FOR BHF USE

LL1

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.

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

I. IDPH License ID Number: 0005363

Facility Name: Snyders-Vaughn Haven

Address: 135 South Morgan Street (Number) Rushville (City) 62681 (Zip Code)

County: Schuyler

Telephone Number: (217) 322-3420 **Fax #** (217) 322-6537

HFS ID Number:

Date of Initial License for Current Owners: 1966

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			Sub-S Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Michael W. Martin **Telephone Number:** (217) 258-8888
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 01/01/2010 to 12/31/2010 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) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey & Pullen, LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,625	561	1,147	5,333	8
9	SNF/PED					9
10	ICF	9,853	4,071		13,924	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,478	4,632	1,147	19,257	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 53.29%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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 [X] NO [ ] Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1966

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 1992 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 49 and days of care provided 1,147

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	195,336	15,620		210,956		210,956		210,956			1
2	Food Purchase		112,110		112,110		112,110	(1,492)	110,618			2
3	Housekeeping	60,689	7,880		68,569		68,569		68,569			3
4	Laundry	48,712	14,631		63,343		63,343		63,343			4
5	Heat and Other Utilities			86,628	86,628		86,628		86,628			5
6	Maintenance	18,816	18,337	40,672	77,825		77,825		77,825			6
7	Other (specify):*											7
8	TOTAL General Services	323,553	168,578	127,300	619,431		619,431	(1,492)	617,939			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	814,314	41,863	2,533	858,710		858,710		858,710			10
10a	Therapy	5,607		187,847	193,454		193,454		193,454			10a
11	Activities	19,185	967		20,152		20,152		20,152			11
12	Social Services			3,840	3,840		3,840		3,840			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	839,106	42,830	194,220	1,076,156		1,076,156		1,076,156			16
	C. General Administration											
17	Administrative	97,028			97,028		97,028		97,028			17
18	Directors Fees											18
19	Professional Services			31,928	31,928		31,928		31,928			19
20	Dues, Fees, Subscriptions & Promotions			9,338	9,338		9,338	(1,639)	7,699			20
21	Clerical & General Office Expenses	69,337	5,983	27,802	103,122		103,122		103,122			21
22	Employee Benefits & Payroll Taxes			173,766	173,766		173,766		173,766			22
23	Inservice Training & Education			240	240		240		240			23
24	Travel and Seminar			90	90		90		90			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			48,457	48,457		48,457		48,457			26
27	Other (specify):*											27
28	TOTAL General Administration	166,365	5,983	291,621	463,969		463,969	(1,639)	462,330			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,329,024	217,391	613,141	2,159,556		2,159,556	(3,131)	2,156,425			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Snyders-Vaughn Haven #0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			9,207	9,207		9,207	47,671	56,878			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,156	18,156		18,156	26,593	44,749			32
33	Real Estate Taxes			39,971	39,971		39,971	(591)	39,380			33
34	Rent-Facility & Grounds			120,000	120,000		120,000	(120,000)				34
35	Rent-Equipment & Vehicles			5,457	5,457		5,457		5,457			35
36	Other (specify):*											36
37	TOTAL Ownership			192,791	192,791		192,791	(46,327)	146,464			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		37,674		37,674		37,674		37,674			39
40	Barber and Beauty Shops			1,498	1,498		1,498		1,498			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			74,492	74,492		74,492		74,492			42
43	Other (specify):* Non-Allowable Cos			27,539	27,539		27,539	(27,539)				43
44	TOTAL Special Cost Centers		37,674	103,529	141,203		141,203	(27,539)	113,664			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,329,024	255,065	909,461	2,493,550		2,493,550	(76,997)	2,416,553			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,492)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,667)	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	15,759	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,843)	43		13
14	Non-Care Related Interest	(1,470)	32		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				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(22,259)	Vari.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (16,972)		$	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)	(60,025)	Vari.	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (60,025)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (76,997)		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Snyders-Vaughn Haven

ID# 0005363

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Lab services	$ (20,029)	43	1
2	Nonallowable lobbying dues	(1,639)	20	2
3	To disallow non-care RE tax & penalties	(591)	33	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
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42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(22,259)		49

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50	N/A		Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50					

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. [X] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation	$	Snyder Properties	100.00%	$ 31,912	$ 31,912	1
2	V	32	Interest		Snyder Properties	100.00%	28,063	28,063	2
3	V	34	Rent	120,000	Snyder Properties	100.00%		(120,000)	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			$ 120,000			$ 59,975	$ * (60,025)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	John R. Snyder	Administrator	Administrator	50.00	N/A	50	100.00	Salary	$ 68,900	17(1)	1
2	Marcia Dianne Snyder	DON	Nursing Admin.	0.00	N/A	50	100.00	Salary	48,100	10(1)	2
3	Aaron Snyder	Clerical	Clerical	0.00	N/A	40	100.00	Salary	17,590	21(1)	3
4	Gregg Snyder	Maintenance	Maintenance	0.00	N/A	40	100.00	Salary	19,052	6(1)	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 153,642		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 Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 2/31/2010

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3			N/A							3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
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21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Chrysler Credit		X	Vehicle purchase	$614.00	12/22/04	$ 30,744	$	01/16/10	0.0769	$	1
2	First Bank		X	Mortgage	$13,445.00	11/01/95	1,133,854	436,178	11/07/15	0.0894	28,063	2
3	Schuyler State Bank		X	Vehicle purchase	$696.00	03/16/05	42,127	1,602	03/16/10	0.0590		3
4												4
5												5
	Working Capital											
6	Schuyler State Bank		X	Line of Credit	Varies	09/30/05	125,000	253,527	09/30/08	0.0850	17,211	6
7												7
8												8
9	TOTAL Facility Related				$14,755.00		$ 1,331,725	$ 691,307			$ 45,274	9
	B. Non-Facility Related*											
10												10
11	Medicare Audit		X	Audit							946	11
12	Offset Interest Income		X						Offset interest income		(1,471)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (525)	14
15	TOTALS (line 9+line14)						$ 1,331,725	$ 691,307			$ 44,749	15

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 30,000	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.)	2009	$ 39,380	2
3. Under or (over) accrual (line 2 minus line 1).		$ 9,380	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 30,000	4
	Unreconciled Difference	591	
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.		$ 39,380	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2005	34,071	8
2006	36,588	9
2007	37,515	10
2008	37,426	11
2009	39,380	12

Accrual - same a last year

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	$	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.

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyders-Vaughn Haven COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE 217-322-3201 FAX #: 217-322-6537

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-040-013-00&12-131-007-00	Nursing Home	$ 341.28	$ 341.28
2.	12-170-012-00&12-126-005-00	Nursing Home	$ 568.98	$ 568.98
3.	12-131-008-00	Nursing Home	$ 353.36	$ 353.36
4.	12-170-014-00	Nursing Home	$ 1,636.66	$ 1,636.66
5.	12-131-003-00	Nursing Home	$ 177.06	$ 177.06
6.	12-131-009-00	Nursing Home	$ 216.46	$ 216.46
7.	12-125-001-00	Nursing Home	$ 248.76	$ 248.76
8.	12-126-004-00	Nursing Home	$ 398.64	$ 398.64
9.	12-126-003-00	Nursing Home	$ 35,146.70	$ 35,146.70
10.	12-126-006-00	Nursing Home	$ 292.46	$ 292.46
		TOTALS	$ 39,380.36	$ 39,380.36

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? X 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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (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).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] 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:
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:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	215,000	1992	$ 41,500	1
2	Resident Care		1997	31,500	2
3	TOTALS	215,000		$ 73,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1992		$ 1,276,487	$	40	$ 31,912	$ 31,912	$ 578,567	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prior Years				173,475		Various			173,475	9
10	Drop Ceiling			1993	1,046		15			1,046	10
11	Alarm System			1996	9,173		10			9,173	11
12	Boiler			1996	2,242		10			2,242	12
13	Landscaping			1997	3,684		10			3,684	13
14	Roof			1997	3,427		10			3,427	14
15	Carpet			1997	3,080		10			3,080	15
16	Door			1997	4,494		10			4,494	16
17	Boiler			1997	503		10			503	17
18	A/C - Compressor			1997	839		10			839	18
19	Boiler			1999	2,840		10			2,840	19
20	Air Conditioner			1999	3,500		10			3,500	20
21	Fire Alarm System			1999	55,739		10			55,739	21
22	Parking Lot			1999	55,214		10			55,214	22
23	Landscaping			2000	23,959		10	2,396	2,396	22,762	23
24	Fire Alarm System			2000	7,032		10	704	704	7,032	24
25	Concrete Sidewalks and Drive			2000	3,379		10	338	338	3,379	25
26	Landscaping			2000	1,079		10	108	108	234	26
27	Concrete Sidewalks and Drive			2000	535		10	54	54	535	27
28	Plumbing Improvements			2000	2,257		10	226	226	2,257	28
29	Wall Coverings			2000	2,870		10	286	286	2,870	29
30	Electrical Improvements			2000	1,243		10	124	124	1,243	30
31	Door Frame			2000	791		10	80	80	791	31
32	Water Softner			2001	6,543		10	654	654	6,213	32
33	Landscaping			2001	1,804		10	180	180	1,710	33
34	Roofing			2001	2,934		10	293	293	2,784	34
35	Door Locks			2002	2,783		10	278	278	2,363	35
36	Storage			2003	7,281		10	728	728	5,460	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 Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	
37			$	$		$	$	$	37
38									38
39	Air Conditioners	2004	6,477		10	648	648	4,212	39
40	Air Conditioners	2004	16,031		10	1,604	1,604	10,426	40
41	Air Conditioner	2005	4,700		10	470	470	2,585	41
42	Fire Alarm System	2005	3,379		10	338	338	1,859	42
43	Boiler	2005	2,728		10	272	272	1,496	43
44	Sidewalks	2005	4,286		10	428	428	2,354	44
45	Gutters	2005	1,326		10	132	132	726	45
46	Landscaping	2005	2,003		10	200	200	1,100	46
47	Sidewalks	2005	4,497		10	450	450	2,475	47
48	Air Conditioners	2005	14,630		10	1,463	1,463	8,047	48
49	Gazebo	2005	12,974		10	1,298	1,298	7,139	49
50	Boiler	2006	2,703	98	10	270	172	1,215	50
51									51
52	Purchase & Installation of new hydraulic cylinder	2008	33,887		10	3,389	3,389	8,472	52
53									53
54									54
55	Replacement Doors	2009	6,526	70	10	653	583	979	55
56									56
57	Heating Boiler	2010	4,429		10	221	221	221	57
58	Hot Water Heater	2010	3,693		10	185	185	185	58
59	A/C Units	2010	10,930		10	547	547	547	59
60	Removal of old house	2010	4,000		10	200	200	200	60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,799,432	$ 168		$ 51,129	$ 50,961	$ 1,011,694	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	
71	Purchased in Prior Years	$ 790,171	$ 7,886	$ 5,196	$ (2,690)	5-10	$ 770,199	71
72	Current Year Purchases	2,980	1,153	298	(855)	5	298	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 793,151	$ 9,039	$ 5,494	$ (3,545)		$ 770,497	75

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	
76	See Schedule 13A	See Schedule 13A	See Sch 13A	$ 30,300	$	$ 255	$ 255	5	$ 30,300	76
77	Resident Care	99 Chrysler van	2004	11,850				5	11,850	77
78	Resident Care	04 Ford Bus	2005	42,109				5	42,109	78
79	Maintenance	2005 Dodge Truck	2004	34,438				5	34,438	79
80	TOTALS			$ 118,697	$	$ 255	$ 255		$ 118,697	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)	$ 2,784,280	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 9,207	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 56,878	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 47,671	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,900,888	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					87
88			N/A		88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93	N/A		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.

Snyder's Vaughn-Haven, Inc.
Provider #: 0005363
1/1/2010 to 12/31/2010 **Schedule 13A**

XI (D) - Vehicle Depreciation

Line 76

Use	Make & Model	Year Acquired	Cost	Straight Line Depreciation	Adjustments	Life in Years	Accum Depreciation
Maintenanc	2005 Dodge Cab Upgrade	2005	2,541	255	0	5	2,541
Maintenanc	1990 Dodge van	1991	8,633		-	5	8,633
Maintenanc	1995 Dodge truck	1996	11,665		-	5	11,665
Administrati	1997 Plymouth Neon	1997	7,461		-	5	7,461
			30,300	508	0		30,300

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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					N/A			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.	/2011	$
13.	/2012	$
14.	/2013	$

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

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: $ 5,457 Description: Copier - $4,534; Dishwasher - $923
(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

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

[ ] YES
[X] 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

ALLOCATION OF COSTS (d)

		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)	$			

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven

STATE OF ILLINOIS
0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1,3)	253 hrs	5,607	3,131	187,847		3,384	193,454	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				37,674		37,674	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			$ 5,607	3,131	$ 187,847	$ 37,674	3,384	$ 231,128	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.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 519,511	$ 519,511	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 0)	1,107,504	1,107,504	3
4	Supply Inventory (priced at)	1,195	1,195	4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	44,796	44,796	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,703,446	$ 1,703,446	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	235,935	1,799,432	15
16	Equipment, at Historical Cost	241,819	911,848	16
17	Accumulated Depreciation (book methods)	(294,926)	(1,900,888)	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): Property Tax	6,543	6,543	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 189,371	$ 889,935	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,892,817	$ 2,593,381	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 96,646	$ 96,646	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	226,107	226,107	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation	80,973	80,973	34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll Liabilities	44,708	44,708	36
37	See Schedule 17	299,831	299,831	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 778,265	$ 778,265	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	255,129	255,129	39
40	Mortgage Payable		436,178	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)**	$ 255,129	$ 691,307	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,033,394	$ 1,469,572	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 859,423	$ 1,123,809	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,892,817	$ 2,593,381	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Snyder's Vaughn-Haven, Inc.
Provider # 0005363
01/01/10 to 12/31/10

Schedule 17A

XV: Special Services	**Operating**	**After Consolidation**
Line 37- Other Current Liabilities		
V.I Snyder Loan	193,907	193,907
J.R. Snyder Loan	99,298	99,298
Resident Refunds	609	609
Due to JRSCC	6,017	6,017
	299,831	299,831

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 263,159	1
2	Restatements (describe):		2
3			3
4	**Prior Period Adjustment**	569,618	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 832,777	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	26,646	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)**	$ 26,646	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)**	$ 859,423	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,064,624	1
2	Discounts and Allowances for all Levels	38,271	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,102,895	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	345,568	6
7	Oxygen	608	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 346,176	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	326	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	32,121	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	10,107	19
20	Radiology and X-Ray		20
21	Other Medical Services	25,935	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 68,489	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,470	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,470	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending Income	1,166	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,166	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,520,196	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	619,431	31
32	Health Care	1,076,156	32
33	General Administration	463,969	33
	B. Capital Expense		
34	Ownership	192,791	34
	C. Ancillary Expense		
35	Special Cost Centers	66,711	35
36	Provider Participation Fee	74,492	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,493,550	40
41	**Income before Income Taxes (line 30 minus line 40)****	26,646	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 26,646	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No 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. SEE ACCOUNTANTS' COMPILATION REPORT**

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

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 48,768	$ 23.45	1
2	Assistant Director of Nursing	2,105	2,189	48,024	21.94	2
3	Registered Nurses	1,595	1,603	30,659	19.13	3
4	Licensed Practical Nurses	16,151	16,632	258,748	15.56	4
5	CNAs & Orderlies	41,720	43,431	428,115	9.86	5
6	CNA Trainees					6
7	Licensed Therapist	253	253	5,607	22.16	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	1,985	2,046	19,185	9.38	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	31,879	15.33	13
14	Head Cook	7,684	8,033	77,314	9.62	14
15	Cook Helpers/Assistants	7,444	7,661	67,581	8.82	15
16	Dishwashers	3,156	3,223	18,562	5.76	16
17	Maintenance Workers	3,901	4,030	18,816	4.67	17
18	Housekeepers	6,288	6,570	60,689	9.24	18
19	Laundry	5,344	5,597	48,712	8.70	19
20	Administrator	2,080	2,080	69,097	33.22	20
21	Assistant Administrator	2,080	2,080	27,931	13.43	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,677	3,834	69,337	18.08	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)					33
34	TOTAL (lines 1 - 33)	109,623	113,422	$ 1,329,024 *	$ 11.72	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	120	2,533	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	96	3,840	12(3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	216	$ 6,373		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John Snyder	Administrator	50	$ 69,097
David Grate	Asst. Administrator	0	27,931
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 97,028

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

Vendor/Payee	Type	Amount
Personnel Planners	Unemployment Services	$ 1,356
Elevator Safety Services	Inspect Elevator	160
Computer Masters	Computer	1,130
Jennifer Schroeder MD	Medical Director	1,800
RSM McGladrey	Accounting	22,062
Schuyler Cty Clerk	Claim Filing	40
Duane Morris	Legal	3,781
Vision Share Inc	Data Processing	706
Simple LTC	Data Processing	893
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 31,928

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 57,169
Unemployment Compensation Insurance	10,161
FICA Taxes	100,693
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Emp Relations & Benefits	5,743
TOTAL (agree to Schedule V, line 22, col.8)	$ 173,766

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 100
Advertising: Employee Recruitment	1,919
Health Care Worker Background Check	
(Indicate # of checks performed 58)	400
Patient Background Checks	
Illinois Health Care Association	5,465
Miscellaneous Liscenses & Fees	200
Miscellaneuos Dues	1,254
Less Non-Allowable Dues	
Less: Public Relations Expense	(1,639)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 7,699

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	90
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 90

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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													
3								N/A					
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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. **IHCA - $5,465**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(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? **5 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **6,371** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **74,492**
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.

SEE ACCOUNTANTS' COMPILATION REPORT

(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? **No** 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. $ **6**

(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? **0**
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? **No**
Firm Name: **N/A**

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

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.