

		FOR BHF USE					

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

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: <u>0007435</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Central Baptist Village</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/16</u> to <u>12/31/16</u> 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.	
Address: <u>4747 N Canfield Ave</u> <u>Norridge</u> <u>60706</u>			
Number City Zip Code			
County: <u>Cook</u>			
Telephone Number: <u>(708)-583-8555</u> Fax # <u>(708)-583-8455</u>			
HFS ID Number: _____			
Date of Initial License for Current Owners: <u>11/1/1978</u>			
Type of Ownership:			
☒ VOLUNTARY,NON-PROFIT			
☒ Charitable Corp.			
☐ Trust			
IRS Exemption Code _____			
☐ 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: <u>Chris Joos</u>			
Telephone Number: <u>(614) 222-9040</u>			
Email Address: _____			
		Officer or Administrator of Provider	
		(Signed) _____ (Date) _____	
		(Type or Print Name) <u>Lori Altman</u>	
		(Title) <u>Chief Financial Officer</u>	
		(Signed) _____ (Date) _____	
		Paid Preparer	
		(Print Name and Title) <u>Chris Joos</u> <u>Partner</u>	
		(Firm Name & Address) <u>Plante Moran, PLLC</u> <u>250 S. High Street, Suite 100, Columbus, OH, 43215</u>	
		(Telephone) <u>"614) 222-9040</u> Fax # <u>(248) 233-8811</u>	
		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning: 01/01/16 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 N/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>120</u>	Skilled (SNF)	<u>120</u>	<u>43,920</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	<u>30</u>	Sheltered Care (SC)	<u>30</u>	<u>10,980</u>	5
6		ICF/DD 16 or Less			6
7	<u>150</u>	TOTALS	<u>150</u>	<u>54,900</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>6,725</u>	<u>23,838</u>	<u>8,592</u>	<u>39,155</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		<u>10,292</u>		<u>10,292</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,725</u>	<u>34,130</u>	<u>8,592</u>	<u>49,447</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.07%

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)
Meals on Wheels

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 ☒

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 11/19/1978

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 11/19/1978 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 68 and days of care provided 3,689

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/2016 Fiscal Year: 12/31/2016

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

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/16 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 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	708,162	90,099	194,785	993,046		993,046		993,046			1
2	Food Purchase		564,630		564,630		564,630	(45,000)	519,630			2
3	Housekeeping	162,632	28,516	35,133	226,281		226,281		226,281			3
4	Laundry	37,003	26,202		63,205		63,205		63,205			4
5	Heat and Other Utilities			195,403	195,403		195,403		195,403			5
6	Maintenance	102,137	162,809	99,003	363,949		363,949		363,949			6
7	Other (specify):* Security and Waste Removal			41,729	41,729		41,729		41,729			7
8	TOTAL General Services	1,009,934	872,256	566,053	2,448,243		2,448,243	(45,000)	2,403,243			8
	B. Health Care and Programs											
9	Medical Director			34,104	34,104		34,104		34,104			9
10	Nursing and Medical Records	3,769,930	162,832	7,620	3,940,382		3,940,382		3,940,382			10
10a	Therapy											10a
11	Activities	220,964	13,479	422	234,865		234,865		234,865			11
12	Social Services	153,319	20,593	2,925	176,837		176,837	(8,367)	168,470			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,144,213	196,904	45,071	4,386,188		4,386,188	(8,367)	4,377,821			16
	C. General Administration											
17	Administrative	276,375			276,375		276,375		276,375			17
18	Directors Fees											18
19	Professional Services			189,595	189,595		189,595	(64,937)	124,658			19
20	Dues, Fees, Subscriptions & Promotions			32,581	32,581		32,581	(28,551)	4,030			20
21	Clerical & General Office Expenses	358,040	61,715	37,863	457,618		457,618	(26,439)	431,179			21
22	Employee Benefits & Payroll Taxes			2,318,458	2,318,458		2,318,458	(614,914)	1,703,544			22
23	Inservice Training & Education											23
24	Travel and Seminar			39,668	39,668		39,668		39,668			24
25	Other Admin. Staff Transportation			4,996	4,996		4,996		4,996			25
26	Insurance-Prop.Liab.Malpractice			135,955	135,955		135,955		135,955			26
27	Other (specify):* Marketing and Donat	350,363	97,661	8,367	456,391		456,391	(456,391)				27
28	TOTAL General Administration	984,778	159,376	2,767,483	3,911,637		3,911,637	(1,191,232)	2,720,405			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,138,925	1,228,536	3,378,607	10,746,068		10,746,068	(1,244,599)	9,501,469			29

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

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

Central Baptist Village
0007435
12/31/16
PG3 Supplemental Detail

CLIENT_ACT	DESC	DEBIT	PM Acct	MCD Acct	MCR Acct
060-54010-03	Maint - Waste Removal	71,218	7520.00	V07-3	A-5-2
110-53010-01	Fin Serv - Security Maintenance and Repairs	12,492	7625.20	V07-3	A-5-2
		83,710			
	ILU Allocation	(35,716)			
	ILU Allocation	(6,265)			
		41,729			

CLIENT_ACT	DESC	DEBIT	PM Acct	MCD Acct	MCR Acct
100-51010-00	Mktg - Wages/Salaries Marketing	254,736	9755.10	V27-1	A-95-1
100-51010-01	Mktg - ETO Expenses	927	9755.10	V27-1	A-95-1
100-51010-03	Mktg - Census Bonus	94,700	9755.10	V27-1	A-95-1
100-52100-01	Mktg - Miscellaneous Employee Expenses M	514	9755.30	V27-2	A-95-2
100-52100-02	Mktg - Photography Expense	850	9755.30	V27-2	A-95-2
100-52100-03	Mktg - Public Relations Facility	2,781	9755.30	V27-2	A-95-2
100-52100-04	Mktg - Public Relations Give Aways	2,231	9755.30	V27-2	A-95-2
100-52100-05	Mktg - Public Relations Events	6,024	9755.30	V27-2	A-95-2
100-52100-06	Mktg - Public Relations Civic Organization	993	9755.30	V27-2	A-95-2
100-52100-09	Mktg - LSN Satisfaction Surveys	5,133	9755.30	V27-2	A-95-2
100-52100-10	Mktg - Marketing Collateral	4,725	9755.30	V27-2	A-95-2
100-54090-00	Mktg - Equipment Purchases Marketing	272	9755.30	V27-2	A-95-2
100-55040-01	Mktg - Traditional Advertising	9,965	9755.30	V27-2	A-95-2
100-55040-02	Mktg - Direct Mail	12,311	9755.30	V27-2	A-95-2
100-55040-04	Mktg - Yellow Pages Advertising	1,230	9755.30	V27-2	A-95-2
100-55050-00	Mktg - Newsletter	6,182	9755.30	V27-2	A-95-2
100-55060-00	Mktg - Public Relations Trade Show	85	9755.30	V27-2	A-95-2
100-55070-00	Mktg - Referrals - Resident/Employee	32,441	9755.30	V27-2	A-95-2
100-56010-00	Mktg - Website Maintenance	571	9755.30	V27-2	A-95-2
100-56010-03	Mktg - Development - Expenses	709	9755.30	V27-2	A-95-2
100-59020-00	Mktg - Travel/Entertainment Marketing	35	9755.30	V27-2	A-95-2
100-59040-00	Mktg - Education/Seminars Marketing	635	9755.30	V27-2	A-95-2
100-59060-01	Mktg - Office Supplies Facility	1,357	9755.30	V27-2	A-95-2
100-59060-02	Mktg - Postage Expense Facility	1,309	9755.30	V27-2	A-95-2
100-59060-03	Mktg - Operating Supplies	47	9755.30	V27-2	A-95-2
100-59070-00	Mktg - Printing Expense Marketing	7,261	9755.30	V27-2	A-95-2
120-59110-12	Admin & Board - Chapel Disbursements	8,367	9760.00	V27-3	A-4-2
		456,391			

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			1,303,000	1,303,000		1,303,000		1,303,000			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			45,644	45,644		45,644		45,644			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,452	2,452		2,452	(2,452)				35
36	Other (specify):* Sales Tax			1,639	1,639		1,639	(1,639)				36
37	TOTAL Ownership			1,352,735	1,352,735		1,352,735	(4,091)	1,348,644			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		163,344	469,450	632,794		632,794		632,794			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			282,869	282,869		282,869		282,869			42
43	Other (specify):* IL, Fitness Center,	1,739,087	138,659	1,271,790	3,149,536		3,149,536	(3,149,536)				43
44	TOTAL Special Cost Centers	1,739,087	302,003	2,024,109	4,065,199		4,065,199	(3,149,536)	915,663			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,878,012	1,530,539	6,755,451	16,164,002		16,164,002	(4,398,226)	11,765,776			45

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

Central Baptist Village
0007435
12/31/16
PG4 Supplemental Detail

CLIENT ACT	DESC	DEBIT	PM Acct	MCD Acct	MCR Acct
011-49001-04	Investment Accounts - Fee Rebates A. Genius Fund	(46)	9724.20	V43-3	A-95-2
011-49001-05	Investment Accounts - Fee Rebate R. Genius Trust	(120)	9724.20	V43-3	A-95-2
011-49001-06	Investment Accounts - Fee Rebate A. Frahm Trust	(142)	9724.20	V43-3	A-95-2
011-59001-04	Investment Accounts - Fee Expense A. Genius Fund	17,587	9724.20	V43-3	A-95-2
011-59001-05	Investment Accounts - Fee Expense R. Genius Trust	30,092	9724.20	V43-3	A-95-2
011-59001-06	Investment Accounts - Fees Expense A. Frahm Trust	28,814	9724.20	V43-3	A-95-2
011-59002-09	Investment Accounts - Family Council Projects	96	9724.20	V43-3	A-95-2
011-59002-11	Investment Accounts - TC Men's Club Expenditures	598	9724.20	V43-3	A-95-2
030-52030-20	Activities - Community Outreach	1,063	9724.20	V43-3	A-95-2
040-52040-03	Soc Serv - Family Outreach	48	9724.20	V43-3	A-95-2
120-59060-11	Admin & Board - Fitness Center Expense	75,584	9724.20	V43-3	A-95-2
120-59100-00	Admin & Board - Investment Expenses	36,035	9724.20	V43-3	A-95-2
140-51010-00	IL - Wages/Salaries Independent Living Services	404,431	9726.10	V43-1	A-95-1
140-51010-01	IL - ETO Expenses	2,437	9726.10	V43-1	A-95-1
140-52040-01	IL - Miscellaneous Employee Expenses Independent Livin	548	9726.30	V43-2	A-95-2
140-52040-02	IL - Medical Supplies	2,357	9726.30	V43-2	A-95-2
140-52040-03	IL - Family Outreach	58	9726.30	V43-2	A-95-2
140-52040-04	IL - Education/Seminars Independent Living Services	1,275	9726.30	V43-2	A-95-2
140-54090-00	IL - Office Equipment Independent Living Services	746	9726.30	V43-2	A-95-2
140-56040-00	IL - Professional Expenses Independent Living Services	6	9726.30	V43-2	A-95-2
140-59020-00	IL - Other Travel Independent Living Services	47	9726.30	V43-2	A-95-2
140-59030-00	IL - Meals/Refreshments Independent Living Services	3,951	9726.30	V43-2	A-95-2
140-59040-00	IL - Books/Subscriptions Independent Living Services	611	9726.30	V43-2	A-95-2
140-59060-01	IL - Office Supplies Independent Living Services	1,185	9726.30	V43-2	A-95-2
140-59060-02	IL - Postage Independent Living Services	12	9726.30	V43-2	A-95-2
140-59070-00	IL - Xeroxing/Printing Independent Living Services	2,335	9726.30	V43-2	A-95-2
		609,608			
	ILU Allocation Dietary Expense	511,191			
	ILU Allocation Food Expense	267,490			
	ILU Allocation Housekeeping Expense	227,646			
	ILU Allocation Laundry Expense	41,057			
	ILU Allocation Heat/Utility Expense	196,581			
	ILU Allocation Maintenance Expense	366,144			
	ILU Allocation Security and Waste Removal	41,981			
	ILU Allocation Activities Expense	152,565			
	ILU Allocation Social Service Expense	109,436			
	ILU Allocation Professional Fees	80,976			
	ILU Allocation Fees/Subscriptions/Promotions	-			
	ILU Allocation Clerical/Office Expense	280,087			
	ILU Allocation Insurance Expense	136,774			
	ILU Allocation Building Depreciation Expense	121,100			
	ILU Allocation Equipment Depreciation Expense	6,900			
		<u>3,149,536</u>			

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,639)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(8,367)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(20,000)	21		24
25	Fund Raising, Advertising and Promotional	(448,024)	27		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 PG5A	(3,920,196)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,398,226)		\$	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
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (4,398,226)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ (2,959,927)	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(614,914)	22	2
3	Chapel Fund Receipts	(8,367)	12	3
4	Endowment & Assist Fund Expenditures	(25,284)	20	4
5	Bank Charges	(6,439)	21	5
6	Investment Expenses	(36,035)	43	6
7	Trust Fee Expenses	(76,185)	43	7
8	Family Council Projects	(96)	43	8
9	TC Men's Club Expenditures	(598)	43	9
10	Community/Family Outreach	(1,111)	43	10
11	Subsidy Home Delivered Meals	(45,000)	02	11
12	Fitness Center Expense	(75,584)	43	12
13	Non-Allowable Legal	(64,937)	19	13
14	IDPH AL License	(3,267)	20	14
15	Vending Rental Costs	(2,452)	35	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
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41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,920,196)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(45,000)	0	0	0	0	0	0	0	0	0	0	(45,000)	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	(45,000)	0	0	0	0	0	0	0	0	0	0	(45,000)	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	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(8,367)	0	0	0	0	0	0	0	0	0	0	(8,367)	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	(8,367)	0	0	0	0	0	0	0	0	0	0	(8,367)	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	(64,937)	0	0	0	0	0	0	0	0	0	0	(64,937)	19
20	Fees, Subscriptions & Promotions	(28,551)	0	0	0	0	0	0	0	0	0	0	(28,551)	20
21	Clerical & General Office Expenses	(26,439)	0	0	0	0	0	0	0	0	0	0	(26,439)	21
22	Employee Benefits & Payroll Taxes	(614,914)	0	0	0	0	0	0	0	0	0	0	(614,914)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(456,391)	0	0	0	0	0	0	0	0	0	0	(456,391)	27
28	TOTAL General Administration	(1,191,232)	0	0	0	0	0	0	0	0	0	0	(1,191,232)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(1,244,599)	0	0	0	0	0	0	0	0	0	0	(1,244,599)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/16 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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(2,452)	0	0	0	0	0	0	0	0	0	0	(2,452)	35
36	Other (specify):*	(1,639)	0	0	0	0	0	0	0	0	0	0	(1,639)	36
37	TOTAL Ownership	(4,091)	0	0	0	0	0	0	0	0	0	0	(4,091)	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):*	(3,149,536)	0	0	0	0	0	0	0	0	0	0	(3,149,536)	43
44	TOTAL Special Cost Centers	(3,149,536)	0	0	0	0	0	0	0	0	0	0	(3,149,536)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(4,398,226)	0	0	0	0	0	0	0	0	0	0	(4,398,226)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
None		None		None		

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

☐ YES

☒ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								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								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/16 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	SEE ATTACHED BOARD OF DIRECTORS								\$		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

CENTRAL BAPTIST VILLAGE
BOARD OF DIRECTORS

Officers:

PRESIDENT

Mr. John M. Smith
962 Chapel Court South
Glen Ellyn, Illinois 60137
H: (630) 858-7527
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jmsmith27@comcast.net

N.A.B. Board Member
Village Green Baptist Church
200 S. Lambert Road
Glen Ellyn, Illinois 60137-6590
(630) 469-4400

VICE-PRESIDENT

Dr. James L. Renke
21W729 Dorchester Court
Glen Ellyn, Illinois 60137
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rev.jlrenke@gmail.com

N.A.B. Board Member
Village Green Baptist Church
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TREASURER

Ms. Julie Adams
37 Marywood Trail
Wheaton, Illinois 60189
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C: (630) 747-3231
jbadams13@gmail.com

Community Board Member

SECRETARY

Ms. Judith Dunne Bernardi
4126 N. Olander Avenue
Norridge, Illinois 60706
H: (708) 456-9209
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jdbclerk@msn.com

Community Board Member

Board Members:

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lionel.barnes@att.net

N.A.B. Board Member
Forest Park Baptist Church
133 Harlem Avenue
Forest Park, Illinois 60130
(708) 366-5091

Mr. Raymond J. McGovern
256 Thoruhill Court
Lake Barrington, Illinois 60010
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W: (847) 678-2749
C: (847) 774-2859
rmcgovern@paramedicservices.com

Community Board Member

Mr. Paul Odlyzko
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Arlington Heights, Illinois 60004
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C: (847) 309-5233
paulodly@yahoo.com

N.A.B. Board Member
Church of Our Savior
4701 N. Canfield Road
Norridge, Illinois 60706
(708) 456-3887

Mr. Dushyant (Pat) Patel
21W646 Dorchester Court
Glen Ellyn, Illinois 60137
dushyantp@shcglobal.net
H: (630) 858-9548
C: (630) 890-2457

N.A.B. Board Member
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Glen Ellyn, Illinois 60137
(630) 469-4400

Mr. Carlo Salvador
7519 W. Strong Street
Harwood Heights, Illinois 60656
C: (773) 558-3322
carlo.salvador@shcglobal.net

Community Board Member

Note: Copies of Board Minutes, correspondence, etc., should also be distributed to the following:

Ms. Dawn Mondschein
Executive Director
Central Baptist Village
4747 N. Canfield Avenue
Norridge, Illinois 60706
C: (708) 642-8526
W: (708) 583-8511
F: (708) 452-3840
dmondschein@cbvillage.org

Mr. Joseph Horwitz, Attorney
1776 South Naperville Road
Building A - Suite 203
Wheaton, Illinois 60187
W: (630) 690-3231
C: (630) 697-2170
H: (630) 668-1773
jdolaw@Horwitz.comcastbiz.net

Ms. Lori Altman, Chief Financial Officer
Central Baptist Village
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laltman@cbvillage.org

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/16 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 ☐ NO ☒
- B. Show the allocation of costs below. If necessary, please attach worksheets.

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	2007 Bond Series		X	Construction & Renovation		6/15/07	\$ 23,285,000	\$ 20,040,000	11/15/2039	varies	\$ 1,100,744	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 23,285,000	\$ 20,040,000			\$ 1,100,744	9	
	B. Non-Facility Related*												
10	Interest on Security Deposits										72	10	
11	Interest Income										(1,055,172)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,055,100)	14	
15	TOTALS (line 9+line14)						\$ 23,285,000	\$ 20,040,000			\$ 45,644	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Central Baptist Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007435

CONTACT PERSON REGARDING THIS REPORT Chris Joos

TELEPHONE (614) 222-9040 FAX #: (248) 233-8811

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)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total 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 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 providecopies of their original second installment tax bill.

A. Square Feet: 100,046

B. General Construction Type: Exterior Brick Frame Number of Stories 2

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).

Retirement Center

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	Facility		1955	\$ 78,131	1
2					2
3	TOTALS			\$ 78,131	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150		1984	1978	\$ 1,924,051	\$ 54,973	35	\$ 54,973	\$	\$ 291,562	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1978	741,182	37,059	20	37,059		138,954	9
10	Various			1979	7,014		20			7,014	10
11	Various			1982	43,548	613	20	613		43,548	11
12	Various			1983	121,447		20			121,447	12
13	Various			1984	20,402		20			20,402	13
14	Various			1985	6,955		20			6,955	14
15	Various			1986	3,755		20			3,755	15
16	Various			1988	15,124		20			15,124	16
17	Various			1989	896,689	44,834	20	44,834		158,314	17
18	Various			1990	1,958,028	97,901	20	97,901		348,026	18
19	Various			1991	104,310	5,216	20	5,216		11,713	19
20	Various			1992	201,338	10,067	20	10,067		37,964	20
21	Various			1993	139,141	6,957	20	6,957		26,204	21
22	Various			1994	115,592	1	20	1		115,592	22
23	Various			1995	292,495	11,617	20	11,617		292,495	23
24	Various			1996	17,999	363	20	363		17,999	24
25	Various			1997	74,429	1,185	20	1,185		74,429	25
26	Various			1998	1,742,405	87,120	20	87,120		188,721	26
27	Various			1999	158,583	376	20	376		158,583	27
28	Various			2000	145,352	2,667	20	2,667		145,352	28
29	Various			2001	69,964	3,498	20	3,498		13,084	29
30	Various			2002	5,701,939	285,097	20	285,097		103,568	30
31	Various			2003	8,252	413	20	413		1,260	31
32	Various			2004	68,635	3,432	20	3,432		8,525	32
33	Various			2005	45,687	1,337	20	1,337		45,687	33
34	Various			2006	965,657	48,283	20	48,283		34,754	34
35	Various			2007	2,610,864	130,543	20	130,543		71,081	35
36	Various			2008	209,097	10,455	20	10,455		36,401	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/16

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	Various	2009	\$ 215,930	\$ 10,797	20	\$ 10,797	\$	\$ 36,209	37
38	Various	2010	243,526	12,176	20	12,176		16,010	38
39	Various	2011	400,532	20,027	20	20,027		23,006	39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 19,269,922	\$ 887,007		\$ 887,007	\$	\$ 2,613,737	70

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/16

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	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	
1	Totals from Page 12A, Carried Forward		\$ 19,269,922	\$ 887,007		\$ 887,007	\$	\$ 2,613,737	1
2	<u>Century Sprinkler (Sprinkler Replacement) (21,941)</u>	2012	11,848	592	20	592		2,962	2
3	<u>Gewalt Hamilton (Plumbing Project) (11,072)</u>	2012	5,979	299	20	299		1,495	3
4	<u>John'S Electric (Rewire Chiller Pumps)</u>	2012	4,600	230	20	230		1,150	4
5	<u>Keganivo Group (Plumbing Project) (5,128)</u>	2012	2,770	139	20	139		693	5
6	<u>Kovilic Construction (Concrete Project) (11,608)</u>	2012	6,268	313	20	313		1,567	6
7	<u>Kovilic Construction (Plumbing Project) (95,000)</u>	2012	51,300	2,565	20	2,565		12,825	7
8	<u>Kovilic Construction (Plumbing Project) (76,000)</u>	2012	41,040	2,052	20	2,052		10,260	8
9	<u>Kovilic Construction (Plumbing Project) (19,000)</u>	2012	10,260	513	20	513		2,565	9
10	<u>Mark'S Sewer (Sump Pump) (10,825)</u>	2012	5,846	292	20	292		1,461	10
11	<u>Nelson Harkins (Lower Level Construction) (3,633)</u>	2012	1,962	98	20	98		490	11
12	<u>Skender (Lower Level Construction) (17,974)</u>	2012	9,706	485	20	485		2,426	12
13	<u>Skender (Window Project) (31,774)</u>	2012	7,506	375	20	375		1,876	13
14	<u>Wma Consulting (Plumbing Project) (16,730)</u>	2012	9,034	452	20	452		2,259	14
15	<u>Westside Mechanical/Heat Exchangers</u>	2013	3,875	194	20	194		775	15
16	<u>Roc'S Plumbing/Replace Grease Pits</u>	2013	11,800	590	20	590		2,360	16
17	<u>Roc'S Plumbing/Maint Shop Sump Pump (4,000)</u>	2013	2,160	108	20	108		432	17
18	<u>Roc'S Plumbing/Replace Drains & Pipes</u>	2013	6,169	308	20	308		1,233	18
19	<u>Westside Mechanical/Heat Pumps (20,960)</u>	2013	4,951	248	20	248		991	19
20	<u>Black Hawk/Parking Lot Paving (5,725)</u>	2013	3,092	155	20	155		619	20
21	<u>Raupp Fence/Fence Project</u>	2013	3,361	168	20	168		672	21
22	<u>Bittner/Tuckpointing</u>	2013	11,250	563	20	563		2,251	22
23	<u>Roc'S Plumbing/Maint Shop Sump Replace (5,948)</u>	2013	3,212	161	20	161		643	23
24	<u>Raupp Fence Co/Fence Project</u>	2013	7,014	351	20	351		1,403	24
25	<u>Roc'S Plumbing/Drain Pipe Replace Maint Shop (2,983)</u>	2013	1,611	81	20	81		323	25
26	<u>Jp Mechanical/Motor Hot Water Heater</u>	2013	4,581	229	20	229		916	26
27	<u>Jp Mechanical/Circulator Pump (2,746)</u>	2013	1,483	74	20	74		296	27
28	<u>Johnstone Supply/Exhaust Fans (3,867)</u>	2013	2,088	104	20	104		417	28
29	<u>Jp Mechanical/Heat Pump Compressors (3,362)</u>	2013	1,815	91	20	91		363	29
30	<u>Ati/Phone System(185077.79)</u>	2014	99,942	4,997	20	4,997		14,991	30
31	<u>Jp Mechanical/Blower Motor(4500)</u>	2014	2,430	122	20	122		365	31
32	<u>Elevator Technicians/Np 1 , 2, & Dock Elevator Door Restrictors(</u>	2014	1,690	85	20	85		254	32
33	<u>Roc'S Plumbing/Kitchen Piping New Cleanout(6080)</u>	2014	3,283	164	20	164		492	33
34	TOTAL (lines 1 thru 33)		\$ 19,613,848	\$ 904,205		\$ 904,205	\$	\$ 2,685,562	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/16

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	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	
1	Totals from Page 12B, Carried Forward		\$ 19,613,848	\$ 904,205		\$ 904,205	\$	\$ 2,685,562	1
2	Stanton Mechanical/Rtu 4 Replacement(21290)	2014	11,497	575	20	575		1,725	2
3	Roc'S Plumbing/Kitchen Piping New Cleanout(7260)	2014	3,920	196	20	196		588	3
4	Ecolab/Install Steamer Into Wall & Replace Gas Lines(2595.63)	2014	1,402	70	20	70		210	4
5	Stanton Mechanical/Domestic Water Line Replace(6560.77)	2014	3,543	177	20	177		531	5
6	Stanton Mechanical/Fire Damper Repair(6658)	2014	3,595	180	20	180		540	6
7	Rocs Plumbing/Replace Piping Np1 Basement(13500)	2014	7,290	365	20	365		1,094	7
8	Stanton Mechanical/Fire Damper Repair(6425)	2014	3,470	174	20	174		521	8
9	Fox Valley/Pressure Gauge Fire Pump Room(3455)	2014	1,866	93	20	93		280	9
10	Crg Company/Round Tubing To Rail In East & South/East(4550)	2014	2,457	123	20	123		369	10
11	Crg Company/Orange Ave Gate Replacement(2600)	2014	1,404	70	20	70		210	11
12	Stanton Mechanical/Heat Exchanger Board Room(3800)	2014	2,052	103	20	103		308	12
13	Direct Supply/Hvac Units For Res Rooms(36600)	2014	36,600	1,830	20	1,830		5,490	13
14	Roc'S Plumbing/Replace Rtz Valve(10500)	2014	10,500	525	20	525		1,575	14
15	Tyco/Np2 Elevator Card Reader(3058)	2014	3,058	153	20	153		459	15
16	Reconstruct Pavilion Patio Into Meditation Garden	2014	4,008	200	20	200		400	16
17	Install Service Elevator Sprinkler System	2014	6,043	302	20	302		604	17
18	Heat Pump Compressors	2014	5,039	252	20	252		504	18
19	Repaired Leak In Drop Ceiling In Front Entrance Of Np	2014	2,913	146	20	146		292	19
20	Hitchcock Design/Memory Garden (8,436.37)	2015	4,556	228	20	228		456	20
21	Stone Forest/Memory Garden Fountain (3,243.00)	2015	1,751	88	20	88		176	21
22	Hitchcock Design/Memory Garden (5,057.58)	2015	2,731	137	20	137		274	22
23	Crg Co/Chapel Restroom Update (4,250.00)	2015	2,295	115	20	115		230	23
24	Stone Forest/Memory Garden (4,743.00)	2015	2,561	128	20	128		256	24
25	Anderson Lock/Card Reader Employee Patio (3,475.32)	2015	1,877	94	20	94		188	25
26	Manas Torcom/Café Floor (4,673.00)	2015	2,523	126	20	126		252	26
27	Thornapple Landscapes/Memory Garden (51,030.78)	2015	27,557	1,378	20	1,378		2,756	27
28	Thornapple Landscapes/Memory Garden (36,712.09)	2015	19,825	991	20	991		1,982	28
29	Thornapple Landscapes/Memory Garden (60,918.74)	2015	32,896	1,645	20	1,645		3,290	29
30	Thornapple Landscapes/Memory Garden (16,517.96)	2015	8,920	446	20	446		892	30
31	Keganivo Group/Memory Garden (4,500.00)	2015	2,430	122	20	122		244	31
32	Dominick Fedele/Tree Work (4,950.00)	2015	2,673	134	20	134		268	32
33	De Marr Sealcoating/Sealcoat Parking Lot (13,459.96)	2015	7,268	363	20	363		726	33
34	TOTAL (lines 1 thru 33)		\$ 19,844,368	\$ 915,734		\$ 915,734	\$	\$ 2,713,252	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/16

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	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	
1	Totals from Page 12C, Carried Forward		\$ 19,844,368	\$ 915,734		\$ 915,734	\$	\$ 2,713,252	1
2	Stanton Mechanical/Hot Water Boiler (6,767.00)	2015	3,654	183	20	183		366	2
3	Crestwood/Gp Upgrade (4,290.00)	2015	2,317	116	20	116		232	3
4	Elevator Technicians/Elevators (2,500.00)	2015	1,350	68	20	68		136	4
5	Stanton Mechanical/Hot Water Boiler (16,200.00)	2015	8,748	437	20	437		874	5
6	Crestwood/Gp Upgrade (2,802.95)	2015	1,514	76	20	76		152	6
7	Roc'S Plumbing/Drain Pipes (Board Room) (8,875.00)	2015	4,793	240	20	240		480	7
8	Roc'S Plumbing/Pavilion Ejector Pumps	2015	5,800	290	20	290		580	8
9	Anderson Lock/Admin Door	2015	3,475	174	20	174		348	9
10	Anderson Lock/Np Entry Door	2015	3,475	174	20	174		348	10
11	Anderson Lock/Digital Keypads	2015	4,671	234	20	234		468	11
12	Roc'S Plumbing/Hot Water Storage Tanks	2015	10,000	500	20	500		1,000	12
13	Anderson Lock/Lower Level Door Closures	2015	2,860	143	20	143		286	13
14	Centimark/Roof Repair	2015	4,950	248	20	248		496	14
15	Keganivo Group/Np Resident Interactive Area	2015	7,841	392	20	392		784	15
16	Roc'S Plumbing/Hot Water Storage Tank	2015	22,843	1,142	20	1,142		2,284	16
17	Schamback/Interactive Area-Demo/Electric/Floor/Paint/Drywall	2015	54,835	2,742	20	2,742		5,484	17
18	Anderson Lock/Np Interactive Area	2015	2,545	127	20	127		254	18
19	Westside Mechanical/Heat Pumps (2,503.24)	2015	591	30	20	30		60	19
20	Manas Torcom/Unit Flooring (4,167.46)	2015	984	49	20	49		98	20
21	Emcor Services/Heat Pumps (20,180.00)	2015	4,767	238	20	238		476	21
22	Nurse Call System	2015	2,569	128	20	128		256	22
23	Anderson Lock/Lower Level Auto Door Opener (2,614)	2016	1,303	239	5	239		239	23
24	Affordable Tuckpointing/Tuckpointing (3,710)	2016	1,848	154	10	154		154	24
25	Stanton Mechanical/Control System (124,200)	2016	61,913	4,128	10	4,128		4,128	25
26	Stanton Mechanical/Chiller	2016	133,800	5,477	20	5,477		5,477	26
27	Stanton Mechanical/Kitchen Make Up Air Handler	2016	73,890	3,046	20	3,046		3,046	27
28	Waukegan Roofing/Upper-Lower Roof	2016	201,062	8,136	20	8,136		8,136	28
29	Stanton Mechanical/Duct Work On Roof	2016	12,609	473	20	473		473	29
30	Krause Electrical/Kitchen Make Up Air	2016	14,998	562	20	562		562	30
31	Waukegan Roofing/Upper-Lower Roof	2016	134,260	5,035	20	5,035		5,035	31
32	Stanton Mechanical/Air Roof Top Replace	2016	9,000	338	20	338		338	32
33	Stanton Mechanical/Upper-Lower Roof	2016	12,221	458	20	458		458	33
34	TOTAL (lines 1 thru 33)		\$ 20,655,854	\$ 951,511		\$ 951,511	\$	\$ 2,756,760	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/16

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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 20,655,854	\$ 951,511		\$ 951,511	\$	\$ 2,756,760	1
2 Stanton Mechanical/Upper-Lower Roof	2016	4,645	174	20	174		174	2
3 Stanton Mechanical/Upper-Lower Roof	2016	3,525	132	20	132		132	3
4 Stanton Mechanical/Air Roof Top Replace	2016	5,221	196	20	196		196	4
5 Stanton Mechanical/Make Up Air Handler	2016							5
6 Waukegan Roofing/Upper-Lower Roof	2016	3,450	115	20	115		115	6
7 Np Lounge	2016	108,091	2,927	30	2,927		2,927	7
8 Fox Valley/Magnetic Door Holders	2016	2,720	317	5	317		317	8
9 Stanton Mechanical/Control System	2016	7,454	805	10	805		805	9
10 Air Roof Top Replacement	2016	28,123	732	20	732		732	10
11 Concrete Repair/Retaining Wall	2016	6,480	345	10	345		345	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)		\$ 20,825,563	\$ 957,253		\$ 957,253	\$	\$ 2,762,503	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$2,608,955	\$314,312	\$314,312	\$	Various	\$1,550,296	71
72	Current Year Purchases	394,758	31,435	31,435		Various	31,435	72
73	Fully Depreciated Assets	453,609				Various	453,609	73
74								74
75	TOTALS	\$3,457,322	\$345,747	\$345,747	\$		\$2,035,339	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		See Attached Schedule	Various	\$105,840	\$	\$	\$	5	\$105,840	76
77		Central States Bus Sales - 2008 Ford	2008	59,743				5	59,743	77
78		Small Pick Up Truck	2009	14,995				5	14,995	78
79										79
80	TOTALS			\$180,578	\$	\$	\$		\$180,578	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)	\$24,541,594	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$1,303,000	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$1,303,000	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,978,420	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	See Attached Schedule	\$14,044,815	\$128,000	\$11,968,877	86
87					87
88					88
89					89
90					90
91	TOTALS	\$14,044,815	\$128,000	\$11,968,877	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.

Central Baptist Village
12/31/16 Depreciable Non-Care Assets Summary

Year Acquired	Cost	Depr	Accum	
Total 2009	12,177,931	19,127	11,552,346	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2010	104,612	6,558	45,907	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2011	484,785	30,731	184,387	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2012	189,997	10,049	50,245	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2013	257,130	12,857	51,428	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2014	221,246	11,062	33,186	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2015	265,077	13,762	27,524	<i>See 2015 and Prior Non Care Assets PDF</i>
Total 2016	318,444	22,162	22,162	<i>See PG13 Support B</i>
	14,019,222	126,308	11,967,185	

Central Baptist Village
12/31/16 Vehicles

Class	Dept	Description	Placed in Service	Life Yr	Life Mo	Book Cost	1/1/2016	12 Months	12/31/2016
							Beg Accum Depr	Depreciation	End Accum Depr
ATAM	Admin	Vehicle - Handicap Bus (Ford E450)	7/30/2004	5	60	53,990	53,990	-	53,990
ATAM	Admin	Vehicle - Buick LeSabre	10/11/2004	5	60	21,128	21,128	-	21,128
ATAM	Admin	Vehicle - Ford Ranger Pickup Truck	10/21/2005	5	60	30,722	30,722	-	30,722
ATAM	Admin	Vehicle - Bus (Ford 158 Econ)	3/10/2008	5	60	59,743	59,743	-	59,743
ATAM	Admin	Vehicle - Small Pickup Truck	4/8/2009	5	60	14,995	14,995	-	14,995
						180,578	180,578	-	180,578

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
9. Option to Buy: ☐ YES ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ 2,933 Description: Vending Rental (Removed)
(Attach a schedule detailing the breakdown of movable equipment)
- ☐ YES☐ NO

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.

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.

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	V39-3	hrs	\$	2,520	\$	184,138	\$	2,520	\$	184,138	1	
2	Licensed Speech and Language Development Therapist	V39-3	hrs		869		56,521		869		56,521	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	V39-3	hrs		3,020		228,791		3,020		228,791	4	
5	Physician Care		visits									5	
6	Dental Care		visits									6	
7	Work Related Program		hrs									7	
8	Habilitation		hrs									8	
9	Pharmacy	V39-2	# of prescrpts					148,857			148,857	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10	
11	Academic Education		hrs									11	
12	Other (specify): LAB COSTS							5,109			5,109	12	
13	Other (specify): RADIOLOGY							9,378			9,378	13	
14	TOTAL			\$	6,409	\$	469,450	\$	163,344	6,409	\$	632,794	14

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

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,040,308	\$	1
2	Cash-Patient Deposits	38,986		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,995,610		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	93,464		6
7	Other Prepaid Expenses	24,977		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Sybria Note Receivable</u>	3,435,715		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,629,060	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	31,499,751		12
13	Land	285,820		13
14	Buildings, at Historical Cost	28,698,823		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	9,601,766		16
17	Accumulated Depreciation (book methods)	(16,947,296)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,228,551		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 55,367,415	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 61,996,475	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 731,349	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,586		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	569,025		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,534		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,347,494	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	20,040,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Unamortized bond premium</u>	(206,128)		43
44	<u>Security Deposits</u>	595,521		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 20,429,393	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 21,776,887	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 40,219,588	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 61,996,475	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 38,605,765	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 38,605,765	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,474,044	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	35,541	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) Change in Value of Perepetual Trust	706,704	15
16	Other (describe) Net Assets Released from Restrictions	(602,466)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,613,823	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)	\$ 40,219,588	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning: 01/01/16

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 18,081,042	1
2	Discounts and Allowances for all Levels	(1,903,063)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,177,979	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	493	12
13	Barber and Beauty Care	7,290	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		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)	\$ 7,783	23
	D. Non-Operating Revenue		
24	Contributions	610,881	24
25	Interest and Other Investment Income***	841,403	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,452,284	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,638,046	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,100,332	31
32	Health Care	4,202,998	32
33	General Administration	4,409,475	33
	B. Capital Expense		
34	Ownership	1,480,735	34
	C. Ancillary Expense		
35	Special Cost Centers	1,687,593	35
36	Provider Participation Fee	282,869	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,164,002	40
41	Income before Income Taxes (line 30 minus line 40)**	1,474,044	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,474,044	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,069,339	44
45	Private Pay - Net Inpatient Revenue	6,846,527	45
46	Medicare - Net Inpatient Revenue	1,920,048	46
47	Other-(specify) Other SNF Revenues	1,047,735	47
48	Other-(specify) IL/SCF Revenues	5,294,330	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,177,979	49

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

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

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	1,856	2,080	\$ 125,351	\$ 60.26	1
2	Assistant Director of Nursing	1,944	2,080	80,211	38.56	2
3	Registered Nurses	35,162	38,734	1,341,204	34.63	3
4	Licensed Practical Nurses	14,536	16,127	484,877	30.07	4
5	CNAs & Orderlies	100,879	113,032	1,557,341	13.78	5
6	CNA Trainees	0				6
7	Licensed Therapist	0				7
8	Rehab/Therapy Aides	5,224	5,896	106,465	18.06	8
9	Activity Director	1,760	1,261	33,897	26.88	9
10	Activity Assistants	23,208	15,458	187,067	12.10	10
11	Social Service Workers	9,672	6,665	153,319	23.00	11
12	Dietician	0				12
13	Food Service Supervisor	10,300	7,484	109,973	14.69	13
14	Head Cook	2,207	2,407	47,720	19.83	14
15	Cook Helpers/Assistants	67,319	47,047	550,469	11.70	15
16	Dishwashers	0				16
17	Maintenance Workers	13,476	7,106	102,137	14.37	17
18	Housekeepers	26,678	13,912	162,632	11.69	18
19	Laundry	5,285	3,470	37,003	10.66	19
20	Administrator	3,245	3,443	276,375	80.27	20
21	Assistant Administrator	0				21
22	Other Administrative	11,473	6,110	223,618	36.60	22
23	Office Manager	1,960	2,080	64,923	31.21	23
24	Clerical	5,406	5,952	69,499	11.68	24
25	Vocational Instruction	0				25
26	Academic Instruction	0				26
27	Medical Director	0				27
28	Qualified MR Prof. (QMRP)	0				28
29	Resident Services Coordinator	0				29
30	Habilitation Aides (DD Homes)	0				30
31	Medical Records	1,727	2,007	30,285	15.09	31
32	Other Health Care Admin Coordinator	1,856	2,108	44,195	20.97	32
33	Other(specify) Marketing, B&B, &	33,189	100,367	2,089,451	20.82	33
34	TOTAL (lines 1 - 33)	378,362	404,826	\$ 7,878,012 *	\$ 19.46	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2,080	\$ 56,840	01-03	35
36	Medical Director	208	34,104	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	51	7,620	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	7	422	11-03	44
45	Social Service Consultant	40	2,925	12-03	45
46	Other(specify) Morrison Management	1,839	137,945	01-03	46
47	Morrison Management Fees	1,320	99,003	06-03	47
48	Morrison Management Fees	468	35,133	03-03	48
49	TOTAL (lines 35 - 48)	6,013	\$ 373,992		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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
Dawn Zimmerman Mondschein	Executive Director	NA	\$ 175,527
Charles Newton	Executive Director	NA	19,039
Jennifer Roach	Administrator	NA	9,906
Anna-Liisa LaCroix	Administrator	NA	71,903
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 276,375
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
Frost,Ruttenberg & Rothblatt	Accounting		\$ 54,175
Berens-Tate Consulting Group	Accounting		650
ADP	Payroll Processing		40,100
VirTeck	IT Support		13,500
Heartland Business Systems	IT Support		3,998
Advantage Consulting	Billing Services		24,399
Adjusted on Page 5A	Legal		64,937
Unemployment Tax Control	Unemployment Consulting		6,300
LBL Strategies	Strategic Planning Consulting		37,870
Misc			1,079
Vendor Credit in 110-56010-07			(10,000)
ILU Accounting Reclass			(47,413)
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 189,595
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance			\$ 253,450
Unemployment Compensation Insurance			7,752
FICA Taxes			551,582
Employee Health Insurance			1,386,706
Employee Meals			
Illinois Municipal Retirement Fund (IMRF)*			
Retirement Plan			92,958
Employee Meals			26,010
Marketing and ILU Benefits Adjustment			(614,914)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,703,544
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			\$
Advertising: Employee Recruitment			
Health Care Worker Background Check (Indicate # of checks performed)			
Help Wanted			4,030
Less: Public Relations Expense		(	)
Non-allowable advertising		(	)
Yellow page advertising		(	)
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 4,030
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel			\$
In-State Travel			
Seminar Expense			39,668
See Seminar Expense Schedule 2016 Excel file			
Entertainment Expense		(	)
(agree to Sch. V, line 24, col. 8)			
TOTAL			\$ 39,668

*** Attach copy of IMRF notifications**

****See instructions.**

(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. N/A
Attach invoices and a summary of services for all architect and appraisal fees