINING AND EDUCATION

Function / Meeting	Attendees	Expenses				
		Travel	Food	Fees	Other	Total
AAIM -Dealing with Difficult People	Administrative Staff		404.21	3,195.50		3,599.71
CPR education / cards	Nursing staff			897.00		897.00
AAIM - Administrative Training	Administrative Staff		666.50	3,120.00		3,786.50
Heart of Illinois - HR training	Human Resources			130.00		130.00
Alzheimers Association -training	Administrator			115.00		115.00
AAIM - Team Building	Management staff			732.95		732.95
PNC / LSN - marketing prof cert	Marketing Director			895.00		895.00
Board Training	Board Members		57.00	1,519.04		1,576.04
Medicare billing training	Accounts Receivable biller			111.00		111.00
Miscellaneous training materials	Various				793.74	793.74
						-
						-
						-
						-
						-
						-
		\$ -	\$ 1,127.71	\$10,715.49	\$ 793.74	\$ 12,636.94

FACILITY NAME: Snyder Village
ID # 0033647

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

ATTACHED SCHEDULE II

SCHEDULE V - LINE 24 - TRAVEL AND SEMINAR

Name	Job Title	Description	Travel Expenses					Seminar Exp
			Travel	Meals	Lodging	Out of St.	Total	
Keith Swartzentruber	Executive Dir	LSN Conference, Chicago			745.92			365.00
Natasha Guedesse	Marketing Manager	LSN Conference, Chicago			617.71		617.71	365.00
Tim Whiley	Health Center Administrator	LSN Conference, Chicago			796.92		796.92	365.00
Marge Cunningham	Social Services Dir	LSN Conference, Chicago					-	365.00
Christy Robbins	Housekeeping Supervisor	LSN Conference, Chicago					-	365.00
Krista Herring	DON	LSN Conference, Chicago			235.53		235.53	365.00
Diane Newswander	Human Resource Dir	LSN Conference, Chicago			254.92		254.92	365.00
April Herbig	Nursing Support Supervisor	LSN Conference, Chicago					-	365.00
April Herbig	Nursing Support Supervisor	INR, Memory Aging & Sleep Conf						76.00
Krista Herring	DON	INR, Memory Aging & Sleep Conf						76.00
Heather Parks	ADON	INR, Memory Aging & Sleep Conf						76.00
Kim Sasso	Social Services	Health Professional, CE Credits						75.00
Krista Herring	DON	Health Professional, CE Credits						75.00
Tim Whiley	Health Center Administrator	Health Professional, CE Credits						75.00
Bev Krumwieder	Activity Aide	Alzheimers Association/Sleep Conference					-	150.00
Amanda Yetter	Activity Director	Alzheimers Association/Sleep Conference						76.00
Krista Herring	DON	Alzheimers Association/Sleep Conference						76.00
Diane Newswander	Human Resource Dir	Alzheimers Association						75.00
Tim Whiley	Health Center Administrator	Alzheimers Association						75.00
		PT Supplies Classified to LPN Training						560.49
		Other Misc Charges						804.34
			\$ -	\$ -	\$ 2,651.00	\$ -	\$ 1,905.08	\$ 5,189.83

Total Travel & Seminar	
	365.00
	982.71
	1,161.92
	365.00
	365.00
	600.53
	619.92
	365.00
	76.00
	76.00
	76.00
	75.00
	75.00
	75.00
	150.00
	76.00
	76.00
	75.00
	75.00
	560.49
	804.34
	-
	-
\$	7,094.91

FACILITY NAME: Snyder Village
ID # 0033647

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

ATTACHED SCHEDULE III

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Mileage reimbursement for allowable travel	2,078
	2,078

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

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

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

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

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

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