

		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0029892

Facility Name: Apostolic Christian Resthaven

Address: 2750 West Highland Avenue Elgin 60124
Number City Zip Code

County: Kane

Telephone Number: (847) 741-4543 Fax # (847) 760-6224

HFS ID Number:

Date of Initial License for Current Owners: 11/07/1985

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust
IRS Exemption Code 501(c)(3)

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: David Stieglitz, Administrator Telephone Number: (847) 741-4543
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2012 to 12/31/2012 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) David G. Stieglitz
(Title) Administrator

Paid
Preparer

(Signed) An Independent Accountants' Compilation Report Is Attached. (Date) _____
(Print Name and Title) Matthew J. Schambach CPA
(Firm Name & Address) Borhart Spellmeyer & Company, LLC
1752 Capital Street, Suite 400, Elgin, IL 60124
(Telephone) (847) 695-1775 Fax # (847) 695-1984

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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 bedsn/a

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>50</u>	Skilled (SNF)	<u>50</u>	<u>18,300</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>50</u>	TOTALS	<u>50</u>	<u>18,300</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>1,539</u>	<u>5,401</u>		<u>6,940</u>	8
9	SNF/PED					9
10	ICF	<u>1,640</u>	<u>8,563</u>		<u>10,203</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>3,179</u>	<u>13,964</u>		<u>17,143</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 93.68%

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)

meals and housekeeping for apartment residents

F. Does the facility maintain a daily midnight census?

yesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES

☒

NO

☐

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

YES

☒

NO

☐

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

Date started

11/07/1985

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

YES

☐

Date

NO

☒

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

YES

☐

NO

☒

If YES, enter number

of beds certified

and days of care provided

Medicare Intermediary

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐Tax Year: December 31 Fiscal Year: December 31

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

SEE ACCOUNTANTS' COMPILATION REPORT

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						
		1	2	3	4	5	6	7	8	9	10
	A. General Services										
1	Dietary	233,817	13,652	4,366	251,835	(3,845)	247,990	(12,686)	235,304		1
2	Food Purchase		103,766		103,766	(1,709)	102,057	(5,638)	96,419		2
3	Housekeeping	60,917	11,478		72,395		72,395		72,395		3
4	Laundry	36,208	8,082		44,290		44,290		44,290		4
5	Heat and Other Utilities			51,415	51,415		51,415		51,415		5
6	Maintenance	96,010	6,118	43,356	145,484		145,484		145,484		6
7	Other (specify):* Waste Removal			7,512	7,512		7,512		7,512		7
8	TOTAL General Services	426,952	143,096	106,649	676,697	(5,554)	671,143	(18,324)	652,819		8
	B. Health Care and Programs										
9	Medical Director			2,000	2,000		2,000		2,000		9
10	Nursing and Medical Records	1,407,871	69,879	4,786	1,482,536		1,482,536		1,482,536		10
10a	Therapy		28	142	170		170		170		10a
11	Activities	61,419	9,344	832	71,595		71,595	(45)	71,550		11
12	Social Services	37,544	383	2,112	40,039		40,039		40,039		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,506,834	79,634	9,872	1,596,340		1,596,340	(45)	1,596,295		16
	C. General Administration										
17	Administrative	101,837			101,837		101,837		101,837		17
18	Directors Fees										18
19	Professional Services			29,853	29,853		29,853	(2,134)	27,719		19
20	Dues, Fees, Subscriptions & Promotions			9,117	9,117	74	9,191	(1,655)	7,536		20
21	Clerical & General Office Expenses	72,908	6,978	5,374	85,260		85,260		85,260		21
22	Employee Benefits & Payroll Taxes			474,057	474,057	5,554	479,611		479,611		22
23	Inservice Training & Education			555	555		555		555		23
24	Travel and Seminar			33,277	33,277	(74)	33,203	(4,609)	28,594		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			32,928	32,928		32,928		32,928		26
27	Other (specify):* Misc Exp & Vol Exp			4,388	4,388	(1)	4,387	(2,613)	1,774		27
28	TOTAL General Administration	174,745	6,978	589,549	771,272	5,553	776,825	(11,011)	765,814		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,108,531	229,708	706,070	3,044,309	(1)	3,044,308	(29,380)	3,014,928		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			184,970	184,970		184,970	(36,647)	148,323			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					1	1	(1)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			184,970	184,970	1	184,971	(36,648)	148,323			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		30,770	61,469	92,239		92,239		92,239			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		709		709		709	(709)				41
42	Provider Participation Fee			182,702	182,702		182,702		182,702			42
43	Other (specify):* MPR/Apt Expense		1,754	86,452	88,206		88,206	(88,206)				43
44	TOTAL Special Cost Centers		33,233	330,623	363,856		363,856	(88,915)	274,941			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,108,531	262,941	1,221,663	3,593,135		3,593,135	(154,943)	3,438,192			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,638)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,934)	19		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(493)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(45)	11		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(36,154)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(110)	20		17
18	Fines and Penalties	(359)	20		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(200)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(1,186)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(108,824)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (154,943)		\$	30

BHF USE ONLY							
48		49		50		51	52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (154,943)		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					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Apostolic Christian Resthaven

ID# 0029892

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Apartment Expense	\$ (86,452)	43	1
2	Non-Care Travel Expense	(146)	24	2
3	Vending Expense	(709)	41	3
4	Non-Patient Meals (Wage-Related Costs)	(12,686)	1	4
5	Multipurpose Room Expense	(1,754)	43	5
6	Volunteer Expense	(2,613)	27	6
7	Rent on Land Paid to Related Party	(1)	34	7
8	Out-of-State Travel	(4,463)	24	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	(108,824)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(12,686)	0	0	0	0	0	0	0	0	0	0	(12,686)	1
2	Food Purchase	(5,638)	0	0	0	0	0	0	0	0	0	0	(5,638)	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	(18,324)	0	0	0	0	0	0	0	0	0	0	(18,324)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(45)	0	0	0	0	0	0	0	0	0	0	(45)	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	(45)	0	0	0	0	0	0	0	0	0	0	(45)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,134)	0	0	0	0	0	0	0	0	0	0	(2,134)	19
20	Fees, Subscriptions & Promotions	(1,655)	0	0	0	0	0	0	0	0	0	0	(1,655)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,609)	0	0	0	0	0	0	0	0	0	0	(4,609)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(2,613)	0	0	0	0	0	0	0	0	0	0	(2,613)	27
28	TOTAL General Administration	(11,011)	0	0	0	0	0	0	0	0	0	0	(11,011)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(29,380)	0	0	0	0	0	0	0	0	0	0	(29,380)	29

Summary B

12/31/2012

[illegible]

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
Apostolic Christian Church of Elgin	100					

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

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	27/34	Land Lease	\$ 1	Apostolic Christian Church of Elgin	100.00%	\$ 1	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1			\$ 1	\$ *	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$		\$			\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6													6
7													7
8													8
9	TOTAL Facility Related						\$		\$			\$	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$		\$			\$	14
15	TOTALS (line 9+line14)						\$		\$			\$	15

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.			\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$		2
3. Under or (over) accrual (line 2 minus line 1).			\$		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)			\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007		8	
		2008		9	
		2009		10	
		2010		11	
		2011		12	
				13	FOR BHF USE ONLY
				13	FROM R. E. TAX STATEMENT FOR 2011 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Apostolic Christian Resthaven
COUNTY
Kane

FACILITY IDPH LICENSE NUMBER
0029892

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ()
FAX #: ()

A. Summary of Real Estate Tax Cost

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

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

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

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

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	24,100	B. General Construction Type:	Exterior	80% Brick/20% Cedar	Frame	Steel	Number of Stories	1
------------------------	---------------	--------------------------------------	-----------------	----------------------------	--------------	--------------	--------------------------	----------

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

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

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

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

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

Seventeen (17) congregate housing units (apartments) are attached to the nursing home. Utilities are separately metered and costs are handled separately

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

1. Total Amount Incurred: _____ **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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	49		1985	1985	\$ 2,012,999	\$ 50,325	40	\$ 50,325	\$	\$ 1,375,197	4
5			1986	1986	10,064	252	40	252		6,672	5
6			1987	1987	67,246	1,681	40	1,681		42,867	6
7			1988	1988	91,817	2,295	40	2,295		56,233	7
8	1		1999	1999	74,929	1,873	40	1,380	(493)	19,708	8
	Improvement Type**										
9	Land Improvements - General Land Improvement:			1985	21,667		15			21,667	9
10	Land Improvements - General Land Improvement:			1986	4,800		15			4,800	10
11	Land Improvements - General Land Improvement:			1989	2,069		15			2,069	11
12	Land Improvements - General Land Improvement:			1990	590		15			590	12
13	Land Improvements - Court Yard			1992	13,298		15			13,298	13
14	Land Improvements - Front Court Yard			1997	15,126	590	15	590		15,126	14
15	Land Improvements - Sidewalk to Parking Lot			2005	5,315	354	15	354		2,628	15
16	Land Improvements - Timber Landscap			2009	4,100	410	10	410		1,367	16
17	Land Improvements - Retaining Walls			2009	7,300	365	20	365		1,186	17
18	Land Improvements - Landscaping & Court Yard			2010	1,800	180	10	180		435	18
19	Land Improvements - Storm Water Structure & Piping for Downspout:			2010	12,477	499	25	499		1,206	19
20	Land Improvements - Concrete Patio Outside New Activity Room:			2011	2,025	135	15	135		225	20
21	Land Improvements - Fencing Around New Activity Room Patio			2011	3,018	377	8	377		566	21
22	Land Improvements - Landscaping Around New Activity Room Patio			2011	4,560	456	10	456		684	22
23	Land Improvements - New Asphalt Driveway & Parking Lot			2012	44,914	3,275	8	3,275		3,275	23
24	Land Improvements - Concrete Sidewalks at Building Entrance			2012	9,527	370	15	370		370	24
25	Land Improvements - Landscaping at Building's Front Entrance			2012	6,388	373	10	373		373	25
26	Building Improvements - General Building Improvement:			1987	8,669		20			8,669	26
27	Building Improvements - General Building Improvement:			1988	28,461		20			28,461	27
28	Building Improvements - General Building Improvement:			1989	500		20			500	28
29	Building Improvements - General Building Improvement:			1990	6,091		20			6,091	29
30	Building Improvements - General Building Improvement:			1991	6,846		20			6,846	30
31	Building Improvements - Air Conditioner			1992	13,749	348	20	348		13,749	31
32	Building Improvements - Light Fixtures			1992	1,331	30	20	30		1,331	32
33	Building Improvements - RPZ Valve			1994	885	44	20	44		813	33
34	Building Improvements - Curtains			1995	1,944		10			1,944	34
35	Building Improvements - Carpeting Music Room			1995	1,332		10			1,332	35
36	Building Improvements - Drapes			1995	2,989		10			2,989	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' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Building Improvements - Carpet on Walls	1995	\$ 6,262	\$	10	\$	\$	\$ 6,262	37
38	Building Improvements - Wallpaper	1995	3,703		10			3,703	38
39	Building Improvements - Drapes	1995	884		10			884	39
40	Building Improvements - Carpeting Office	1995	1,344		10			1,344	40
41	Building Improvements - Wallpaper and Drapes	1996	540		10			540	41
42	Building Improvements - Drapes in Lobby	1996	594		10			594	42
43	Building Improvements - Carpeting Lobby	1996	5,853		10			5,853	43
44	Building Improvements - Sound System Lobby	1996	809	40	20	40		672	44
45	Building Improvements - Code Alert	1997	1,164		10			1,164	45
46	Building Improvements - Patio Door	1998	2,100	105	20	105		1,549	46
47	Building Improvements - Automatic Door	1998	2,029	101	20	101		1,478	47
48	Building Improvements - Carpeting in Music Room	1998	2,671		10			2,671	48
49	Building Improvements - Kitchen Air Conditioner	1999	9,367	468	20	468		6,455	49
50	Building Improvements - Cabinets	1999	699	35	20	35		480	50
51	Building Improvements - Carpeting 2 Offices	1999	1,325	66	20	66		911	51
52	Building Improvements - Dining Room Blinds	1999	656	33	20	33		433	52
53	Building Improvements - Garbage Disposal	2000	1,975	99	20	99		1,243	53
54	Building Improvements - Faucets	2001	2,372	119	20	119		1,383	54
55	Building Improvements - Grease Trap	2001	3,769	189	20	189		2,198	55
56	Building Improvements - Door Shades	2001	562	28	20	28		318	56
57	Building Improvements - Damper	2001	710	36	20	36		397	57
58	Building Improvements - Door for PT Room	2001	600	30	20	30		333	58
59	Building Improvements - Drapes for Employee Dining Room	2002	653	33	20	33		354	59
60	Building Improvements - Drapes for Residents Rooms	2002	1,307	65	20	65		702	60
61	Building Improvements - Electromagnetic Front Doors	2003	1,717	86	20	86		852	61
62	Building Improvements - Air Conditioning	2003	3,100	155	20	155		1,460	62
63	Building Improvements - Fire Dampers	2003	2,160	108	20	108		990	63
64	Building Improvements - Steam Table Restoration	2004	3,700	185	20	185		1,650	64
65	Building Improvements - Hot Water Coil Replacement	2004	3,408	170	20	170		1,505	65
66	Building Improvements - Activity Room Shelving	2004	1,850	93	20	93		817	66
67	Building Improvements - Exit Door Alarms at Service Entrance	2004	994	50	20	50		422	67
68	Building Improvements - Smoke Detectors w/ Office Window	2004	953	48	20	48		393	68
69	Building Improvements - Hot Water Heaters	2005	8,650	433	20	433		3,424	69
70	TOTAL (lines 4 thru 69)		\$ 2,567,306	\$ 67,007		\$ 66,514	\$ (493)	\$ 1,696,701	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,567,306	\$ 67,007		\$ 66,514	\$ (493)	\$ 1,696,701	1
2	<u>Building Improvements - Fire Doors and Wiring</u>	2005	3,230	162	20	162		1,184	2
3	<u>Building Improvements - 3 Wings Security Door Systems</u>	2005	6,600	330	20	330		2,365	3
4	<u>Building Improvements - Duct Detectors</u>	2005	1,167	58	20	58		413	4
5	<u>Building Improvements - Smoke Dampers</u>	2005	4,607	230	20	230		1,632	5
6	<u>Building Improvements - Smoke Detectors</u>	2005	5,158	258	20	258		1,805	6
7	<u>Building Improvements - RN Station Cabinets and Counters</u>	2006	12,126	808	15	808		5,322	7
8	<u>Building Improvements - A/C Condenser for Kitchen</u>	2006	2,800	187	15	187		1,213	8
9	<u>Building Improvements - RN Station Carpeting</u>	2006	3,700		5			3,700	9
10	<u>Building Improvements - Elevator Motor</u>	2008	3,846	192	20	192		849	10
11	<u>Building Improvements - Generator</u>	2008	2,511	502	5	502		2,050	11
12	<u>Building Improvements - RN Station Cabinets</u>	2009	7,350	490	15	490		1,878	12
13	<u>Building Improvements - Wood Room Doors</u>	2009	8,669	578	15	578		2,167	13
14	<u>Building Improvements - Elevator Pump Motor & Soft Start</u>	2010	5,399	270	20	270		765	14
15	<u>Building Improvements - New Tub for Residents</u>	2010	14,963	748	20	748		2,120	15
16	<u>Building Improvements - Upgrade Ansul System & Rewire Hood</u>	2010	5,669	567	10	567		1,276	16
17	<u>Building Improvements - Relocate 5 & Furnish 5 A/C Condensing</u>	2010	36,336	2,422	15	2,422		5,450	17
18	<u>Building Improvements - Drapes / Coverings for Resident Rooms</u>	2010	2,532	506	5	506		1,055	18
19	<u>Building Improvements - Drapes / Coverings for Resident Rooms</u>	2011	3,129	626	5	626		1,200	19
20	<u>Building Improvements - New Activity Room Sound System</u>	2011	15,382	1,538	10	1,538		2,564	20
21	<u>Building Improvements - New Activity Room Vinyl Flooring</u>	2011	18,937	1,894	10	1,894		3,156	21
22	<u>Building Improvements - New Activity Room Blinds & Window Co</u>	2011	4,581	916	5	916		1,527	22
23	<u>Building Improvements - Internal Sewer Line Replacement</u>	2011	9,611	481	20	481		721	23
24	<u>Building Improvements - Kitchen A/C Replace Condenser Coil</u>	2011	10,665	711	15	711		948	24
25	<u>Building Improvements - Attic Smoke Walls & Wood Doors</u>	2012	12,000	733	15	733		733	25
26	<u>Building Improvements - Replace Windows & Labor</u>	2005	28,967	724	40	724		5,541	26
27	<u>Building Improvements - Replace Windows & Labor</u>	2006	24,955	624	40	624		3,951	27
28	<u>Building Improvements - Fire Protection System</u>	2011	113,422	4,537	25	4,537		7,561	28
29	<u>Building Improvements - New Activity Room Shell Construction</u>	2011	161,499	4,037	40	4,037		6,729	29
30	<u>Building Improvements - New Activity Room Carpentry & Millwo</u>	2011	120,857	8,057	15	8,057		13,429	30
31	<u>Building Improvements - New Activity Room Aluminum Doors</u>	2011	7,070	354	20	354		589	31
32	<u>Building Improvements - New Activity Room Plumbing & Radiant</u>	2011	14,300	953	15	953		1,589	32
33	<u>Building Improvements - New Activity Room Roofing</u>	2011	8,398	840	10	840		1,400	33
34	TOTAL (lines 1 thru 33)		\$ 3,247,742	\$ 102,340		\$ 101,847	\$ (493)	\$ 1,783,583	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,247,742	\$ 102,340		\$ 101,847	\$ (493)	\$ 1,783,583	1
2	Building Improvements - New Activity Room Electrical System	2011	62,500	3,472	18	3,472		5,787	2
3	Building Improvements - New Activity Room Painting	2011	12,723	2,545	5	2,545		4,241	3
4	Building Improvements - New Activity Room Accordian Door	2011	5,892	589	10	589		982	4
5	Building Improvements - New Activity Room HVAC System	2011	42,670	2,845	15	2,845		4,741	5
6	Building Improvements - New Activity Room Cabinets	2011	30,808	2,054	15	2,054		3,423	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	TOTAL (lines 1 thru 33)		\$ 3,402,335	\$ 113,845		\$ 113,352	\$ (493)	\$ 1,802,757	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 199,571	\$ 23,710	\$ 23,710	\$	/10/12/15/18	\$ 102,250	71
72	Current Year Purchases	79,884	6,417	6,417		5/10/12/15	6,417	72
73	Fully Depreciated Assets	319,513	1,211	1,211		3/5/10	319,513	73
74								74
75	TOTALS	\$ 598,968	\$ 31,338	\$ 31,338	\$		\$ 428,180	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	Van - Care Related Use	2006 Ford E-350 Van	2006	\$ 36,327	\$ 3,633	\$ 3,633	\$	10	\$ 24,218	76
77										77
78										78
79										79
80	TOTALS			\$ 36,327	\$ 3,633	\$ 3,633	\$		\$ 24,218	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,037,630	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 148,816	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 148,323	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (493)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,255,155	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	Apartments-1986/1991/1999/06/09	\$ 976,558	\$ 24,414	\$ 555,697	86
87	Land Improvements-86/90/91/97/2012	85,352	2,691	68,379	87
88	Equipment-1986-1999/2006/2009	53,036	1,031	45,991	88
89	Building Improvements-99-03/06-12	98,081	6,461	29,740	89
90	Van-30% Non-Care Related-2006	15,569	1,557	10,379	90
91	TOTALS	\$ 1,228,596	\$ 36,154	\$ 710,186	91

G. Construction-in-Progress

	Description	Cost	
92			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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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

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

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

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$ Description:
- (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

10. Effective dates of current rental agreement:

Beginning

Ending

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
COMMUNITY COLLEGE☐
HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care	39-2	visits				4,759		4,759	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2/39-3	# of prescripts		5,465	61,469	2,332	5,465	63,801	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>Personal Supplies</u>	39-2					23,679		23,679	13
14	TOTAL			\$	5,465	\$ 61,469	\$ 30,770	5,465	\$ 92,239	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 806,584	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 4,412)	249,316		3
4	Supply Inventory (priced at cost)	17,930		4
5	Short-Term Investments	110,675		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,184,505	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	4,562,327		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	703,899		16
17	Accumulated Depreciation (book methods)	(2,970,764)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	62,974		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Capital in Insurance Groups	89,412		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,447,848	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,632,353	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 312,345	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	117,596		30
31	Accrued Taxes Payable (excluding real estate taxes)	28,690		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	1,540		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 460,171	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 460,171	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,172,182	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,632,353	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,053,655	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,053,655	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	118,527	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)	\$ 118,527	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)	\$ 3,172,182	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892Report Period Beginning: 01/01/2012Ending: 12/31/2012

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

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

	1		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 3,377,309	1
2	Discounts and Allowances for all Levels	(89,553)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,287,756	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	3,553	14
15	Telephone, Television and Radio	19	15
16	Rental of Facility Space		16
17	Sale of Drugs	67,974	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 71,546	23
	D. Non-Operating Revenue		
24	Contributions	120,014	24
25	Interest and Other Investment Income***	10,020	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 130,034	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenues	222,326	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 222,326	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,711,662	30

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	676,697	31
32	Health Care	1,596,340	32
33	General Administration	771,272	33
	B. Capital Expense		
34	Ownership	184,970	34
	C. Ancillary Expense		
35	Special Cost Centers	181,154	35
36	Provider Participation Fee	182,702	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,593,135	40
41	Income before Income Taxes (line 30 minus line 40)**	118,527	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 118,527	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 522,777	44
45	Private Pay - Net Inpatient Revenue	2,762,067	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Personal Supplies</u>	2,912	47
48	Other-(specify) _____		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,287,756	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,346	1,583	\$ 67,561	\$ 42.68	1
2	Assistant Director of Nursing	1,952	2,088	54,377	26.04	2
3	Registered Nurses	15,483	16,859	477,286	28.31	3
4	Licensed Practical Nurses	5,646	6,009	143,290	23.85	4
5	CNAs & Orderlies	48,433	52,101	625,235	12.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,954	2,115	27,242	12.88	8
9	Activity Director	1,882	2,088	31,134	14.91	9
10	Activity Assistants	2,442	2,618	30,285	11.57	10
11	Social Service Workers	2,002	2,115	37,544	17.75	11
12	Dietician					12
13	Food Service Supervisor	1,964	2,088	37,580	18.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,158	16,696	183,551	10.99	15
16	Dishwashers					16
17	Maintenance Workers	3,887	4,257	96,010	22.55	17
18	Housekeepers	5,996	6,608	60,917	9.22	18
19	Laundry	3,051	3,051	36,208	11.87	19
20	Administrator	1,904	2,088	101,837	48.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,621	2,893	56,179	19.42	23
24	Clerical	1,261	1,345	16,729	12.44	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) Nursing Secretary	1,165	1,266	12,880	10.17	33
34	TOTAL (lines 1 - 33)	118,147	127,868	\$ 2,095,845 *	\$ 16.39	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	97	\$ 4,366	1-3	35
36	Medical Director	3	2,000	9-3	36
37	Medical Records Consultant	11	730	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	86	3,166	10-3	39
40	Physical Therapy Consultant	2	142	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	17	832	11-3	44
45	Social Service Consultant	24	2,112	12-3	45
46	Other(specify) Dental Consultant	10	890	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	250	\$ 14,238		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

STATE OF ILLINOIS

Facility Name & ID Number

Apostolic Christian Resthaven

0029892

Report Period Beginning:

01/01/2012

Page 21

Ending:

12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
David G. Stieglitz	Administrator	0	\$ 101,837
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 101,837

B. Administrative - Other

Description	Amount
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Borhart Spellmeyer & Company	CPA - Cost Report & 990	\$ 8,100
Polsinelli Shughart/TD Chase	Attorney/Collections	3,090
Amer United Life/Nat'l License	IRS Reporting/Two-Way Radio	475
MDIAchieve/HCIS	Medical Records Software	3,439
MCC Technology	Network Support	3,500
DirecTV	Satellite Television Service	1,934
QuickBooks/Intuit	Direct Deposit Service/e-File	3,018
CDS Office Tech/Image Systems	Copier Support	1,059
Information Controls	Time & Attendance	1,145
Windmill Software	Preventive Maint. Software	314
Apostolic Christian Restmor	Independent Survey Svc	215
IDEAS Consulting / AGI	Design Group / Bistro Fridge	3,564
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 29,853

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 47,778
Unemployment Compensation Insurance	3,911
FICA Taxes	159,160
Employee Health Insurance	180,578
Employee Meals	5,554
Illinois Municipal Retirement Fund (IMRF)*	
Employee Life Insurance	2,409
Employee Pension Expense	62,634
Employee Health Services	1,508
Employee Relations	16,079
TOTAL (agree to Schedule V, line 22, col.8)	\$ 479,611

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

Description	Line #	Amount
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$ 3,980
Advertising: Employee Recruitment	77
Health Care Worker Background Check (Indicate # of checks performed 7)	74
Patient Background Checks 19	250
Newsletter/Advertising/Motion Pic Lic	1,456
Anti-Virus Subscriptions/Periodicals	781
Warranties / Other Fees	96
CLIA Fee/D&B Fees/City License Fees	1,413
QuickBooks Fees/Sec of State/Bulk Mail Fee	595
Less: Public Relations Expense	()
Non-allowable advertising	(1,186)
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 7,536

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
David Stieglitz, Adm. - Leading Age	(2,705)
David Steffen, DES - Windmill Software	(1,758)
In-State Travel	
Vehicle Expense	485
Seminar Expense	32,718
Less: Non-Care Vehicle Expense	(146)
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 28,594

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

HFS 3745 (N-4-99)

IL478-2471

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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?
If YES, give association name and amount.

no
- (3)

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

no
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

no
- (5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

yes
10
- (6)

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

\$ 51,195 Line 10-2
- (7)

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

yes
- (8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

no
- (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.
This amount is to be recorded on line 42 of Schedule V.

\$ 182,702
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

no

- (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?
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.

yes
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ 5,554
no
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

yes

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

no

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

no
- (17)

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

no
- (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?
Attach invoices and a summary of services for all architect and appraisal fees.

n/a

SEE ACCOUNTANTS' COMPILATION REPORT

Page 3, Schedule V, Line 7, Other

Expenses related to removal of general waste	\$ 7,512
--	----------

Page 3, Schedule V, Line 27, Other Expenses

Volunteer Expense	\$ 2,613
Loss on Retirement of Assets	1,774
Land Rent Paid to Related Party	<u>1</u>

Column 4 Total	4,388
----------------	-------

Volunteer Expense on Page 5A, Non-Allowable Expense	(2,613)
---	---------

RECLASSIFICATIONS:

Land Rent Paid to Related Party From Line 27 Col 5 to Line 34 Col 5	<u>(1)</u>
---	------------

Column 8, Adjusted Total	<u><u>\$ 1,774</u></u>
--------------------------	------------------------

Page 4, Schedule V, Line 43, Other Expenses

Apartment Expense	\$ 86,452
Multipurpose Room Expense	<u>1,754</u>

Column 4 Total	88,206
----------------	--------

Apartment Expense - Page 5A - Non-Allowable Expense	(86,452)
Multipurpose Room Expense - Page 5A - Non-Allowable Expense	<u>(1,754)</u>

Column 8, Adjusted Total	<u><u>\$ -</u></u>
--------------------------	--------------------

Pages 3 & 4, Schedule V, Column 5 Reclassifications

Reclassify Staff Meals <u>From</u> Line 1, Dietary Wages	\$ (3,845)
Reclassify Staff Meals <u>From</u> Line 2, Meal Costs	(1,709)
Reclassify Staff Meals <u>To</u> Line 22, Employee Benefits	5,554
Reclassify Payment Related To Land Rent <u>From</u> Line 27, Other	(1)
Reclassify Payment Related To Land Rent <u>To</u> Line 34, Rent Facility & Grounds	1
Reclassify Employee Fingerprinting <u>From</u> Line 24, Travel & Seminar	(74)
Reclassify Employee Fingerprinting <u>To</u> Line 20, Dues, Fees, Subscriptions	74
Net Effect Of All Reclassifications	<u><u>\$ -</u></u>

Page 19, Schedule XVII, Line 28, Other Revenues

<u>Account</u>		
8050	Apartment Income	\$ 219,825
8026	Miscellaneous Non-Operating	119
8023	Vending Income	686
6902	Activity Income	280
6911	Miscellaneous Operating	1,170
8020	Cookbook Sales	<u>246</u>
		<u>\$ 222,326</u>

Notes:

Vending Expense is already adjusted out of Sch. V, Line 41.
Apartment Expense is already adjusted out of Sch. V, Line 43.
Other Revenues, as detailed above, have not been offset against expenses on Schedule V.

Page 20, Schedule XVIII, Line 34, Salary & Wage Reconciliation

Total Wages Reported on Page 20, Line 34	\$ 2,095,845
Dietary Wages Allocated to Non-Patient Meals, as per Adjustment on Page 5A	<u>12,686</u>
Total Salary / Wages Reported on Page 4, Column 1	<u>\$ 2,108,531</u>

Page 21, Schedule XIX, Section D, Pension Expense

Pension Costs For Owners and Related Parties	\$ -
--	------

Pension Costs For All Other Employees	<u>62,634</u>
	<u><u>\$ 62,634</u></u>

Note - 52 employees were covered under the pension plan for the year 2012.

Page 19, Schedule XVII, Line 25, Interest Income

Interest income was not offset against interest expense, as there was no interest expense incurred during 2012.

Attachment to Schedule XIII

Nurse assistants were not trained in Basic Nurse Assistant courses during the reporting period due to our policy to hire nursing assistants who are currently enrolled in a Basic Nurse Assistant Training program or are already listed on the Illinois Nurse Assistant Registry. Our facility had twenty (20) nurse assistants leave employment during 2012 and all replacements met the above requirement.

Attachment to Schedule XX, General Information # 14

A portion of the building consists of 17 independent congregate living units. Costs are allocated to this portion of the building on the basis of square footage, exact costs (if able to be determined), and provider estimates of service costs.

Attachment to Schedule XX, General Information # 16a

From September 24-26, 2012, David Steffen, Director of Environmental Services, attended software training in Nashville, Tennessee. The training was conducted by Windmill Software and included training on Worxhub, Windmill's Preventive Maintenance software product. The costs related to this out-of-state travel have been adjusted out of the cost report.

From October 20-25, 2012, David Stieglitz, Administrator, attended the annual meeting of Leading Age, formerly the American Association of Homes and Services for the Aging. The meeting was held in Denver, CO, and included topics on staff retention, new initiatives in long-term care, best practices, and culture change. The costs related to this out-of-state travel have been adjusted out of the cost report.

2012 Board of Directors and Officers:

Robert Schambach, President	251 Brookside Drive, Elgin, IL 60123
Richard Kilgus, Vice-President	775 Regency Park Drive, Crystal Lake, IL 60014

Don Heiniger, Treasurer	38W644 Arrowmaker Pass, Elgin, IL 60124
Eric Schieler, Secretary	1403 Blume Drive, Elgin, IL 60124
Tim Kellenberger	5N975 Meadow Drive, Elgin, IL 60124
Boyd Metzger	1440 N. State Parkway, 17C, Chicago, IL 60610
Morris Young	8261 S. Mayfield Road, DeKalb, IL 60115

Board President Robert Schambach is the owner of Schambach Construction, Inc. In that capacity, he completed some concrete work for the facility in 2012, removing and replacing the front sidewalk.

Tim Kellenberger is the owner of Kellenberger Electric, Inc. That company completed some minor electrical work for the facility in 2012, including moving fire alarm pull stations and wiring a fire damper transformer.

2012 Cost Report

Seminar Expense (Support for Page 21, Section G)

Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Bethany DePlanty	RN	2/3/2012	Bourbonnais	IL	Intro to Informatics & BACC Nursing	Olivet Nazarene University	\$ 588
Sue Sneed	RN, ADON	3/23/2012	Arlington Heights	IL	Infectious Diseases	PESI Healthcare	\$ 507
Tonya Dietz	RN						
Mary Braun	RN						
Tonya Dietz	RN	3/27/2012	Schaumburg	IL	Geriatric Phamacology	PESI Healthcare	\$ 338
Mary Braun	RN						
Eileen Feuser	RN	3/29/2012	Schaumburg	IL	New CMS Quality Measures	Healthcare Information Network, Inc.	\$ 382
Jan Mogler	RN						
Tonya Dietz	RN	3/1/2012	Naperville	IL	Health Assessment & Evidence Based Practice	Chamberlain College of Nursing	\$ 4,130
Virginia Scappino	RN, DON	5/2-5/4/2012	Chicago	IL	LSN Annual Convention	LSN	\$ 5,543
Sue Sneed	RN, ADON				Seminar - Hotel - Food		
Mary Braun	RN						
Tonya Dietz	RN						
Karen Erickson	RN						
Jan Mogler	RN						
Tiffany Weiby	LPN						
Shari Anatra	CNA						
Denise Gierens	CNA						
Bethany DePlanty	RN	4/5/2012	Bourbonnais	IL	Nrsg 301 Intro to Informatics & BACC Nurs	Olivet Nazarene University	\$ 1,568
Bethany DePlanty	RN	5/4/2012	Bourbonnais	IL	Transcultural Nursing	Olivet Nazarene University	\$ 1,568
Tiffany Weiby	LPN	4/20/2012	Downers Grove	IL	Insulin Pump Therapy	PESI Healthcare	\$ 179
Tonya Dietz	RN	4/30/2012	Naperville	IL	Health Assessment & Evidence Based Practice	Chamberlain College of Nursing	\$ 4,130
Sue Sneed	RN, ADON	7/24/2012	Elgin	IL	Tuberculosis: Compliance Requirements	LSNI	\$ 99
Virginia Scappino	RN, DON	8/20-21/2012	Elgin	IL	Best Practices for Establishing Effective Urinary Incontinence Programs	LSN	\$ 168
Bethany DePlanty	RN	8/6/2012	Bourbonnais	IL	Health Assessment/Pathophysiology	Olivet Nazarene University	\$ 1,176

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Jean Jablonski	RN	10/19/2012	Schaumburg	IL	Memory, Aging & Sleep	Institute for Natural Resources	\$ 81
Bethany DePlanty	RN	10/23/2012	Bourbonnais	IL	Nursing Research	Olivet Nazarene University	\$ 1,321
Merlita Mayhew	LPN	10/31/2012	Schaumburg	IL	Memory, Aging & Sleep	Institute for Natural Resources	\$ 162
Eileen Feuser	RN						
Sue Sneed	RN, ADON	11/2/2012	Elgin	IL	Keeping Up With SNF Regulatory Expectations	LSN	\$ 66
Jan Mogler	RN						
NURSING TOTAL:							\$ 22,006
Cindy Ross	Soc. Svc Designee	5/2-5/4/12	Chicago	IL	Leading Age Annual Convention Seminar - Hotel - Food	LSN	\$ 523
Cindy Ross	Soc. Svc Designee	5/7/2012	Joliet	IL	Managing Challenging Patient & Family Behaviors	PESI Healthcare	\$ 30
Cindy Ross	Soc. Svc Designee	11/2/2012	Elgin	IL	Keeping Up With SNF Regulatory Expectations	LSN	\$ 33
SOCIAL SERVICES TOTAL:							\$ 586

2012 Cost Report

Seminar Expense (Support for Page 21, Section G)

Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Donna Warren	Activity Director	1/11/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	2/15/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	3/14/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	4/11/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	5/9/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	6/1/2012	Naperville	IL	FRAPA	FRAPA	\$ 50
Donna Warren	Activity Director	6/13/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	7/9/2012	Elgin	IL	Paradigm Busters	Redefining Activities Culture	\$ 175
Donna Warren	Activity Director	8/8/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	9/12/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	11/14/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
ACTIVITY TOTAL:							\$ 455
Bethany Schmidgall	Director of Food Service	2/23/2012	Glenview	IL	The New Dining Standard Practice: A Dietary Regulator's Perspective	IL Pioneer Coalition - Mather Lifeways	\$ 60
Bethany Schmidgall	Director of Food Service	5/2-5/4/12	Chicago	IL	Leading Age Annual Convention Seminar - Hotel - Food	LSN	\$ 628
Bethany Schmidgall	Director of Food Service	7/13/12	Elgin	IL	Membership	Assn of Nutrition & Foodservice Professionals	\$ 145
DIETARY TOTAL:							\$ 833
David Steffen	Dir of Environmental Svc	9/10/2012	Nashville	TN	Windmill Software User Conference	Windmill Software	\$ 750
David Steffen	Dir of Environmental Svc	10/3/2012	Nashville	TN	Windmill Software User Conference	Windmill Software	\$ 1,008
ENVIRONMENTAL SERVICES TOTAL:							\$ 1,758
David Stieglitz	Administrator	4/26/2012	Elgin	IL	AC Administrator Meeting		\$ 497
David Stieglitz	Administrator	5/2-5/4/12	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$ 640
David Stieglitz	Administrator	10/21-10/24/12	Denver	CO	Leading Age Annual Convention Seminar - Hotel - Food	Leading Age	\$ 2,705
ADMINISTRATION TOTAL:							\$ 3,842

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Brynn Holloway	CNA	1/20/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Rebecca Cowell	RN	1/25/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 12
Andrea Rodriguez	CNA	3/20/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Dominique Maybank	CNA	4/2/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 200
Viviana Sanchez	CNA						
Lisa Hartman	CNA	6/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Pramoda Dasika	LPN	6/5/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 12
Rebecca Artner	RN	6/20/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 13
Pramoda Dasika	LPN	7/2/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
All Staff		7/17/2012	Elgin	IL	Fire Ext Demo	Fox Valley Fire & Safety	\$ 375
All Staff		7/17/2012	Elgin	IL	Drug Testing	Insight Drug Abuse Testing	\$ 201
Daisy Zavala	CNA	8/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 300
Tabitha Smith	CNA						
Sarah Woods	CNA						
Karen McMullin	Housekeeper	9/4/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 75
Nancy Nieto	CNA	10/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 175
Michelle Hoebbel	Cook/Dietary Aide						
All Staff		10/27/2012	Elgin	IL	Fire Ext Demo	Fox Valley Fire & Safety	\$ 375
Beth Bickler	CNA	11/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 375
Wendy Ojeda	CNA						
Joanne Eder	Dietary Aide						
Lucas Hayes	CNA						
All Staff		11/8/2012	Elgin	IL	Orientation Booklets	Channing Bete Co	\$ 118
Tiffany Weiby	LPN	11/26/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 31
Martha Gathman	RN						
Tonya Sauer	RN						
Marcia Smith	CNA	12/3/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 375
Martha Gathman	RN						
Peter Wojtal	Dietary Aide						
All Staff		12/21/2012	Elgin	IL	Drug Testing	Insight Drug Abuse Testing	\$ 201
EMPLOYEE TRAINING TOTAL:							\$ 3,238
GRAND TOTAL:							\$ 32,718