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.

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

I. IDPH License ID Number: 0045187

Facility Name: Farmington Country Manor

Address: 701 South Main St (Number) Farmington (City) 61531 (Zip Code)

County: Fulton

Telephone Number: (309) 245-2407 **Fax #** (309) 245-2420

HFS ID Number:

Date of Initial License for Current Owners: 12/01/1995

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: Robert Conner **Telephone Number:** (610) 832-2059
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 1/1/2013 to 12/31/13 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) Robert Conner
(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)
(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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

III. STATISTICAL DATA

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

	1 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	92	Skilled (SNF)	92	33,580	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	92	TOTALS	92	33,580	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			3,340	3,340	8
9	SNF/PED					9
10	ICF	11,917	13,045		24,962	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,917	13,045	3,340	28,302	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.28%

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)
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 [ ] NO [X] 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 12/01/1995

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/01/1995 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 92 and days of care provided 2,582

Medicare Intermediary CAHABA

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	203,467	21,195	12,599	237,261		237,261		237,261			1
2	Food Purchase		178,839		178,839		178,839		178,839			2
3	Housekeeping	121,914	20,013		141,927		141,927		141,927			3
4	Laundry	64,575	23,809		88,384		88,384		88,384			4
5	Heat and Other Utilities			98,939	98,939		98,939		98,939			5
6	Maintenance	67,218	42,629	23,965	133,812		133,812		133,812			6
7	Other (specify):*											7
8	TOTAL General Services	457,174	286,485	135,503	879,162		879,162		879,162			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,457,231	111,099	13,125	1,581,455		1,581,455	(1,584)	1,579,871			10
10a	Therapy		251	297,845	298,096		298,096		298,096			10a
11	Activities	52,058	7,141	600	59,799		59,799		59,799			11
12	Social Services	42,590			42,590		42,590		42,590			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,551,879	118,491	323,570	1,993,940		1,993,940	(1,584)	1,992,356			16
	C. General Administration											
17	Administrative	98,411		342,643	441,054		441,054	(124,980)	316,074			17
18	Directors Fees											18
19	Professional Services			36,666	36,666		36,666	17,689	54,355			19
20	Dues, Fees, Subscriptions & Promotions			15,419	15,419		15,419	(1,950)	13,469			20
21	Clerical & General Office Expenses	172,436	11,650	19,678	203,764		203,764	25,242	229,006			21
22	Employee Benefits & Payroll Taxes			416,896	416,896		416,896	39,426	456,322			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,206	7,206		7,206	(5,706)	1,500			24
25	Other Admin. Staff Transportation			10,929	10,929		10,929	775	11,704			25
26	Insurance-Prop.Liab.Malpractice			54,258	54,258		54,258		54,258			26
27	Other (specify):*											27
28	TOTAL General Administration	270,847	11,650	903,695	1,186,192		1,186,192	(49,504)	1,136,688			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,279,900	416,626	1,362,768	4,059,294		4,059,294	(51,088)	4,008,206			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Farmington Country Manor #0045187 **Report Period Beginning:** 1/1/2013 **Ending:** 12/31/13

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							187,635	187,635			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			266	266		266	92,169	92,435			32
33	Real Estate Taxes			53,439	53,439		53,439		53,439			33
34	Rent-Facility & Grounds			316,508	316,508		316,508	(309,633)	6,875			34
35	Rent-Equipment & Vehicles			15,983	15,983		15,983		15,983			35
36	Other (specify):* Mortgage Ins							14,400	14,400			36
37	**TOTAL Ownership**			386,196	386,196		386,196	(15,429)	370,767			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		106,643		106,643		106,643		106,643			39
40	Barber and Beauty Shops			754	754		754		754			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			191,499	191,499		191,499		191,499			42
43	Other (specify):* Non-allowable Costs			191,369	191,369		191,369	(191,369)				43
44	**TOTAL Special Cost Centers**		106,643	383,622	490,265		490,265	(191,369)	298,896			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,279,900	523,269	2,132,586	4,935,755		4,935,755	(257,886)	4,677,869			45

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,288)	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				9
10	Interest and Other Investment Income	(22,532)	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	(1,950)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,376)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(145,266)	43		24
25	Fund Raising, Advertising and Promotional	(25,295)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(18,226)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (222,933)		$	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)	(34,953)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (34,953)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (257,886)		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

Farmington Country Manor

ID# 0045187

Report Period Beginning: 1/1/2013

Ending: 12/31/13

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow Laboratory Expense	$ (8,576)	43	1
2	Disallow Xray Expense	(3,944)	43	2
3	Disallow Out of State Travel	(5,706)	24	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(18,226)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Farmington Country Manor # 0045187 **Report Period Beginning:** 1/1/2013 **Ending:** 12/31/13

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	(1,584)	0	0	0	0	0	0	0	0	(1,584)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	(1,584)	0	0	0	0	0	0	0	0	(1,584)	16
	C. General Administration													
17	Administrative	0	(124,980)	0	0	0	0	0	0	0	0	0	(124,980)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,376)	19,065	0	0	0	0	0	0	0	0	0	17,689	19
20	Fees, Subscriptions & Promotions	(1,950)	0	0	0	0	0	0	0	0	0	0	(1,950)	20
21	Clerical & General Office Expenses	0	25,206	36	0	0	0	0	0	0	0	0	25,242	21
22	Employee Benefits & Payroll Taxes	0	38,653	773	0	0	0	0	0	0	0	0	39,426	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(5,706)	0	0	0	0	0	0	0	0	0	0	(5,706)	24
25	Other Admin. Staff Transportation	0	0	775	0	0	0	0	0	0	0	0	775	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**	(9,032)	(42,056)	1,584	0	0	0	0	0	0	0	0	(49,504)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(9,032)	(42,056)	0	0	0	0	0	0	0	0	0	(51,088)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Farmington Country Manor # 0045187 **Report Period Beginning:** 1/1/2013 **Ending:** 12/31/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	66	0	187,569	0	0	0	0	0	0	0	187,635	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,532)	162	0	114,539	0	0	0	0	0	0	0	92,169	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	6,875	0	(316,508)	0	0	0	0	0	0	0	(309,633)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	14,400	0	0	0	0	0	0	0	14,400	36
37	TOTAL Ownership	(22,532)	7,103	0	0	0	0	0	0	0	0	0	(15,429)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(191,369)	0	0	0	0	0	0	0	0	0	0	(191,369)	43
44	TOTAL Special Cost Centers	(191,369)	0	0	0	0	0	0	0	0	0	0	(191,369)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(222,933)	(34,953)	0	0	0	0	0	0	0	0	0	(257,886)	45

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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
American Health Corportation	100	Oak Trace	Akabame	Midwest Health	Farmington	Real Estate entity
		Terrace Oaks	Akabame	of Farmington		
		Colonial Haven	Akabame			
		Rainbow of New Jersey, Inc.	New Jersey			

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	17	Administrative	$ 342,643	American Health Corportation	100.00%	$ 217,663	$ (124,980)	1
2	V	19	Professional Services		American Health Corportation	100.00%	19,065	19,065	2
3	V	21	Clerical & Gen Office		American Health Corportation	100.00%	25,206	25,206	3
4	V	22	Emp Benefits & P/R Taxes		American Health Corportation	100.00%	38,653	38,653	4
5	V	30	Depreciation		American Health Corportation	100.00%	66	66	5
6	V	32	Interest		American Health Corportation	100.00%	162	162	6
7	V	34	Rent - Facility		American Health Corportation	100.00%	6,875	6,875	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 342,643			$ 307,690	$ * (34,953)	14

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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)	
15	V	10	Nursing and Medical Records	$ 6,584	American Health Corportation	100.00%	$ 5,000	$ (1,584)	15
16	V	21	Clerical & Gen Office Exp		American Health Corportation	100.00%	36	36	16
17	V	22	Employee Benefits & PR Taxes		American Health Corportation	100.00%	773	773	17
18	V	25	Other Admin Staff Transport.		American Health Corportation	100.00%	775	775	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 6,584			$ 6,584	$ * 0	39

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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)	
15	V	30	Depreciation	$	Midwest Health of Farmington	0.00%	$ 187,569	$ 187,569	15
16	V	32	Interest Expense	274	Midwest Health of Farmington	0.00%	114,813	114,539	16
17	V	34	Rent	316,508	Midwest Health of Farmington	0.00%		(316,508)	17
18	V	36	Mortgage Insurance		Midwest Health of Farmington	0.00%	14,400	14,400	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 316,782			$ 316,782	$ * 0	39

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

VII. RELATED PARTIES (continued)

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

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

	1	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	Stanley Stein	Ceo	Administrative	23.89	333,068	8	20.00	Mgmt Fee	$ 91,932	L17, C7	1
2	Gary Stein	Vice President	Administrative	0.00	158,583	8	20.00	Mgmt Fee	43,771	L17, C7	2
3	Jodi Stein	Admin Asst	Administrative	0.00	39,185	8	20.00	Mgmt Fee	10,815	L17, C7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 146,518		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 Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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 [X] NO [ ]

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

Name of Related Organization: American Health Corporation
Street Address: 527 Plymouth Road, Suite 412
City / State / Zip Code: Plymouth Meeting, PA 19462
Phone Number: (610) 832-2059
Fax Number: (610) 834-2937

	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	17	Administrative	Resident Days	130,840	5	$ 1,006,253	$ 1,006,253	28,302	$ 217,663	1
2	19	Professional Services	Resident Days	130,840	5	88,134		28,302	19,065	2
3	21	Clerical & Gen Office	Resident Days	130,840	5	116,526		28,302	25,206	3
4	22	Emp Benefits & P/R Taxes	Resident Days	130,840	5	178,694		28,302	38,653	4
5	30	Depreciation	Resident Days	130,840	5	306		28,302	66	5
6	32	Interest	Resident Days	130,840	5	751		28,302	162	6
7	34	Rent - Facility	Resident Days	130,840	5	31,784		28,302	6,875	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					$ 1,422,448	$ 1,006,253		$ 307,690	25

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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 [X] NO [ ]

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

Name of Related Organization: American Health Corporation
Street Address: 527 Plymouth Road, Suite 412
City / State / Zip Code: Plymouth Meeting, PA 19462
Phone Number: (610) 832-2059
Fax Number: (610) 834-2937

	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	10	Nursing and Medical Records	Direct Cost	100,008	5	$ 100,008	$ 100,008	5,000	$ 5,000	1
2	21	Clerical & Gen Office Exp	Direct Cost	710	5	710		36	36	2
3	22	Employee Benefits & PR Taxes	Direct Cost	15,459	5	15,459		773	773	3
4	25	Other Admin Staff Transport.	Direct Cost	15,506	5	15,506		775	775	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					$ 131,683	$ 100,008		$ 6,584	25

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	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	BERKADIA COMM MORT		X	LAND, BUILDING, EQUIP	$31,452.00		$ 3,017,500	$ 2,887,938	03/01/2029	6.1500	$ 106,943	1
2	BANK OF FARMINGTON		X	EQUIPMENT	$698.21	2007	45,133			4.0000	12	2
3												3
4												4
5												5
	Working Capital											
6	BANK OF FARMINGTON		X	Vehicle	$773.00	10/25/13	42,464	41,091	11/1/18	3.5680	254	6
7												7
8												8
9	TOTAL Facility Related				$32,923.21		$ 3,105,097	$ 2,929,029			$ 107,209	9
	B. Non-Facility Related*											
10								Amortization of Loan Costs			7,870	10
11								Interest Income offset			(22,806)	11
12								Allocated from Mgmt Co.			162	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (14,774)	14
15	TOTALS (line 9+line14)						$ 3,105,097	$ 2,929,029			$ 92,435	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 14,400 Line # 36

* 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.)

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 52,994	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2012	$ 53,216	2
3. Under or (over) accrual (line 2 minus line 1).		$ 222	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 53,217	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.		$ 53,439	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2008	47,780	8
	2009	50,298	9
	2010	50,509	10
	2011	51,386	11
	2012	53,216	12

Accrual based on prior year tax bill.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2012	$	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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Farmington Country Manor COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 0045187

CONTACT PERSON REGARDING THIS REPORT Robert Conner, CFO

TELEPHONE (610) 832-2059 FAX #: (610) 834-2937

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

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	05-04-12-300-013	LAND & BUILDING	$ 52,338.32	$ 52,338.32
2.	05-04-12-300-002	LAND & BUILDING	$ 691.22	$ 691.22
3.	05-04-12-300-017	LAND & BUILDING	$ 19.24	$ 19.24
4.	05-04-12-300-016	LAND & BUILDING	$ 167.84	$ 167.84
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 53,216.62	$ 53,216.62

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 X _____ NO

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 33,000 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (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).

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: 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 Facility		7/28/1986	$ 34,115	1
2					2
3	TOTALS			$ 34,115	3

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

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

	1 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	92		1986		$ 2,264,583	75,486	30	75,486	$	$ 2,076,955	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1987 Additions			1987	2,769		25			2,769	9
10	1988 Additions			1988	50,953	1,541	VARIOUS	1,541		45,233	10
11	1989 Additions			1989	36,365	144	VARIOUS	144		35,535	11
12	1990 Additions			1990	11,397		15			11,397	12
13	1991 Additions			1991	41,089		15			41,089	13
14	1992 Additions			1992	4,778		15			4,778	14
15	1993 Additions			1993	4,673		15			4,673	15
16	1994 Additions			1994	17,596		15			16,921	16
17	1995 Additions			1995	1,742		15			1,742	17
18	Carpet			2001	300		3			300	18
19											19
20	Roof			2003	28,208	723	39	723		7,593	20
21	Paving Parking Lot			2003	41,839	2,791	15	2,791		33,883	21
22	Parking Lot			2006	4,890	125	39	125		901	22
23	Paving /Blacktopping			2007	4,250	109	39	109		740	23
24	Roof			2008	41,366	2,759	15	2,759		15,172	24
25											25
26	Venting			2009	22,548	578	39	578		2,529	26
27	Blinds And Window Treatments			2009	5,132	132	39	132		533	27
28	Dining Room Floor			2009	19,295	495	39	495		2,001	28
29	Venting Materials			2009	1,582	41	39	41		166	29
30	Leasehold Improvement			2010	1,122	160	7	160		560	30
31	Nurse Call Station			2010	4,600	307	15	307		1,074	31
32	Nurse Call Station			2010	21,526	1,436	15	1,436		5,025	32
33	Carpet			2010	1,927	275	7	275		963	33
34											34
35	Nursing Hallway - Floor Tiles			2011	1,319	34	39	34		98	35
36											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 Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

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

	1 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	Outside - Seal Coating, Benches, Landscaping Rock	2012	$ 9,754	$ 250	39	$ 250	$	$ 386	37
38	Outside - Concrete Installation, Fencing, Sign	2012	11,473	294	39	294		454	38
39	Therapy Room Flooring	2012	3,494	90	39	90		131	39
40	Architect Fees For Therapy Room Hallway	2012	1,954	50	39	50		52	40
41	Shower Rooms Upgrade	2012	25,250	647	39	647		674	41
42	Architect Fees-Therapy Room Hallway	2013	1,338	30	39	30		30	42
43	Sprinkler System-200 Wing	2013	8,914	200	39	200		200	43
44	New Plumbing System-Piping/Shutoff Valves throughout	2013	11,203	228	39	228		228	44
45	New Plumbing System-Piping/Shutoff Valves throughout	2013	4,002	81	39	81		81	45
46	New Hardwood Flooring-Hallways	2013	31,128	5,557	7	5,557		5,557	46
47	New Plumbing System-Piping/Shutoff Valves throughout	2013	2,426	44	39	44		44	47
48	Therapy Rm Hallway Modifications-Install Wall/Door to Enclose	2013	14,348	2,561	7	2,561		2,561	48
49	New Exterior Signs	2013	4,590	74	39	74		74	49
50	Project 3077 Plans-Therapy Room Hallway	2013	1,277	18	39	18		18	50
51	New Wall Mural	2013	1,200	50	15	50		50	51
52	New Stone Floor Tile-Nurses Station	2013	3,366	84	15	84		84	52
53	Kamdean Stock Flooring-Room 204	2013	1,055	26	15	26		26	53
54	Remove Concrete and Relocate Light Pole	2013	4,400	42	39	42		42	54
55	3 lite Slider Windows for Rooms 314 & 317	2013	2,485	62	15	62		62	55
56	Concrete Installation-Extend Sidewalk/Front Entrance	2013	3,740	28	39	28		28	56
57	New Windows	2013	2,485	62	15	62		62	57
58	Shower Tile-Small Shower Room-200 Wing	2013	3,368	84	15	84		84	58
59	Hardwood Flooring-Room 206	2013	2,528	21	15	21		21	59
60	Tile and Cove Base-Room 208	2013	2,528	21	15	21		21	60
61	Tile and Cove Base-Room 210/212	2013	2,717	23	15	23		23	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,796,872	$ 97,763		$ 97,763	$	$ 2,323,623	70

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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	$ 996,116	$ 68,364	$ 68,364	$	3-15 yrs	$ 783,138	71
72	Current Year Purchases	142,040	16,704	16,704		3-7 yrs	16,704	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt Co			66	66			74
75	TOTALS	$ 1,138,156	$ 85,068	$ 85,134	$ 66		$ 799,842	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Nursing Facility Van	VAN	2007	$ 45,133	$	$	$	5	$ 45,133	76
77	Patient Care	2013 Dodge Grand Caravan	2013	47,384	4,738	4,738		5	4,738	77
78										78
79										79
80	TOTALS			$ 92,517	$ 4,738	$ 4,738	$		$ 49,871	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)	$	4,061,660	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	187,569	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	187,635	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	66	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	3,173,336	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	N/A	$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Allocated from Management Company
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:				$ 6,875			3
4	Additions							4
5								5
6								6
7	TOTAL				$ 6,875 **			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: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2014	$
13.	/2015	$
14.	/2016	$

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: $ 15,983 Description: Nursing Equipment - $4,472, Dietary Equipment - $1,018, Admin Equipment - $10,493
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

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.

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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	10A(3)	hrs	$	1,524	$ 92,197	$	1,524	$ 92,197	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		1,850	68,796		1,850	68,796	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2), 10A(3)	hrs		2,107	136,852	251	2,107	137,103	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				106,643		106,643	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			$	5,481	$ 297,845	$ 106,894	5,481	$ 404,739	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.

STATE OF ILLINOIS

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/13 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 81,019	$ 175,761	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 27)	571,718	571,718	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,096	3,096	6
7	Other Prepaid Expenses	4,087	7,709	7
8	Accounts Receivable (owners or related parties)	2,171,052	3,602,261	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,830,972	$ 4,360,545	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		34,115	13
14	Buildings, at Historical Cost		2,264,583	14
15	Leasehold Improvements, at Historical Cost		532,289	15
16	Equipment, at Historical Cost		1,230,673	16
17	Accumulated Depreciation (book methods)		(3,173,336)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		300,453	21
22	Other Long-Term Assets (spe**Loan Costs**		182,993	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$ 1,371,770	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,830,972	$ 5,732,315	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 255,049	$ 255,049	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	7,926	87,888	29
30	Accrued Salaries Payable	136,540	136,540	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	53,217	53,217	32
33	Accrued Interest Payable		8,784	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	**Accrued Provider Taxes**	72,870	72,870	36
37	**Due to IDPA**	93,592	93,592	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 619,194	$ 707,940	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	33,165	33,165	39
40	Mortgage Payable		2,807,976	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)**	$ 33,165	$ 2,841,141	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 652,359	$ 3,549,081	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,178,613	$ 2,183,234	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,830,972	$ 5,732,315	48

*(See instructions.)

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,009,920	1
2	Restatements (describe):		2
3	**Separate out Real Estate Entity**	(4,621)	3
4	**Rounding**	2	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,005,301	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	173,312	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)**	$ 173,312	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)**	$ 2,178,613	24 *

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,871,850	1
2	Discounts and Allowances for all Levels	(521,753)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,350,097	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	493,419	6
7	Oxygen	16,410	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 509,829	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		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	85,657	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	75,751	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 161,408	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	22,532	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 22,532	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Bad Debt Recoveries	65,201	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 65,201	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,109,067	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	879,162	31
32	Health Care	1,993,940	32
33	General Administration	1,186,192	33
	B. Capital Expense		
34	Ownership	386,196	34
	C. Ancillary Expense		
35	Special Cost Centers	298,766	35
36	Provider Participation Fee	191,499	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,935,755	40
41	**Income before Income Taxes (line 30 minus line 40)****	173,312	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 173,312	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 930,956	44
45	Private Pay - Net Inpatient Revenue	2,188,772	45
46	Medicare - Net Inpatient Revenue	687,948	46
47	Other-(specify) Insurance	166,921	47
48	Other-(specify) Hospice	375,500	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 4,350,097	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.**

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,788	2,080	$ 83,405	$ 40.10	1
2	Assistant Director of Nursing					2
3	Registered Nurses	8,345	9,001	284,388	31.60	3
4	Licensed Practical Nurses	15,375	17,089	355,163	20.78	4
5	CNAs & Orderlies	52,496	57,200	602,294	10.53	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,867	2,080	34,076	16.38	9
10	Activity Assistants	1,747	1,979	17,982	9.09	10
11	Social Service Workers	1,857	2,080	42,590	20.48	11
12	Dietician					12
13	Food Service Supervisor	1,801	2,080	40,306	19.38	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,427	16,442	163,161	9.92	15
16	Dishwashers					16
17	Maintenance Workers	3,448	4,054	67,218	16.58	17
18	Housekeepers	8,252	11,528	121,914	10.58	18
19	Laundry	5,406	5,753	64,575	11.22	19
20	Administrator	1,816	2,080	98,411	47.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,386	8,265	172,436	20.86	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) See Sch 20A	5,478	6,253	131,981	21.11	33
34	TOTAL (lines 1 - 33)	132,489	147,964	$ 2,279,900 *	$ 15.41	34

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

** See instructions.

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	288	$ 12,599	L1, C3	35
36	Medical Director	120	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant	104	6,584	L10, C3	38
39	Pharmacist Consultant	96	5,643	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	600	L11, C3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	624	$ 37,426		49

C. CONTRACT NURSES

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

FACILITY NAME: **Farmington Country Manor** **Period Beginning** **1/1/2013**
ID # : **0045187** **Period End** **12/31/13**

Schedule 20A

XVIII. Staffing and Salary Costs

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
MDS Coordinator	1,880	2,080	54,497	26.20
Staff Development Coordinator	1,819	2,090	49,457	23.66
Cental Supply	1,779	2,083	28,027	13.46
TOTAL	5,478	6,253	131,981	

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jennifer Baker	Administrator	0	$ 98,411
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 98,411

B. Administrative - Other

Description	Amount
Management Fees-See Page 6, Eliminated on P 3, C 7	$ 342,643
TOTAL (agree to Schedule V, line 17, col. 3)	$ 342,643
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Nerds On Call	Data Processing	$ 12,177
Ntt Data Ltc Solutions	Data Processing	6,713
YoloCare	Data Processing	677
Prime Care Technologies	Data Processing	1,523
Froeling, Webber, Evans	Legal	1,376
ADP	Payroll Service	12,030
Paychex	Payroll Service	2,170
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 36,666

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 100,167
Unemployment Compensation Insurance	37,300
FICA Taxes	166,603
Employee Health Insurance	92,212
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Benefits	20,614
Allocated from American Health Corp	39,426
TOTAL (agree to Schedule V, line 22, col.8)	$ 456,322

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

Description	Line #	Amount
		$
N/A		
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	1,267
Health Care Worker Background Check	390
(Indicate # of checks performed 13)	
Patient Background Checks 97	1,552
IHCA Dues	5,079
Misc Dues and Subscriptions	2,535
Misc Licenses	616
Less: Public Relations Expense	(1,950)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,469

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	21
Seminar Expense	1,479
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,500

**See instructions.

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

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		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/2013 Ending: 12/31/13

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **5,079 IHCA**

(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? **3-7 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **35,395** 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. $ **191,499**
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? **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? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **Yes**
If YES, attach a complete explanation. Out of State Travel costs have been disallowed.
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? **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? **Yes**
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 out of Schedule V? **Yes**

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

FACILITY NAME: Farmington Country Manor **BEGINNING:** 1/1/2013
ID # 0045187 **ENDING:** 12/31/13

ATTACHED SCHEDULE I

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Mileage reimbursement for allowable travel	**10,929**
Allocated from Mgmt Co	**775**
	11,704

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	203,467	21,195	12,599	237,261	0	237,261	0	237,261
2. Food Purchase	0	178,839	0	178,839	0	178,839	0	178,839
3. Housekeeping	121,914	20,013	0	141,927	0	141,927	0	141,927
4. Laundry	64,575	23,809	0	88,384	0	88,384	0	88,384
5. Heat and Other Utilities	0	0	98,939	98,939	0	98,939	0	98,939
6. Maintenance	67,218	42,629	23,965	133,812	0	133,812	0	133,812
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	457,174	286,485	135,503	879,162	0	879,162	0	879,162
9. Medical Director	0	0	12,000	12,000	0	12,000	0	12,000
10. Nursing & Medical Records	1,457,231	111,099	13,125	1,581,455	0	1,581,455	-1,584	1,579,871
10a. Therapy	0	251	297,845	298,096	0	298,096	0	298,096
11. Activities	52,058	7,141	600	59,799	0	59,799	0	59,799
12. Social Services	42,590	0	0	42,590	0	42,590	0	42,590
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	1,551,879	118,491	323,570	1,993,940	0	1,993,940	-1,584	1,992,356
17. Administrative	98,411	0	342,643	441,054	0	441,054	-124,980	316,074
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	36,666	36,666	0	36,666	17,689	54,355
20. Fees, Subscriptions & Promotion	0	0	15,419	15,419	0	15,419	-1,950	13,469
21. Clerical & General Office	172,436	11,650	19,678	203,764	0	203,764	25,242	229,006
22. Employee Benefits & Payroll	0	0	416,896	416,896	0	416,896	39,426	456,322
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	7,206	7,206	0	7,206	-5,706	1,500
25. Other Admin. Staff Trans	0	0	10,929	10,929	0	10,929	775	11,704
26. Insurance-Prop.Liab.Malpractice	0	0	54,258	54,258	0	54,258	0	54,258
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	270,847	11,650	903,695	1,186,192	0	1,186,192	-49,504	1,136,688
29. Total General Administrative	2,279,900	416,626	1,362,768	4,059,294	0	4,059,294	-51,088	4,008,206
30. Depreciation	0	0	0	0	0	0	187,635	187,635
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	266	266	0	266	92,169	92,435
33. Real Estate	0	0	53,439	53,439	0	53,439	0	53,439

34. Rent - Facility & Grounds		0	0	316,508	316,508	0	316,508	-309,633	6,875
35. Rent - Equipment & Vehicles		0	0	15,983	15,983	0	15,983	0	15,983
36. Other (specify):*		0	0	0	0	0	0	14,400	14,400
37. Total Ownership		0	0	386,196	386,196	0	386,196	-15,429	370,767
38. Medically Necessary T		0	0	0	0	0	0	0	0
39. Ancillary Service Cent		0	106,643	0	106,643	0	106,643	0	106,643
40. Barber and Beauty Shop		0	0	754	754	0	754	0	754
41. Coffee and Gift Shops		0	0	0	0	0	0	0	0
	42	0	0	191,499	191,499	0	191,499	0	191,499
43. Other (specify):*		0	0	191,369	191,369	0	191,369	-191,369	0
44. Total Special Cost Ce		0	106,643	383,622	490,265	0	490,265	-191,369	298,896
45. Grand Total		2,279,900	523,269	2,132,586	4,935,755	0	4,935,755	-257,886	4,677,869

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	81,019	175,761
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	571,718	571,718
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	3,096	3,096
7. Other Prepaid Expenses	4,087	7,709
8. Accounts Receivable-Owner/Related Party	2,171,052	3,602,261
9. Other (specify):	0	0
10. Total current assets	2,830,972	4,360,545
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	34,115
14. Buildings, at Historical Cost	0	2,264,583
15. Leasehold Improvements, Historical Cost	0	532,289
16. Equipment, at Historical Cost	0	1,230,673
17. Accumulated Depreciation (book methods)	0	-3,173,336
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	300,453
22. Other Long-Term Assets (specify):	0	182,993
23. other (specify):	0	0
24. Total Long-Term Assets	0	1,371,770
25. Total Assets	2,830,972	5,732,315
CURRENT LIABILITIES		
26. Accounts Payable	255,049	255,049
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	7,926	87,888
30. Accrued Salaries Payable	136,540	136,540
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	53,217	53,217
33. Accrued Interest Payable	0	8,784
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	72,870	72,870

37. Other Current Liabilities (specify):	93,592	93,592
38. Total Current Liabilities	619,194	707,940
LONG TERM LIABILITES		
39.Long-Term Notes Payable	33,165	33,165
40.Mortgage Payable	0	2,807,976
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	33,165	2,841,141
46.Total Liabilities	652,359	3,549,081
47.Total Equity	2,178,613	2,183,234
48.Total Liabilities and Equity	2,830,972	5,732,315

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	4,871,850
2. Discounts and Allowances for all Levels	-521,753
Subtotal - Inpatient Care	4,350,097
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	493,419
7. Oxygen	16,410
Subtotal - Anciliary Revenue	509,829
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	85,657
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	0
21. Other Medical Services	75,751
22. Laundry	0
Subtotal - Other Operating Revenue	161,408
24. Contributions	0
25. Interest and Other Investments Income	22,532
Subtotal - Non-Operating Revenue	22,532
27. Other Revenue (specify):	65,201
28. Other Revenue (specify):	0
Subtotal - Other Revenue	65,201
30. Total Revenue	5,109,067
31. General Services	879,162
32. Health Care	1,993,940
33. General Administration	1,186,192
34. Ownership	386,196

35.	Special Cost Centers	298,766
35.	Provider Participation Fee	191,499
37.	Other	0
40.	Total Expenses	4,935,755
41.	Income Before Income Taxes	173,312
42.	Income Taxes	0
43.	Net Income or Loss for the Year	173,312