FOR BHF USE

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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.

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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 1/1/16 to 12/31/16 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) 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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

III. STATISTICAL DATA

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

	1 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	33,672	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	33,672	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	12,142	8,496	8,036	28,674	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,142	8,496	8,036	28,674	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.16%

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)
Outpatient Therapy

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 5,308

Medicare Intermediary _____

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	228,764	24,383	15,596	268,743		268,743		268,743			1
2	Food Purchase		197,780		197,780		197,780		197,780			2
3	Housekeeping	125,580	20,787		146,367		146,367		146,367			3
4	Laundry	68,897	25,488		94,385		94,385		94,385			4
5	Heat and Other Utilities			90,584	90,584		90,584		90,584			5
6	Maintenance	72,744	53,949	16,797	143,490		143,490	(6,715)	136,775			6
7	Other (specify):*											7
8	TOTAL General Services	495,985	322,387	122,977	941,349		941,349	(6,715)	934,634			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,564,592	100,730	13,921	1,679,243		1,679,243	(1,740)	1,677,503			10
10a	Therapy											10a
11	Activities	54,486	8,768	1,294	64,548		64,548		64,548			11
12	Social Services	45,082			45,082		45,082		45,082			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,664,160	109,498	27,215	1,800,873		1,800,873	(1,740)	1,799,133			16
	C. General Administration											
17	Administrative	111,060		463,554	574,614		574,614	(244,445)	330,169			17
18	Directors Fees											18
19	Professional Services			58,093	58,093		58,093	6,853	64,946			19
20	Dues, Fees, Subscriptions & Promotions			13,141	13,141		13,141	196	13,337			20
21	Clerical & General Office Expenses	175,238	12,144	24,574	211,956		211,956	140,536	352,492			21
22	Employee Benefits & Payroll Taxes			374,975	374,975		374,975	42,605	417,580			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,848	1,848		1,848	(937)	911			24
25	Other Admin. Staff Transportation			10,562	10,562		10,562	925	11,487			25
26	Insurance-Prop.Liab.Malpractice			78,148	78,148		78,148		78,148			26
27	Other (specify):*											27
28	TOTAL General Administration	286,298	12,144	1,024,895	1,323,337		1,323,337	(54,267)	1,269,070			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,446,443	444,029	1,175,087	4,065,559		4,065,559	(62,722)	4,002,837			29

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

SEE ACCOUNTANTS' PREPARATION 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 Farmington Country Manor #0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation							144,888	144,888			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			759	759		759	105,446	106,205			32
33	Real Estate Taxes			74,437	74,437		74,437		74,437			33
34	Rent-Facility & Grounds			250,559	250,559		250,559	(242,907)	7,652			34
35	Rent-Equipment & Vehicles			32,294	32,294		32,294		32,294			35
36	Other (specify):* **Mortgage Ins**							13,392	13,392			36
37	**TOTAL Ownership**			358,049	358,049		358,049	20,819	378,868			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		236,254	752,003	988,257		988,257		988,257			39
40	Barber and Beauty Shops			978	978		978		978			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			192,696	192,696		192,696		192,696			42
43	Other (specify):* **Disallowed Costs**			217,268	217,268		217,268	(217,268)				43
44	**TOTAL Special Cost Centers**		236,254	1,162,945	1,399,199		1,399,199	(217,268)	1,181,931			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,446,443	680,283	2,696,081	5,822,807		5,822,807	(259,171)	5,563,636			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	(9,162)	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	13,317	30		9
10	Interest and Other Investment Income	(77)	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	(50)	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	(4,208)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(10,109)	43		24
25	Fund Raising, Advertising and Promotional	(13,657)	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	(192,065)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (216,011)		$	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)	(43,160)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (43,160)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (259,171)		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

SEE ACCOUNTANTS' PREPARATION REPORT

Farmington Country Manor

ID# 0045187

Report Period Beginning: 1/1/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow Out of State Travel	$ (937)	24	1
2	Disallow Laboratory Expense	(15,495)	43	2
3	Disallow Xray Expense	(7,208)	43	3
4	Capitalize fixed assets for Medicaid basis	(6,715)	6	4
5	Offset Miscellaneous income against expense	(73)	32	5
6	Offset Miscellaneous income against expense	(161,637)	43	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**	(192,065)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Farmington Country Manor # 0045187 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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	(6,715)	0	0	0	0	0	0	0	0	0	0	(6,715)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(6,715)	0	0	0	0	0	0	0	0	0	0	(6,715)	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	(1,740)	0	0	0	0	0	0	0	0	(1,740)	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	(1,740)	0	0	0	0	0	0	0	0	(1,740)	16
	C. General Administration													
17	Administrative	0	(244,445)	0	0	0	0	0	0	0	0	0	(244,445)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,208)	11,061	0	0	0	0	0	0	0	0	0	6,853	19
20	Fees, Subscriptions & Promotions	(50)	246	0	0	0	0	0	0	0	0	0	196	20
21	Clerical & General Office Expenses	0	140,536	0	0	0	0	0	0	0	0	0	140,536	21
22	Employee Benefits & Payroll Taxes	0	41,790	815	0	0	0	0	0	0	0	0	42,605	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(937)	0	0	0	0	0	0	0	0	0	0	(937)	24
25	Other Admin. Staff Transportation	0	0	925	0	0	0	0	0	0	0	0	925	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**	(5,195)	(50,812)	1,740	0	0	0	0	0	0	0	0	(54,267)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(11,910)	(50,812)	0	0	0	0	0	0	0	0	0	(62,722)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Farmington Country Manor # 0045187 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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	13,317	0	0	131,571	0	0	0	0	0	0	0	144,888	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(150)	0	0	105,596	0	0	0	0	0	0	0	105,446	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	7,652	0	(250,559)	0	0	0	0	0	0	0	(242,907)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	13,392	0	0	0	0	0	0	0	13,392	36
37	**TOTAL Ownership**	13,167	7,652	0	0	0	0	0	0	0	0	0	20,819	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):*	(217,268)	0	0	0	0	0	0	0	0	0	0	(217,268)	43
44	**TOTAL Special Cost Centers**	(217,268)	0	0	0	0	0	0	0	0	0	0	(217,268)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(216,011)	(43,160)	0	0	0	0	0	0	0	0	0	(259,171)	45

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	Alabama	Midwest Health	Farmington	Real Estate entity
		Terrace Oaks	Alabama	of Farmington		
		Colonial Haven	Alabama			
		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	$ 463,554	American Health Corportation	100.00%	$ 219,109	$ (244,445)	1
2	V	19	Professional Services		American Health Corportation	100.00%	11,061	11,061	2
3	V	20	Dues & Subscriptions		American Health Corportation	100.00%	246	246	3
4	V	21	Clerical & Gen Office		American Health Corportation	100.00%	140,536	140,536	4
5	V	22	Emp Benefits & P/R Taxes		American Health Corportation	100.00%	41,790	41,790	5
6	V	34	Rent - Facility		American Health Corportation	100.00%	7,652	7,652	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 463,554			$ 420,394	$ * (43,160)	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	$ 7,690	American Health Corportation	100.00%	$ 5,950	$ (1,740)	15
16	V	22	Employee Benefits & PR Taxes		American Health Corportation	100.00%	815	815	16
17	V	25	Other Admin Staff Transport.		American Health Corportation	100.00%	925	925	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 7,690			$ 7,690	$ * 0	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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%	$ 131,571	$ 131,571	15
16	V	32	Interest Expense	49	Midwest Health of Farmington	0.00%	105,645	105,596	16
17	V	34	Rent	250,559	Midwest Health of Farmington	0.00%		(250,559)	17
18	V	36	Mortgage Insurance		Midwest Health of Farmington	0.00%	13,392	13,392	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			$ 250,608			$ 250,608	$ * 0	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	498,932	4	10.00	Mgmt Fee	$ 136,068	L17, C7	1
2	Gary Stein	Vice President	Administrative	0.00	255,382	8	20.00	Mgmt Fee	69,648	L17, C7	2
3	Jodi Stein	Admin Asst	Administrative	0.00	49,107	2	5.00	Mgmt Fee	13,393	L17, C7	3
4											4
5											5
6											6
7	Note: All owner/relative wages are allocated from American Health Corporation.										7
8											8
9	See Attached Schedule 7A										9
10											10
11											11
12											12
13								TOTAL	$ 219,109		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

SEE ACCOUNTANTS' PREPARATION REPORT

Farmington Country Manor

Period Beginning **1/1/16**
Period End **12/31/16**

Schedule 7A

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

	Oak Trace	Terrace Oaks	Colonial Haven	Farmington Country Manor	Rainbow of New Jersey, Inc.	Total
Stanley Stein	124,675	104,796	146,295	136,068	123,166	**635,000**
Gary Stein	63,816	53,641	74,882	69,648	63,043	**325,030**
Jodi Stein	12,271	10,315	14,399	13,393	12,123	**62,500**
	200,762	**168,752**	**235,576**	**219,109**	**198,332**	**1,022,530**

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	133,815	5	$ 1,022,530	$ 1,022,530	28,674	$ 219,109	1
2	19	Professional Services	Resident Days	133,815	5	51,621		28,674	11,061	2
3	20	Dues & Subscriptions	Resident Days	133,815	5	1,150		28,674	246	3
4	21	Clerical & Gen Office	Resident Days	133,815	5	655,851	498,744	28,674	140,536	4
5	22	Emp Benefits & P/R Taxes	Resident Days	133,815	5	195,026		28,674	41,790	5
6	34	Rent - Facility	Resident Days	133,815	5	35,709		28,674	7,652	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					$ 1,961,887	$ 1,521,274		$ 420,394	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	119,000	5	$ 119,000	$ 119,000	5,950	$ 5,950	1
2	22	Employee Benefits & PR Taxes	Direct Cost	16,314	5	16,314		815	815	2
3	25	Other Admin Staff Transport.	Direct Cost	18,494	5	18,494		925	925	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 153,808	$ 119,000		$ 7,690	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	$ 2,639,038	03/01/2029	6.1500	$ 97,773	1
2												2
3												3
4												4
5												5
	Working Capital											
6	BANK OF FARMINGTON		X	Vehicle	$773.00	10/25/13	42,464	16,434	11/1/18	3.5680	759	6
7												7
8												8
9	TOTAL Facility Related				$32,225.00		$ 3,059,964	$ 2,655,472			$ 98,532	9
	B. Non-Facility Related*											
10								Amortization of Loan Costs			7,872	10
11								Interest Income offset			(199)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 7,673	14
15	TOTALS (line 9+line14)						$ 3,059,964	$ 2,655,472			$ 106,205	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 13,392 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.)

SEE ACCOUNTANTS' PREPARATION 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 Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 64,892	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.)	2015	$ 67,965	2
3. Under or (over) accrual (line 2 minus line 1).		$ 3,073	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 71,364	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.		$ 74,437	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	51,386	8
	2012	53,216	9
	2013	53,868	10
	2014	64,892	11
	2015	67,965	12

Accrual based on prior year tax bill.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

2015 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 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	05-04-12-300-013	LAND & BUILDING	$ 66,969.94	$ 66,969.94
2.	05-04-12-300-002	LAND & BUILDING	$ 755.06	$ 755.06
3.	05-04-12-300-017	LAND & BUILDING	$ 25.52	$ 25.52
4.	05-04-12-300-016	LAND & BUILDING	$ 214.82	$ 214.82
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 67,965.34	$ 67,965.34

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

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

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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		31621	$ 34,115	1
2					2
3	TOTALS			$ 34,115	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	36,656	30	36,656	$	$ 2,264,583	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	1,474	VARIOUS	1,474		49,655	10
11	1989 Additions			1989	36,365		VARIOUS			36,365	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		9,762	20
21	Paving Parking Lot			2003	41,839	2,374	15	2,374		41,839	21
22	Parking Lot			2006	4,890	125	39	125		1,276	22
23	Paving /Blacktopping			2007	4,250	109	39	109		1,067	23
24	Roof			2008	41,366	2,759	15	2,759		23,449	24
25											25
26	Venting			2009	22,548	578	39	578		4,263	26
27	Blinds And Window Treatments			2009	5,132	132	39	132		929	27
28	Dining Room Floor			2009	19,295	495	39	495		3,486	28
29	Venting Materials			2009	1,582	41	39	41		289	29
30	Leasehold Improvement			2010	1,122	160	7	160		1,040	30
31	Nurse Call Station			2010	4,600	307	15	307		1,995	31
32	Nurse Call Station			2010	21,526	1,436	15	1,436		9,333	32
33	Carpet			2010	1,927	275	7	275		1,788	33
34											34
35	Nursing Hallway - Floor Tiles			2011	1,319	34	39	34		200	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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	$	$ 1,136	37
38	Outside - Concrete Installation, Fencing, Sign	2012	11,473	294	39	294		1,336	38
39	Therapy Room Flooring	2012	3,494	90	39	90		401	39
40	Architect Fees For Therapy Room Hallway	2012	1,954	50	39	50		202	40
41	Shower Room Upgrade (200-300 Wing) Gutted and installed	2012	25,250	647	39	647		2,615	41
42	flooring, tile, drywall, cabinets, tub, lighting								42
43	Architect Fees-Therapy Room Hallway	2013	1,338	34	39	34		132	43
44	Sprinkler System-200 Wing	2013	8,914	229	39	229		887	44
45	New Plumbing System-Piping/Shutoff Valves throughout	2013	11,203	287	39	287		1,089	45
46	New Plumbing System-Piping/Shutoff Valves throughout	2013	4,002	103	39	103		390	46
47	New Hardwood Flooring-Hallways	2013	31,128	3,726	7	3,726		21,806	47
48	New Plumbing System-Piping/Shutoff Valves throughout	2013	2,426	62	39	62		230	48
49	Therapy Rm Hallway Modifications-Install Wall/Door to Enclose	2013	14,348	1,717	7	1,717		10,050	49
50	New Exterior Signs	2013	4,590	118	39	118		428	50
51	Project 3077 Plans-Therapy Room Hallway	2013	1,277	33	39	33		117	51
52	New Wall Mural	2013	1,200	80	15	80		290	52
53	New Stone Floor Tile-Nurses Station	2013	3,366	225	15	225		759	53
54	Kamdean Stock Flooring-Room 204	2013	1,055	70	15	70		236	54
55	Remove Concrete and Relocate Light Pole	2013	4,400	113	39	113		381	55
56	3 lite Slider Windows for Rooms 314 & 317	2013	2,485	166	15	166		560	56
57	Concrete Installation-Extend Sidewalk/Front Entrance	2013	3,740	96	39	96		316	57
58	New Windows	2013	2,485	166	15	166		560	58
59	Shower Tile-Small Shower Room-200 Wing	2013	3,368	225	15	225		759	59
60	Hardwood Flooring-Room 206	2013	2,528	169	15	169		528	60
61	Tile and Cove Base-Room 208	2013	2,528	169	15	169		528	61
62	Tile and Cove Base-Room 210/212	2013	2,717	181	15	181		566	62
63	Tile and Cove Base-Resident Rooms	2014	10,539		15	702	702	1,755	63
64	Window Replacement - 91 new windows	2014	62,710		15	4,180	4,180	10,450	64
65	Thru Wall Air Conditioner Units	2014	6,728		15	448	448	1,120	65
66	Replace siding	2014	8,249		15	550	550	1,375	66
67	Repave parking lot	2014	70,000		15	4,667	4,667	11,667	67
68	Rewire and repair outside sign and rewire lightpole	2014	4,332		15	289	289	722	68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,959,430	$ 56,978		$ 67,814	$ 10,836	$ 2,608,379	70

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 1/1/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,959,430	$ 56,978		$ 67,814	$ 10,836	$ 2,608,379	1
2	Tile and Cove Base - 6 Resident Rooms	2014	5,204		15	347	347	868	2
3	Install new humidifier on furnace	2014	3,350		15	223	223	558	3
4	Tile and Cove Base - SS Office, Bus. Office, Med Rec Office,	2015	22,406		15	1,494	1,494	2,241	4
5	Utility Closets, 2 Bathrooms & Remaining Resident Rms								5
6	Seal Parking Lot	2015	2,900		15	193	193	290	6
7	6 Thru-Wall Air Conditioning Units	2016	3,991		15	133	133	133	7
8	Woodplank Floor Tile - Activity Rm and Breakroom	2016	2,724		15	91	91	91	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	TOTAL (lines 1 thru 33)		$ 3,000,005	$ 56,978		$ 70,295	$ 13,317	$ 2,612,560	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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: 1/1/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,182,625	$ 64,250	$ 64,250	$	3-15 yrs	$ 1,040,352	71
72	Current Year Purchases	12,151	868	868		7 yrs	868	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,194,776	$ 65,118	$ 65,118	$		$ 1,041,220	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	9,475	9,475		5	33,163	77
78										78
79										79
80	TOTALS			$ 92,517	$ 9,475	$ 9,475	$		$ 78,296	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)	$ 4,321,413	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 131,571	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 144,888	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 13,317	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,732,076	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		$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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:				$ 7,652			3
4	Additions							4
5								5
6								6
7	TOTAL				$ 7,652 **			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.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 32,294 Description: Nursing Equipment - $20,881; Dietary Equipment - $1,056; Admin Equipment - $10,357
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	$	5,504	$ 300,331	$	5,504	$ 300,331	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,991	78,221		1,991	78,221	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2), 39(3)	hrs		8,457	372,926	1,667	8,457	374,593	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				234,587		234,587	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			$	15,952	$ 751,478	$ 236,254	15,952	$ 987,732	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' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor **#** 0045187 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16 **(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	$ 301,153	$ 451,110	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 27)	904,046	904,046	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,972	4,972	6
7	Other Prepaid Expenses	17,183	21,599	7
8	Accounts Receivable (owners or related parties)	2,311,443	3,971,886	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,538,797	$ 5,353,613	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		735,422	15
16	Equipment, at Historical Cost		1,287,293	16
17	Accumulated Depreciation (book methods)		(3,732,076)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		284,788	21
22	Other Long-Term Assets (spe **Loan Costs**		159,379	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$ 1,033,504	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,538,797	$ 6,387,117	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 223,019	$ 223,019	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	8,829	98,030	29
30	Accrued Salaries Payable	199,775	199,775	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	71,364	71,364	32
33	Accrued Interest Payable	(664)	7,363	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	**Accrued Provider Taxes**	56,117	56,117	36
37	**Due to Third Parties**	128,318	128,318	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 686,758	$ 783,986	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	7,605	7,605	39
40	Mortgage Payable		2,549,837	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)**	$ 7,605	$ 2,557,442	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 694,363	$ 3,341,428	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,844,434	$ 3,045,689	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,538,797	$ 6,387,117	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,835,273	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,835,273	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,009,161	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)**	$ 1,009,161	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)**	$ 2,844,434	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	$ 5,157,832	1
2	Discounts and Allowances for all Levels	(54,360)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,103,472	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,337,801	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,337,801	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	182,056	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	46,852	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 228,908	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	77	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 77	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	161,710	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 161,710	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,831,968	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	941,349	31
32	Health Care	1,800,873	32
33	General Administration	1,323,337	33
	B. Capital Expense		
34	Ownership	358,049	34
	C. Ancillary Expense		
35	Special Cost Centers	1,206,503	35
36	Provider Participation Fee	192,696	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,822,807	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,009,161	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,009,161	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,591,127	44
45	Private Pay - Net Inpatient Revenue	1,606,796	45
46	Medicare - Net Inpatient Revenue	1,249,388	46
47	Other-(specify) Insurance	166,705	47
48	Other-(specify) VA	489,456	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,103,472	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not complete 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.**

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	1,800	2,080	$ 91,125	$ 43.81	1
2	Assistant Director of Nursing	911	1,047	21,807	20.83	2
3	Registered Nurses	9,931	10,577	298,218	28.19	3
4	Licensed Practical Nurses	15,501	17,080	381,087	22.31	4
5	CNAs & Orderlies	54,679	58,506	703,030	12.02	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,779	1,907	24,287	12.74	9
10	Activity Assistants	2,216	2,483	30,199	12.16	10
11	Social Service Workers	1,800	2,080	45,082	21.67	11
12	Dietician					12
13	Food Service Supervisor	1,838	2,080	43,382	20.86	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,357	17,831	185,382	10.40	15
16	Dishwashers					16
17	Maintenance Workers	3,756	4,155	72,744	17.51	17
18	Housekeepers	10,611	11,591	125,580	10.83	18
19	Laundry	5,596	5,952	68,897	11.58	19
20	Administrator	1,788	2,080	111,060	53.39	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,360	8,086	175,238	21.67	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 C: MDS Coord	1,816	2,080	57,868	27.82	32
33	Other(specify) Central Supply	583	583	11,457	19.65	33
34	TOTAL (lines 1 - 33)	138,322	150,198	$ 2,446,443 *	$ 16.29	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	$ 15,596	L1, C3	35
36	Medical Director	96	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	6,231	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	7	525	L39, C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	1,294	L11, C3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	503	$ 35,646		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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jennifer Baker	Administrator	0	$ 111,060
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 111,060

B. Administrative - Other

Description	Amount
Management Fees-See Page 6, Eliminated on P 3, C 7	$ 463,554
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 463,554

C. Professional Services

Vendor/Payee	Type	Amount
Nerds On Call	Computer Services	$ 5,111
American Healthtech	Healthcare Software	8,696
YoloCare	Website Services	1,620
Prime Care Technologies	Information Techology	15,734
eSolutions	Health Info Management	4,123
Paychex	Payroll Service	17,076
Johnson & Johnson	Legal	3,801
Hepler Broom	Legal	407
Starnes Davis Florie LLP	Legal	1,525
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 58,093

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 56,457
Unemployment Compensation Insurance	23,155
FICA Taxes	179,544
Employee Health Insurance	101,881
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Benefits	13,938
Allocated from American Health Corp	42,605
TOTAL (agree to Schedule V, line 22, col.8)	$ 417,580

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	$
Advertising: Employee Recruitment	1,374
Health Care Worker Background Check	
(Indicate # of checks performed 13)	482
Patient Background Checks 147	2,352
IHCA Dues	4,766
Misc Dues and Subscriptions	3,858
Misc Licenses	259
Allocated from American Health Corp	246
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,337

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	561
Seminar Expense	350
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 911

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Farmington Country Manor # 0045187 Report Period Beginning: 1/1/16 Ending: 12/31/16

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. **4,766 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? **7 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **29,377** 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. $ **192,696**
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' PREPARATION 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? **Out-Patient Therapy** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(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? **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 of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees

Farmington Country Manor

Period Beginning **1/1/16**
Period End **12/31/16**

ATTACHED SCHEDULE I

SCHEDULE V - LINE 25 - OTHER ADMIN. STAFF TRANSPORTATION

Care Related Vehicle Expenses:

Mileage reimbursement for allowable travel	**4,512**
Fuel and miscellaneous supplies	**6,050**
Allocated from Mgmt Co	**925**
	11,487