

		FOR BHF USE					

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2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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>0016220</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																	
Facility Name: <u>Apos Christian Timber Ridge</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2024</u> to <u>06/30/2025</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>2125 Veterans Road</u> <u>Morton</u> <u>61550</u> Number City Zip Code																																																			
County: <u>Tazewell</u>																																																			
Telephone Number: <u>309.266.9781</u> Fax # <u>309.266.9468</u>																																																			
HFS ID Number: _____																																																			
Date of Initial License for Current Owners: <u>10/1/1971</u>		<table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Matthew D. Steffen</u></td><td></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Title) <u>Administrator</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td colspan="2"></td><td>(Telephone) <u>()</u></td><td>Fax # <u>()</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Matthew D. Steffen</u>		Paid Preparer	(Title) <u>Administrator</u>		(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____				(Telephone) <u>()</u>	Fax # <u>()</u>																														
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		(Telephone) <u>()</u>	Fax # <u>()</u>																																																
Type of Ownership:																																																			
<table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501(c)(3)</u></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table>		☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☒	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code <u>501(c)(3)</u>		☐	Corporation	☐	Other _____			☐	"Sub-S" Corp.	_____				☐	Limited Liability Co.					☐	Trust					☐	Other _____				
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		☐	Other _____																																																
In the event there are further questions about this report, please contact:																																																			
Name: <u>Matthew D. Steffen</u>		Telephone Number: <u>309.266.9781</u>																																																	
Email Address: _____																																																			
		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 Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2024 Ending: 06/30/2025

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 <u>74</u>					
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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	<u>74</u>	Intermediate/DD	<u>74</u>	<u>27,010</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less	<u>0</u>	<u>0</u>	6
7	<u>74</u>	TOTALS	<u>74</u>	<u>27,010</u>	7

B. Census-For the entire report period.									
1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment							
		Medicaid Fee for Service	Medicaid MLTSS	MMAI		Private Pay	Medicare Part A Only	Other	Total
				Medicaid Primary	Medicare Primary				
8	SNF								8
9	SNF/PED								9
10	ICF								10
11	ICF/DD	<u>24,891</u>				<u>105</u>			<u>24,996</u>
12	SC								12
13	DD 16 OR LESS								13
14	TOTALS	24,891				105			24,996

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 92.54%

D. How many bed reserve days during this year were paid by the Department? 340 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) N/A

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 10/1/1971

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 certified beds. number of certified beds _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 06/30/2025 Fiscal Year: 06/30/2025

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

Facility Name & ID Number Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2024 Ending: 06/30/2025

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	625,746	44,836	7,834	678,416	94	678,510	0	678,510			1
2	Food Purchase		325,070		325,070	0	325,070	0	325,070			2
3	Housekeeping	198,457	3,054	0	201,511	0	201,511	0	201,511			3
4	Laundry	302,435	19,172	0	321,607	0	321,607	0	321,607			4
5	Heat and Other Utilities			114,556	114,556	0	114,556	0	114,556			5
6	Maintenance	108,163	33,504	85,293	226,960	8,728	235,688	0	235,688			6
7	Other (specify):*	0	0	0	0	0	0	0	0			7
8	TOTAL General Services	1,234,801	425,636	207,683	1,868,120	8,822	1,876,942	0	1,876,942			8
	B. Health Care and Programs											
9	Medical Director	0	0	0	0	0	0	0	0			9
10	Nursing and Medical Records	4,571,761	390,669	92,248	5,054,678	0	5,054,678	0	5,054,678			10
10a	Therapy	295,322	3,858	6,402	305,582	(10,895)	294,687	0	294,687			10a
11	Activities	426,957	3,234	0	430,191	(288)	429,903	0	429,903			11
12	Social Services	348,081	9,795	17,899	375,775	(76,411)	299,364	0	299,364			12
13	CNA Training	75,120	1,875	0	76,995	95,810	172,805	0	172,805			13
14	Program Transportation	0	0	15,472	15,472	0	15,472	0	15,472			14
15	Other (specify):* Bad Debt & Day Prog	373,556	4,149	128,796	506,501	4,728	511,229	(128,796)	382,433			15
16	TOTAL Health Care and Programs	6,090,797	413,580	260,817	6,765,194	12,944	6,778,138	(128,796)	6,649,342			16
	C. General Administration											
17	Administrative	212,681	0	0	212,681	0	212,681	0	212,681			17
18	Directors Fees			0	0	0	0	0	0			18
19	Professional Services			106,787	106,787	0	106,787	0	106,787			19
20	Dues, Fees, Subscriptions & Promotions			26,816	26,816	0	26,816	(5,389)	21,427			20
21	Clerical & General Office Expenses	719,544	8,745	24,423	752,712	0	752,712	0	752,712			21
22	Employee Benefits & Payroll Taxes			1,502,653	1,502,653	0	1,502,653	(67,975)	1,434,678			22
23	Inservice Training & Education			5,850	5,850	0	5,850	0	5,850			23
24	Travel and Seminar			4,155	4,155	0	4,155	(4,276)	(121)			24
25	Other Admin. Staff Transportation		0	0	0	0	0	0	0			25
26	Insurance-Prop.Liab.Malpractice			85,977	85,977	0	85,977	0	85,977			26
27	Other (specify):*	0	0	45,600	45,600	(44,085)	1,515	0	1,515			27
28	TOTAL General Administration	932,225	8,745	1,802,261	2,743,231	(44,085)	2,699,146	(77,640)	2,621,506			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,257,823	847,961	2,270,761	11,376,545	(22,319)	11,354,226	(206,436)	11,147,790			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			435,974	435,974	0	435,974	(37,687)	398,287			30
31	Amortization of Pre-Op. & Org.			0	0	0	0	0	0			31
32	Interest			0	0	933	933	(933)	0			32
33	Real Estate Taxes			0	0	0	0	0	0			33
34	Rent-Facility & Grounds			0	0	217	217	(217)	0			34
35	Rent-Equipment & Vehicles			217	217	(217)	0	0	0			35
36	Other (specify):* Investment Fees			226,470	226,470	(933)	225,537	(933)	224,604			36
37	TOTAL Ownership			662,661	662,661	0	662,661	(39,770)	622,891			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0			38
39	Ancillary Service Centers	0	0	0	0	22,319	22,319	0	22,319			39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0			40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0			41
42	Provider Participation Fee	0	0	618,684	618,684	0	618,684	0	618,684			42
43	Other (specify):* Newsletter	0	0	0	0	0	0	0	0			43
44	TOTAL Special Cost Centers	0	0	618,684	618,684	22,319	641,003	0	641,003			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,257,823	847,961	3,552,106	12,657,890	0	12,657,890	(246,206)	12,411,684			45

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

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	\$ 0	6	\$	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	(217)	34		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	(933)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	0	27		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	0	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(128,796)	15		24
25	Fund Raising, Advertising and Promotional	(5,389)	20		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				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (135,335)		\$ 0	30

BHF USE ONLY							
48		49		50		51	

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)	\$ 0		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (135,335)		37

*These costs are only allowable if they are necessary to meet minimum
licensing standards. Attach a schedule detailing the items included
on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Political Action Committee Payments	\$`	20	1
2	Other Expenses Related to Lobbying Activities	0		2
3	Out-of-state Travel (Administrative Staff)	(121)	24	3
4	Depreciation of non-care vehicles	(37,687)	30	4
5	Offset medically necessary transportation income		38	5
6	Benefits allocated to day programming	(67,975)	22	6
7	Out-of-state Travel (Board of Directors)	(4,155)	24	7
8	Interest Expense	(933)	36	8
9	Out-of-state Travel (Administrative Staff)	0	10	9
10	Offset day training transportation income	0	10	10
11	Offset day training transportation income	0	14	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
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39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(110,871)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2024 Ending: 06/30/2025

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	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	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	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):*	(128,796)	0	0	0	0	0	0	0	0	0	0	(128,796)	15
16	TOTAL Health Care and Programs	(128,796)	0	0	0	0	0	0	0	0	0	0	(128,796)	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	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(5,389)	0	0	0	0	0	0	0	0	0	0	(5,389)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(67,975)	0	0	0	0	0	0	0	0	0	0	(67,975)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,276)	0	0	0	0	0	0	0	0	0	0	(4,276)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(77,640)	0	0	0	0	0	0	0	0	0	0	(77,640)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(206,436)	0	0	0	0	0	0	0	0	0	0	(206,436)	29

Summary B

06/30/2025

[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 LifePoints, Inc.	100%	Oakwood Estate #0033712	Morton	Apostolic Christian CI	Morton	CILA Residential
		Linden Estate #0039305	Morton			Services for
						Individuals with
						Developmental
						and Intellectual
						Disabilitites

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 (continued)

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

☐ 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)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$ 0	\$ *	39

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

STATE OF ILLINOIS

Ownership Listing-1

Apos Christian Timber Ridge

ID#

0016220

Report Period Beginning:

07/01/2024

Ending:

06/30/2025

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

Building Co.

Ownership

Place of Residence

Ownership

First Name

M.I.

Last Name

City

State

Percentage

Percentage

1	Apostolic Christian Church of America			Peoria	IL	100.00000	
2							
3							
4							
5							
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50							

STATE OF ILLINOIS

Ownership Listing-2

Apos Christian Timber Ridge

ID#

0016220

Report Period Beginning:

07/01/2024

Ending:

06/30/2025

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

Building Co.

	First Name	M.I.	Last Name	City	State	Ownership Percentage	Ownership Percentage
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
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124							
125							

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	Blair Metzger	BOD						1
2	Matt Zimmerman	BOD						2
3	John Sauder	BOD						3
4	Heidi Haerr	BOD						4
5	Greg Wiegand	BOD						5
6	Ben Knochel	BOD						6
7	Daniel Leman	BOD						7
8	Kent Schmidgall	BOD						8
9	Wendy Sauder	BOD						9
10	Lee Klopfenstein	BOD						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 Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2024 Ending: 06/30/2025

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	Blair Metzger	Director	Director	0.00	633	0.5		Travel	\$ 1,672	line24 col 3	1
2	Matt Zimmerman	President	Director	0.00	0	0.5			0		2
3	John Sauder	Treasurer	Director	0.00	0	0.5			0		3
4	Heidi Haerr	Secretary	Director	0.00	0	0.5			0		4
5	Greg Wiegand	Director	Director	0.00	0	0.5			0		5
6	Ben Knochel	Director	Director	0.00	0	0.5			0		6
7	Daniel Leman	Director	Director	0.00	0	0.5			0		7
8	Kent Schmidgall	Vice President	Director	0.00	367	0.5		Travel	970	line24 col 3	8
9	Wendy Sauder	Director	Director	0.00	0	0.5			0		9
10	Lee Klopfenstein	Director	Director	0.00	573	0.5		Travel	1,513	line24 col 3	10
11											11
12											12
13								TOTAL	\$ 4,155		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

Ending: 6/30/2025

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	Morgan Stanley (LAL)		X	Timing of State Payments and Interest		12/2008	4,667,000	0	None	6.4337	933	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 4,667,000	\$ 0				\$ 933	9						
	B. Non-Facility Related*																		
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$ 0	\$ 0				\$ 0	14						
15	TOTALS (line 9+line14)						\$ 4,667,000	\$ 0				\$ 933	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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.)

** 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

1. Real Estate Tax accrual used on 2023 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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).			\$0	3
4. Real Estate Tax accrual used for 2024 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.			\$0	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:		20198 20209 202110 202211 202312	FOR BHF USE ONLY	
			13FROM R. E. TAX STATEMENT FOR 2023 \$	13
			14PLUS APPEAL COST FROM LINE 5 \$	14
			15LESS REFUND FROM LINE 6 \$	15
			16AMOUNT 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.

FACILITY NAME	<u>Apos Christian Timber Ridge</u>	COUNTY	<u>Tazewell</u>
---------------	------------------------------------	--------	-----------------

CONTACT PERSON REGARDING THIS REPORT _____

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D)
			<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	

B. Real Estate Tax Cost Allocations

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.)

Attach copies of the original 2023 tax bills which were listed in Section A to this statement. Be sure to use the 2023 tax bill which is normally paid during 2024.

Page 10A

- A. Square Feet: 49,217
- B. General Construction Type: Exterior Brick Frame Fireproof Construction 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).

- 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	LTC Facility	821,980	1969	\$ 33,227	1
2					2
3	TOTALS	821,980		\$ 33,227	3

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	37			1972	\$ 647,557	\$ 0	40	\$ 0		\$ 647,557	4
5	37			1977	1,006,746	0	40	0		1,006,746	5
6											6
7											7
8											8
	Improvement Type**										
9	3--Original Storage Building			1974	8,047	0	40	0		8,047	9
10	4--Second Floor Storage			1975	281	0	40	0		281	10
11	5--Balcony Storage			1976	289	0	40	0		289	11
12	1475--2 Commercial Washers and 3 Commercial Dryers Installed			2024	91,474	6,098	15	6,098		9,147	12
13	19--New Addition Phase 2			1979	47,854	0	40	0		47,854	13
14	7--Additional Storage Building Phase 1			1981	4,660	0	40	0		4,660	14
15	1194--Timber Ridge Front Driveway Drawings			2016	3,100	124	25	124		1,116	15
16	8--Additional Storage Building Phase 2			1982	21,495	0	40	0		21,495	16
17	22--Front Entrance			1982	8,046	0	40	0		8,046	17
18	9--Electrical Upgrade			1983	126	0	40	0		126	18
19	1204--Drive and Parking lot			2017	486,791	16,226	30	16,226		146,037	19
20	24--Courtyard Foyer			1984	6,477	0	40	0		6,477	20
21	10--Garage Extension			1985	842	1	40	1		842	21
22	25--Nursing Foyer			1985	24,285	66	40	66		24,285	22
23	26--Upkeep (Windows,Furnace,Fixtures)			1986	9,877	247	40	247		9,854	23
24	27--North End & East Wing			1987	26,990	675	40	675		26,262	24
25	1--3 stall garage			1988	22,885	572	40	572		21,454	25
26	28--1988 Additions			1988	27,441	686	40	686		26,025	26
27	29--1989 Additions			1989	48,259	1,206	40	1,206		44,582	27
28	30--1990 Additions			1990	60,923	1,523	40	1,523		54,781	28
29	31--1991 Additions			1991	11,832	296	40	296		10,348	29
30	32--1992 Additions			1992	14,999	375	40	375		12,748	30
31	33--1994 Additions			1994	31,810	795	40	795		25,471	31
32	34--1995 Additions			1995	32,834	821	40	821		25,483	32
33	35--1996 Additions			1996	6,371	159	40	159		4,788	33
34	36--1997 Additions			1997	23,216	580	40	580		16,875	34
35	2--Garage Door for Van			1998	667	0	15	0		667	35
36	37--1998 Additions			1998	6,263	157	40	157		4,397	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 Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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	38--1999 Additions	1999	\$ 17,738	\$ 443	40	\$ 443	\$	\$ 12,020	37
38	39--Air Conditioner	2000	1,882	47	40	47		1,200	38
39	40--Heat Pump	2000	3,100	78	40	78		1,977	39
40	41--Automatic Rear Door	2000	1,773	44	40	44		1,130	40
41	42--Power Panels/Generator	2000	14,000	350	40	350		8,925	41
42	43--Office Window to Lobby	2000	1,057	26	40	26		673	42
43	1265--West (rear) Concrete Driveway	2018	490,234	24,512	20	24,512		196,094	43
44	45--Dining Room Remodeling	2000	10,565	264	40	264		6,735	44
45	46--Fire Alarm Relay	2000	2,400	60	40	60		1,530	45
46	47--Remodel Bathrooms	2000	22,147	554	40	554		14,119	46
47	48--Water Coolers at both ends	2000	2,701	68	40	68		1,722	47
48	1214--Lobby Offices Remodeling (Carpet, paint wall-paper, and co	2017	40,524	2,702	15	2,702		22,920	48
49	471--Garage Lights	2001	1,400	0	15	0		1,400	49
50	472--OT/PT Decorating	2001	1,111	0	15	0		1,111	50
51	473--Slab Jacking	2001	1,312	0	15	0		1,312	51
52	474--Roof Replacement	2001	21,380	0	15	0		21,380	52
53	474.1--Roof Replacement	2001	16,779	0	15	0		16,779	53
54	1270.1--Courtyard Awnings	2019	28,479	1,899	15	1,899		13,290	54
55	477--Dining Room Remodeling	2001	3,308	0	15	0		3,308	55
56	478--Additional QMRP office (by activities)	2001	2,393	0	15	0		2,393	56
57	479--Pipe Insulation	2001	2,613	0	15	0		2,613	57
58	480--North Resident Renovation	2001	4,632	0	15	0		4,632	58
59	481--Activity Room Remodeling	2001	1,903	0	15	0		1,903	59
60	482--Sourth Whirlpool Room	2001	2,676	0	15	0		2,676	60
61	483--Hand Rails	2001	2,844	0	15	0		2,844	61
62	484--South Living Remodeling	2001	5,107	0	15	0		5,107	62
63	537--Garage Door	2002	594	0	15	0		594	63
64	538--Key pad entry for south end	2002	2,500	0	15	0		2,500	64
65	1458--Illini Plumbing - Water main Break by Village	2024	16,602	830	20	830		1,245	65
66	1474--Meister Heating and A/C	2024	3,372	225	15	225		337	66
67	1224--Front office - Redecorate	2017	220	15	15	15		132	67
68	545--Air conditioner - south living room	2002	3,196	0	15	0		3,196	68
69	1280.1--Training Room Lighting	2019	1,960	131	15	131		915	69
70	TOTAL (lines 4 thru 69)		\$ 3,414,939	\$ 62,855		\$ 62,855	\$ 0	\$ 2,575,452	70

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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		\$ 3,414,939	\$ 62,855		\$ 62,855	\$	\$ 2,575,452	1
2	576--Garage door on small garage	2003	647	0	15	0		647	2
3	613--Plumb and insulate water lines	2004	7,274	0	15	0		7,274	3
4	614--Flooring for Corridors	2004	23,007	0	15	0		23,007	4
5	616--Air Conditioner	2004	1,259	0	15	0		1,259	5
6	1227--Parking Lot Lighting	2017	43,695	2,913	15	2,913		26,217	6
7	618--Heat Pump & Blower	2004	4,885	0	15	0		4,885	7
8	619--Electrical for Fuel tanks	2004	1,686	0	15	0		1,686	8
9	620--Heat pump	2004	3,980	0	15	0		3,980	9
10	621--Foot valve for Hopper	2004	637	0	15	0		637	10
11	622--Bathroom partitions	2004	3,176	0	15	0		3,176	11
12	1472--Patient Ceiling Lift Systems Installed	2024	14,700	1,510	10	1,510		2,264	12
13	1242--New Windows for office	2018	38,331	2,555	15	2,555		20,443	13
14	1244--Architectural Project DHS Building Drawings	2018	5,782	385	15	385		3,084	14
15	1248--Garage Roof	2018	17,781	1,185	15	1,185		9,483	15
16	279--Chain Link Fence	1976	3,440	0	20	0		3,440	16
17	1160--TR CUH9350524 Chromalox 5KW Ceiling Htr	2015	7,194	480	15	480		5,276	17
18	281--Bar-B-Que Pit	1981	277	0	20	0		277	18
19	282--Electric & Water to Picnic Area	1981	783	0	20	0		783	19
20	283--Chain Link Fence	1982	38	0	20	0		38	20
21	283.1--Chain Link Fence	1983	5,843	0	20	0		5,843	21
22	285--Ornamental Fence	1985	565	0	20	0		565	22
23	286--South Patio	1985	1,008	0	20	0		1,008	23
24	1261--Survey for driveway replacement	2018	2,830	142	20	142		1,132	24
25	1208--Flooring 400, 500, 600 halls	2017	39,271	2,618	15	2,618		23,562	25
26	289--South Patio Sod & Lighting	1990	1,408	0	20	0		1,408	26
27	1264--QIDP Offices SM. MPR	2018	13,114	0	7	0		13,114	27
28	1272--Kitchen Stainless Steel cabinets/Serving Table top	2018	4,178	279	15	279		2,228	28
29	1214.1--Furniture/equip for lobby and lobby offices	2018	26,033	1,736	15	1,736		13,884	29
30	293--Sewer Repair	1994	6,700	0	20	0		6,700	30
31	294--Tile Drain	1995	721	0	20	0		721	31
32	1276--Admin and RSD offices (Partition walls, doors and paint)	2018	6,016	401	15	401		3,209	32
33	1279--West (rear) Driveway Lighting	2018	38,512	1,926	20	1,926		15,405	33
34	TOTAL (lines 1 thru 33)		\$ 3,739,710	\$ 78,985		\$ 78,985	\$ 0	\$ 2,782,087	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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		\$ 3,739,710	\$ 78,985		\$ 78,985	\$	\$ 2,782,087	1
2	1457--Midwest Healthcare Systems - 5 Ceiling hoier lifts	2024	31,466	4,495	7	4,495		6,743	2
3	1168--Soiled Util,Housekpg,Dr Exam rms floorcover	2015	3,226	215	15	215		2,366	3
4	691--Picnic area landscaping	2006	1,660	0	15	0		1,660	4
5	1410--Keith Engineering - Water Heater Replacement	2023	21,400	1,427	15	1,427		3,567	5
6	512--Landscape Drive Entrance	2001	1,447	0	15	0		1,447	6
7	513--Landscape around Timber Ridge	2001	1,230	0	15	0		1,230	7
8	1447--Illini Plumbing - Install Water Main Shut Off in Riser Room	2024	14,026	701	20	701		1,052	8
9	647--Catch Basin & Tile @ South Drive	2004	3,344	0	15	0		3,344	9
10	648--Garage Door Opener	2005	720	0	15	0		720	10
11	649--Canopy Lighting	2005	788	0	15	0		788	11
12	650--MPR Remodel	2005	14,256	0	15	0		14,256	12
13	651--North Living Room Floor	2005	4,649	0	15	0		4,649	13
14	652--North Snack Room Remodeling	2005	1,452	0	15	0		1,452	14
15	653--Office Remodeling	2005	1,447	0	15	0		1,447	15
16	654--South Snack Room Refrigerator	2005	469	0	7	0		469	16
17	655--South Snack Room Remodeling	2005	9,127	0	15	0		9,127	17
18	656--Speech Room Floor	2005	641	0	15	0		641	18
19	1281--Wardrobes for North End Bedrooms	2019	140,688	9,379	15	9,379		65,654	19
20	681--Concrete to Picnic Area	2005	9,858	0	15	0		9,858	20
21	1450--Garber Heating & Air Cond. - replaced compressor and filter	2024	2,936	196	15	196		294	21
22	692--Concrete leveling	2006	1,170	0	15	0		1,170	22
23	693--Sprinkler heads - bathroom closet	2006	1,082	0	15	0		1,082	23
24	695--Cabinets and Countertops	2006	680	0	15	0		680	24
25	767--Concrete	2006	18,800	0	15	0		18,800	25
26	707--Electronic Door repairs	2006	3,245	0	15	0		3,245	26
27	770--Concrete	2006	920	0	15	0		920	27
28	716--Bathroom remodel - 500 wing (south)	2006	13,305	0	15	0		13,305	28
29	721--Laundry room remodel	2006	5,261	0	15	0		5,261	29
30	724--Door locks-South End	2006	687	0	15	0		687	30
31	735--North sick room	2006	3,557	0	15	0		3,557	31
32	740--Kitchen piping	2006	875	0	15	0		875	32
33	755--Kami's office	2006	287	0	15	0		287	33
34	TOTAL (lines 1 thru 33)		\$ 4,054,409	\$ 95,398		\$ 95,398	\$ 0	\$ 2,962,720	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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		\$ 4,054,409	\$ 95,398		\$ 95,398	\$	\$ 2,962,720	1
2	697--Iron Fence for Rear Courtyard	2006	4,088	0	15	0		4,088	2
3	1353.15--Chase Amazon TV mount	2023	501,486	33,432	2	33,432		83,581	3
4	762--North Courtyard Landscaping	2006	910	0	15	0		910	4
5	943--Roof Project	2010	18,642	0	15	0		18,642	5
6	801--Garage Doors - 4	2007	5,000	0	15	0		5,000	6
7	804--Bus Garage Renovations	2007	6,500	0	15	0		6,500	7
8	791--North Snack Room Remodeling	2007	5,476	0	15	0		5,476	8
9	796--Office Moves	2007	2,556	0	15	0		2,556	9
10	809--PT Outlet	2007	658	0	15	0		658	10
11	811--Floor and Cabinets	2007	22,292	0	15	0		22,292	11
12	814--North Treatment Room - Plumbing	2007	1,825	0	15	0		1,825	12
13	821--Office Move	2007	11,808	0	15	0		11,808	13
14	826--Damper - Heat and Air Conditioning	2007	61	0	15	0		61	14
15	831--Donated - New Concrete Sidewalk	2007	1,385	0	15	0		1,385	15
16	832--Landscaping - Donations	2007	600	0	15	0		600	16
17	1429--F.E. Moran Fire Protection - Sprinkler Head replacement in	2024	3,000	200	15	200		300	17
18	836--Contributions - Landscaping - Time and Labor	2007	2,010	0	15	0		2,010	18
19	837--Contributions - Labor for N. Treatment Room	2007	39	0	15	0		39	19
20	786--Courtyard Landscaping	2007	9,283	0	15	0		9,283	20
21	1430--All new Hot Water Heaters and renovation of Mechanical R	2024	153,780	9,739	13	9,739		14,298	21
22	1161--TR MPR Ceiling	2015	5,539	369	15	369		4,062	22
23	841--OT/PT Remodeling	2008	8,992	0	15	0		8,992	23
24	842--MPR Courtyard Door	2008	11,354	0	15	0		11,354	24
25	843--TR roof	2008	25,075	0	15	0		25,075	25
26	844--North Med Room remodeling	2008	2,613	0	15	0		2,613	26
27	845--Hallway remodeling	2008	2,233	0	15	0		2,233	27
28	846--South living room redecoration	2008	1,767	0	15	0		1,767	28
29	872--200 Wing Roof	2009	33,690	0	15	0		33,690	29
30	1418--Garber - Heat Exchange Replacement on 200 hall	2023	2,810	401	7	401		1,004	30
31	1216--New outlets for resident rooms	2017	5,341	356	15	356		3,204	31
32	1229--Window Treatment - Solar	2017	9,648	965	10	965		8,683	32
33	945--Heat Tape Material	2010	2,400	0	7	0		2,400	33
34	TOTAL (lines 1 thru 33)		\$ 4,917,270	\$ 140,860		\$ 140,860	\$ 0	\$ 3,259,109	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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 12D, Carried Forward		\$ 4,917,270	\$ 140,860		\$ 140,860	\$	\$ 3,259,109	1
2	875--Hallway remodeling	2009	47,652	0	15	0		47,652	2
3	1446--Louis Jane - Mission Verses far wall at TR	2024	2,223	148	15	148		222	3
4	877--Lighting Project	2009	24,448	0	7	0		24,448	4
5	878--MPR Windows	2009	7,632	0	15	0		7,632	5
6	879--North Med Room remodeling	2009	1,237	0	15	0		1,237	6
7	881--Sprinkler Main Valve Replacement	2009	6,750	337	20	337		5,737	7
8	1230--TR - LS Building Products- New Roof	2017	5,550	222	25	222		1,998	8
9	12--1972 Additions	1972	157	0	40	0		157	9
10	13--1973 Additions	1973	1,051	0	40	0		1,051	10
11	14--1973 Additions	1973	1,326	0	40	0		1,326	11
12	964--Kitchen/Laundry Area Roof Replacement	2010	13,742	0	15	0		13,742	12
13	976--500 Wing Roof Replacement	2011	15,095	1,006	15	1,006		15,095	13
14	982--Kitchen Roof	2011	13,742	916	15	916		13,742	14
15	985--Roof repairs with HVAC units	2011	2,478	165	15	165		2,478	15
16	987--100 Wing Roof Replacement	2011	14,540	969	15	969		14,540	16
17	990--North end Rooftop HVAC units	2011	34,170	2,278	15	2,278		34,170	17
18	880--Roof-Central Suppl, Dining, South Nursing	2009	22,000	0	15	0		22,000	18
19	1003--400 and 600 Wings Roof	2012	33,795	845	40	845		11,828	19
20	1004--Tempstar condenser	2012	2,500	167	15	167		2,333	20
21	1016--MPR - Offices	2013	5,578	372	15	372		4,834	21
22	1018--Floor Covering (food prep, hall, storage)	2013	4,563	0	7	0		4,563	22
23	1432--P.J. Hoerr, Inc. - Update North Nursing Station	2024	196,294	10,042	13	10,042		13,472	23
24	1424--Heat Exchange Replacement on 100 hall	2023	2,621	175	15	175		437	24
25	714--Bathroom remodeling 400 wing(South)	2006	9,659	0	15	0		9,659	25
26	1087--IT Wiring for office changes	2014	2,729	0	10	0		2,729	26
27	1096--Landscaping - Brick Edging	2014	11,107	740	15	740		8,885	27
28	1097--Main Hallway Flooring	2014	30,000	2,000	15	2,000		24,000	28
29	1104--MPR Offices	2014	5,850	195	30	195		2,340	29
30	1109--Roof for MPR	2014	13,349	667	20	667		8,009	30
31	1110--Roof for MPR - Rerun gas lines	2014	2,285	152	15	152		1,828	31
32	1237--TR - Kaiser Electrical - Interior LED Lighting Upgrade	2017	88,050	5,870	15	5,870		52,830	32
33	1119--Nurse Stations - Design, Cabinets, Installed	2015	46,816	3,121	15	3,121		34,332	33
34	TOTAL (lines 1 thru 33)		\$ 5,586,259	\$ 171,247		\$ 171,247	\$ 0	\$ 3,648,415	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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 12E, Carried Forward		\$ 5,586,259	\$ 171,247		\$ 171,247	\$	\$ 3,648,415	1
2	1120--Stainless Steel Door Plates	2015	5,720	381	15	381		4,195	2
3	1121--TR Main Hallways & 18 TR Resident Rooms	2015	42,898	2,860	15	2,860		31,458	3
4	1152--Ceiling tiles--replacement	2015	2,819	188	15	188		2,067	4
5	1154--RTU System--Roof Top Unit w/Economizer	2015	8,024	535	15	535		5,884	5
6	1158--TR Handrails	2015	9,451	630	15	630		6,931	6
7	1284.2--Roof replacement from hail damage	2019	71,358	4,757	15	4,757		33,301	7
8	1287--Replace all Resident Room Outlets with Hospital Grade	2019	39,540	2,636	15	2,636		18,452	8
9	1291--Steam Table and Hot Food Serving Line	2019	9,083	606	15	606		4,239	9
10	1294--Laundry Furnace / AC	2019	5,883	392	15	392		2,745	10
11	1299--South Wing Furnace / AC	2019	11,913	794	15	794		5,559	11
12	1301--South Med Room Door Widening Project	2019	2,921	195	15	195		1,363	12
13	1302--Replace Exterior Lighting to LED	2019	7,026	468	15	468		3,279	13
14	1305--South Relaxation Room w/ Electric Doors	2019	17,046	1,136	15	1,136		7,955	14
15	1306--Nursing Offices Furnace / AC	2019	5,540	369	15	369		2,585	15
16	1309--Generator Exhaust Fabrication and Install	2018	2,777	185	15	185		1,296	16
17	1318--Nurse Station Doors	2019	4,085	408	10	408		2,859	17
18	1265.2--Driveway - Replacement (Reseed lawn)	2019	2,693	385	7	385		2,692	18
19	1270--Courtyard Awnings	2018	40,921	2,728	15	2,728		19,097	19
20	1277--North Bathrooms (Add 8 showers and ADA stools)	2018	154,619	10,308	15	10,308		72,156	20
21	1333--HVAC For 600 Hall (See #1356)	2020	1,200	80	15	80		440	21
22	1342--Door Keypad and Lock system	2020	2,508	167	15	167		920	22
23	1343--Replace & Widen Central Supply Exterior Door	2020	3,316	221	15	221		1,216	23
24	1348--Caulk TR Driveway	2020	5,100	340	15	340		1,870	24
25	1352--Electrical work for the canopies	2020	8,240	549	15	549		3,021	25
26	1355--Install Rexcourt Flooring in Room #506	2020	2,760	184	15	184		1,012	26
27	1356.1--South End HVAC System with Individual Controls	2020	180,304	12,302	13	12,302		67,098	27
28	1358.2--Patient Ceiling Lift System	2020	6,985	998	7	998		5,488	28
29	1359.1--Patient Ceiling Lift System (MPR) 3 motors and Hand Co	2020	12,505	1,786	7	1,786		9,825	29
30	1390--Amazon 10/14/21 - Electric Locks for exterior doors	2022	15,677	2,240	7	2,240		8,131	30
31	1363--New Flooring in Shipping & Receiving Room	2021	5,184	346	15	346		1,555	31
32	1366.2--Finish Bedroom units on North end - Electrical	2021	2,988	199	15	199		897	32
33	1372--Replace Dry Pendants in Cooler and Freezer	2021	2,594	173	15	173		778	33
34	TOTAL (lines 1 thru 33)		\$ 6,279,937	\$ 220,793		\$ 220,793	\$ 0	\$ 3,978,779	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2024 Ending: 06/30/2025

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 12F, Carried Forward		\$ 6,279,937	\$ 220,793		\$ 220,793	\$	\$ 3,978,779	1
2	1323--Heat Pump for Small MPR/Central Supply Area	2020	17,308	1,154	15	1,154		6,346	2
3	1378--Ceiling lift for Resident	2021	6,642	949	7	949		4,270	3
4	1379--Ceiling lift for new MPR	2021	16,080	2,297	7	2,297		10,337	4
5	1353.1--Electronics Hardware Upgrade for MPR (TV's and Phone	2022	2,948	417	14	417		973	5
6	1353--Add offices and convert Admin area to Resident Leisure Ar	2022	1,218,638	46,696	23	46,696		172,138	6
7	1353.3--Varnishing / Staining / Painting - All Resident Rooms	2021	31,760	1,059	30	1,059		3,821	7
8	1353.4--IDPH Plan Review of Asset #1353	2021	9,600	320	30	320		1,280	8
9	1353.5--Atelier Architect / Planners	2022	148,613	5,454	28	5,454		21,714	9
10	1353.6--Sunguard Window - Screen sheids	2022	7,310	854	13	854		2,990	10
11	1353.7--Door Lock Key Card Hardware	2022	6,315	955	19	955		2,663	11
12	1476--Zendavor Signs & Graphics Inc	2024	36,188	2,413	8	2,413		3,619	12
13	1353.9--Mark Roth Installations - Install furniture	2022	11,261	729	20	729		2,551	13
14	1353.11--S&S Builders - Doors and Windows for Multi-Purpose R	2022	1,498	50	30	50		175	14
15	1353.13--Triple A Asbestos Removal- TR remodeling	2021	19,620	654	30	654		2,543	15
16	1353.14--Brookside Landscapes - TR landscape upgrade	2022	22,027	1,388	23	1,388		4,858	16
17	1385--Knapp Concrete - Concrete over main break and patch	2022	7,975	532	15	532		1,861	17
18	1385--Wiegand Plumbing - Repair water main break	2022	3,990	266	15	266		931	18
19	1394--Wiegand Plumbing - Replace Mixing Valve	2022	3,808	254	15	254		888	19
20	1425--Heat Exchange Replacement on 300 hall	2023	2,761	184	15	184		460	20
21	1423--Wilson Amplifiers - Cellular Reception System	2023	21,925	3,132	7	3,132		7,830	21
22	1433--MPR 2.0 Ceiling Tile Replaced	2024	5,481	365	15	365		548	22
23	1438--P.J. Hoerr, Inc. - Repair Corridors and North Living room	2024	91,034	6,069	15	6,069		9,103	23
24	1442--Ceiling Lift Installation	2024	12,811	1,376	9	1,376		2,064	24
25	1482--SEICO Inc. Drawings for Fire Panel Replacement	2025	138,351	4,612	15	4,612		4,612	25
26	1499--Resident Room Lifts	2025	49,351	3,525	5	3,525		3,525	26
27	1527--Roof Top Unit Repair for TR (Heat Exchanger)	2025	3,624	121	15	121		121	27
28	1508--Decorating Furnishings after Remodel	2025	53,187	1,773	15	1,773		1,773	28
29	1511--Office Furniture - Maint Office	2025	2,899	97	15	97		97	29
30	1513--Water Main Replacement	2025	281,477	4,691	30	4,691		4,691	30
31	1518--Heat Exchanger Replacement	2025	0	0	7	0		0	31
32	1541--TR RTU Repair	2025	4,149	138	15	138		138	32
33	--		0	0		0		0	33
34	TOTAL (lines 1 thru 33)		\$ 8,518,568	\$ 313,317		\$ 313,317	\$ 0	\$ 4,257,699	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	\$710,521	\$71,978	\$71,978	\$0	11	\$333,566	71
72	Current Year Purchases	9,509	552	552	0	11	552	72
73	Fully Depreciated Assets	943,642	1,180	1,180	0	9	943,642	73
74	Disposed Assets	19,558	0	0	0	13	11,735	74
75	TOTALS	\$1,683,230	\$73,710	\$73,710	\$0		\$1,289,495	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	Maintenance Vehicle	Vehicle 2015 Ford F250 Super Du	2015	\$32,438	\$0	\$0	\$0	5	\$32,438	76
77	Maintenance Vehicle	Vehicle 2004 Toyota Highlander	2016	9,627	0	0	0	5	9,627	77
78	Maintenance Vehicle	Vehicle - Ford F250 2019 VIN#2b	2020	36,281	5,183	5,183	0	7	28,506	78
79	Maintenance	Snow/Lawn Equipment	Multiple	76,111	6,077	6,077	0	9	56,572	79
80	TOTALS			\$154,457	\$11,260	\$11,260	\$0		\$127,143	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)	\$10,389,482	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$398,287	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$398,287	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$0	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,674,337	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	Fully depreciated vehicles	\$124,563	\$8,394	\$124,563	86
87	Purchased Vehicles/Repairs	174,486	24,927	59,831	87
88	Vehicle Equipment	0	0	0	88
89	Vehicles	65,493	4,366	52,394	89
90	Disposed Assets	0	0	0	90
91	TOTALS	\$364,542	\$37,687	\$236,788	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.

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: \$217
- Description: Specialized Furniture/Tile Saw
- (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.	/2026	\$
13.	/2027	\$
14.	/2028	\$

* 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 CNA40

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☒
IN OTHER FACILITY☐
HOURS PER CNA80

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies	435	652		1,087
3	Classroom Wages (a)	12,480	23,400		35,880
4	Clinical Wages (b)	6,240	46,800		53,040
5	In-House Trainer Wages (c)	6,724	50,426		57,150
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 25,879	\$ 121,278	\$ 0	\$ 147,157
10	SUM OF line 9, col. 1 and 2 (e)	\$ 147,157			

C. CONTRACTUAL INCOME

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

\$63,424

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	24
2. From other facilities (f)	29
DROP-OUTS	
1. From this facility	16
2. From other facilities (f)	16
TOTAL TRAINED	85

(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.)

12345678										
	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		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.				
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	\$ 1,320,169	\$ 1,323,869	1
2	Cash-Patient Deposits	0	0	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 222,953)	1,298,614	2,157,094	3
4	Supply Inventory (priced at 34,743)	34,743	37,958	4
5	Short-Term Investments	24,653,463	24,653,463	5
6	Prepaid Insurance	31,974	42,747	6
7	Other Prepaid Expenses	0	103,043	7
8	Accounts Receivable (owners or related parties)	0	0	8
9	Other(specify): <u>A/R Bequests</u>	2,325,938	2,323,013	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 29,664,901	\$ 30,641,187	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0	0	11
12	Long-Term Investments	0	0	12
13	Land	33,227	605,663	13
14	Buildings, at Historical Cost	6,907,107	15,083,844	14
15	Leasehold Improvements, at Historical Cost	1,221,894	1,826,599	15
16	Equipment, at Historical Cost	2,502,363	4,158,304	16
17	Accumulated Depreciation (book methods)	(5,846,994)	(11,224,902)	17
18	Deferred Charges	0	0	18
19	Organization & Pre-Operating Costs	0	46,121	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0	(46,121)	20
21	Restricted Funds	17,695,157	17,695,157	21
22	Other Long-Term Assets (specify): <u>Cash Surrender Value</u>	390,086	390,086	22
23	Other(specify): <u>Inter-Company Assets/Liab</u>	31,265,881	31,265,881	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 54,168,721	\$ 59,800,632	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 83,833,622	\$ 90,441,819	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 722,883	\$ 715,962	26
27	Officer's Accounts Payable	0	0	27
28	Accounts Payable-Patient Deposits	0	0	28
29	Short-Term Notes Payable	0	0	29
30	Accrued Salaries Payable	472,993	1,135,617	30
31	Accrued Taxes Payable (excluding real estate taxes)	0	1,967	31
32	Accrued Real Estate Taxes(Sch.IX-B)	0	0	32
33	Accrued Interest Payable	0	0	33
34	Deferred Compensation	309,661	770,048	34
35	Federal and State Income Taxes	0	0	35
	Other Current Liabilities(specify):			
36		0	0	36
37		0	0	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,505,537	\$ 2,623,594	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	0	0	39
40	Mortgage Payable	0	0	40
41	Bonds Payable	0	0	41
42	Deferred Compensation	0	0	42
	Other Long-Term Liabilities(specify):			
43	<u>Inter-Company Assets/Liab</u>	0	31,265,881	43
44	<u>Rounding / Other</u>	(0)	0	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ (0)	\$ 31,265,881	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,505,537	\$ 33,889,475	46
47	TOTAL EQUITY(page 18, line 24)	\$ 82,328,085	\$ 56,552,344	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 83,833,622	\$ 90,441,819	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 75,059,360	1
2	Restatements (describe):	0	2
3		0	3
4		0	4
5		0	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 75,059,360	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	7,268,725	7
8	Aquisitions of Pooled Companies	0	8
9	Proceeds from Sale of Stock	0	9
10	Stock Options Exercised	0	10
11	Contributions and Grants	0	11
12	Expenditures for Specific Purposes	0	12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment	0	14
15	Other (describe)	0	15
16	Other (describe)	0	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 7,268,725	17
	B. Transfers (Itemize):		
18		0	18
19		0	19
20		0	20
21		0	21
22		0	22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 82,328,085	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning: 07/01/2024

Ending: 06/30/2025

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	\$ 10,884,270	1
2	Discounts and Allowances for all Levels	(0)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,884,270	3
	B. Ancillary Revenue		
4	Day Care	0	4
5	Other Care for Outpatients	0	5
6	Therapy	0	6
7	Oxygen	0	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 0	8
	C. Other Operating Revenue		
9	Payments for Education	0	9
10	Other Government Grants	0	10
11	CNA Training Reimbursements	115,912	11
12	Gift and Coffee Shop	0	12
13	Barber and Beauty Care	0	13
14	Non-Patient Meals	0	14
15	Telephone, Television and Radio	0	15
16	Rental of Facility Space	0	16
17	Sale of Drugs	0	17
18	Sale of Supplies to Non-Patients	0	18
19	Laboratory	0	19
20	Radiology and X-Ray	0	20
21	Other Medical Services	0	21
22	Laundry	0	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 115,912	23
	D. Non-Operating Revenue		
24	Contributions	5,555,285	24
25	Interest and Other Investment Income***	2,294,196	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 7,849,481	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	0	27
28	Developmental Training	1,101,656	28
28a	Misc Income; Gain on sale of Assets	0	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,101,656	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,951,318	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,868,120	31
32	Health Care	6,765,194	32
33	General Administration	2,743,231	33
	B. Capital Expense		
34	Ownership	662,661	34
	C. Ancillary Expense		
35	Special Cost Centers	0	35
36	Provider Participation Fee	618,684	36
	D. Other Expenses (specify):		
37		0	37
38		0	38
39	Misc Expense; Loss on sale of Assets	24,703	39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,682,593	40
41	Income before Income Taxes (line 30 minus line 40)**	7,268,725	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 7,268,725	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid Fee for Service	\$	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)		45
46	MMAI-Medicaid is the Primary Payer		46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	43,960	48
49	Medicare Part A		49
50	Other-(specify) ICF/DD	10,840,309	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,884,270	56

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	2,692	3,136	\$ 170,912	\$ 54.50	1
2	Assistant Director of Nursing	1,816	2,036	98,696	48.48	2
3	Registered Nurses	18,474	20,818	948,355	45.55	3
4	Licensed Practical Nurses	14,446	16,527	694,689	42.03	4
5	CNAs & Orderlies	0	0	0		5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,803	2,084	54,428	26.12	9
10	Activity Assistants	14,376	15,775	372,529	23.62	10
11	Social Service Workers	824	950	31,220	32.86	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	2,208	2,590	80,704	31.16	13
14	Head Cook	8,289	9,421	234,828	24.93	14
15	Cook Helpers/Assistants	13,568	14,913	310,215	20.80	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	3,203	3,684	108,163	29.36	17
18	Housekeepers	8,188	9,567	198,457	20.74	18
19	Laundry	11,282	12,760	302,435	23.70	19
20	Administrator	2,712	3,120	212,681	68.17	20
21	Assistant Administrator	1,336	1,560	72,740	46.63	21
22	Other Administrative	14,199	16,033	646,804	40.34	22
23	Office Manager	0	0	0		23
24	Clerical	0	0	0		24
25	Vocational Instruction	1,747	1,888	75,120	39.79	25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	6,582	7,750	250,105	32.27	28
29	Resident Services Coordinator	1,880	2,080	66,755	32.09	29
30	Habilitation Aides (DD Homes)	97,677	109,377	2,659,109	24.31	30
31	Medical Records	0	0	0		31
32	Other Health Care: Other (Speech) / Other (Day Program)	8,169	9,441	295,322	31.28	32
33	Other(specify) Other (Day Program)	12,081	14,015	373,556	26.65	33
34	TOTAL (lines 1 - 33)	247,552	279,525	\$ 8,257,823 *	\$ 29.54	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	108	\$ 7,834	L1-C3	35
36	Medical Director	0	0	L9-C3	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	Flat Fee	2,926	L10-C3	38
39	Pharmacist Consultant	Flat Fee	9,924	L10-C3	39
40	Physical Therapy Consultant	45	2,911	L10-C3	40
41	Occupational Therapy Consultant	53	3,490	L10a-C3	41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	0	0	L10a-C3	43
44	Activity Consultant	0	0		44
45	Social Service Consultant	0	0		45
46	Other(specify) Psychologist Consultant	79	9,802	L12-C3	46
47	Dental Consultant	0	0	L10a-C3	47
48	Psychiatrist Consultant	36	8,097	L10a-C3	48
49	TOTAL (lines 35 - 48)	321	\$ 44,985		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	388	\$ 30,284	L10- C1	50
51	Licensed Practical Nurses	0	0	L10- C1	51
52	Certified Nurse Assistants/Aides	615	15,990	L10a- C1	52
53	TOTAL (lines 50 - 52)	1,003	\$ 46,274		53

Page 21 Support

C. Professional Services		
SIKICH	Accounting	7,868
KOCH CONSULTANTS	Accounting	11,588
OTHER DATA PROCESSING	Data Processing	925
QUANTUM SOLUTIONS INC	Data Processing	10,451
CONSTANT CONTACT	Data Processing	496
UKG	Data Processing	51,170
QUALEX/DOCTRAC	Data Processing	1,575
RELIAS	Data Processing	8,123
TARRYTOWN	Data Processing	1,554
HEVL ROYSTER	Legal	4,720
MYRON S. STEEVES	Legal	1,463
TRUE NORTH STRATEGIC ADVISORS	Professional Fees	6,852
Rounding		2
		106,787
		-

D. Employee Benefits and Payroll Taxes		
	Amount	
Workers' Compensation Insurance		
Unemployment Compensation Insurance		
FICA Taxes		
Employee Health Insurance		
Employee Meals		
Illinois Municipal Retirement Fund (IMRF)*		
Defined Contribution Pension Plan		313,805
Benefits Allocated to Day Program		(67,975)
Employee Physicals		10,232
Employee Promotional		713
Scholarships		6,448
Rounding		0
	Total	263,223
	From PG21	1,171,455
		1,434,678
		-

F. Dues, Fees, Subscriptions and Promotions		
Description	Amount	
IDPH License Fee	\$	
Advertising: Employee Recruitment		
Health Care Worker Background Check		
(Indicate # of checks performed		
Patient Background Checks		
Association Dues (total from pg 22, #4)		
QBS		365
Other Licenses & Permits		1,639
AAIM Employers' Association		487
Tazewell County Health Department		350
Morton Chamber of Commerce		250
Other Dues, Fees, Subs		244
Spotify		77
COSTCO		195
Boy Scouts		60
Secretary of State		10
Driving Records		3,460
Rounding		10
Less: Public Relations Expense	(	)
Non-allowable advertising	(	)
Yellow page advertising	(	)
	Total	7,147
	From PG21	14,280
		21,427
		-

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
Lori Brittain	Administrator in Training	0	\$ 134,159	Workers' Compensation Insurance		\$ 69,103	IDPH License Fee	\$	
Matthew D. Steffen	Adminiistrator	0	78,522	Unemployment Compensation Insurance		1	Advertising: Employee Recruitment	877	
				FICA Taxes		598,871	Health Care Worker Background Check	1,361	
				Employee Health Insurance		502,909	(Indicate # of checks performed 39)		
				Employee Meals		571	Patient Background Checks	70	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues (total from pg 22, #4)	11,972	
				See Support Page 21A		263,223	See Support Page 21A	7,147	
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)									

Facility Name & ID Number Apos Christian Timber Ridge

#

Report Period Beginning:

Ending:

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

NO
- (2)

Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below.
Use the drop down list to identify the association.

Association Name	Amount
IL HEALTHCARE ASSOCIATION (IHCA)	6,216
Other, please specify INSTITUTE ON PUBLIC POLICY	4,111
Other, please specify DON MOSS & ASSOCIATES	1,644
	11,972 Total
- (3)

List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

IL HEALTHCARE ASSOCIATION (IHCA)	
Other, please specify INSTITUTE ON PUBLIC POLICY	
Other, please specify DON MOSS & ASSOCIATES	
Other, please specify	
	0 Total
- (4)

EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE
(2 and 3 combined)

IL HEALTHCARE ASSOCIATION (IHCA)	6,216
Other, please specify INSTITUTE ON PUBLIC POLICY	4,111
Other, please specify DON MOSS & ASSOCIATES	1,644
Other, please specify 0	0
	11,972 Total
- (5)

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

\$ 111,671 Line 10
- (6)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

YES If NO, attach a complete explanation.
- (7)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 618,684

This amount is to be recorded on line 42 of Schedule V.
- (8)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

YES If YES, attach an explanation of the allocation.

- (9)

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
- (10)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (11)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ N/A
- (12)

Travel and Transportation

a. Are there costs included for out-of-state travel?

NO, THEY HAVE BEEN ADJUSTED OUT

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients?

79

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?

N/A

g. Does the facility transport residents to and from day training?

YES

Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (13)

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

YES

Firm Name: Koch Consultants, Ltd.
- (14)

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

YES
- (15)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

YES

See page 39 of the instructions for details.

Attach invoices and a summary of services for all architect and appraisal fees.

Schedule V - Costs Center Expenses		
Lines	Description	Amount
1	Day Program Costs	-
43	Facility Bulletin / Newsletter	-
36	Investment Management Fees	225,537
36	Interest Expense	933
34	Facility Rental	217
15	Bad Debt	128,796
27	Dental costs	22,319
27	Charitable Contributions	-
27	Fines & Penalties	-
27	Miscellaneous	-
	Other Expenses	377,802

Schedule V - Reclassifications		Amount	
Lines	Description	Increase	Decrease
34	Facility Rental	217	
35	Facility Rental		217
32	Interest Expense	933	
36	Interest Expense		933
11	Donated labor	-	
1	Donated labor	416	
4	Donated labor	-	
6	Donated labor	8,728	
21	Donated labor	-	
10	Donated labor	-	
15	Donated labor	4,728	
10a	Donated labor	-	
12	Donated labor	7,894	
27	Donated labor		21,766
38	Medically necessary transportation	-	
14	Medically necessary transportation		-
10a	Disability Pay to Benefits		
22	Disability Pay to Benefits		
13	Nurse aid trainer wages	95,810	
1	Nurse aid trainer wages		322
6	Nurse aid trainer wages		-
10	Nurse aid trainer wages		-
10a	Nurse aid trainer wages		10,895
11	Nurse aid trainer wages		288
12	Nurse aid trainer wages		84,305
15	Nurse aid trainer wages		-
17	Nurse aid trainer wages		-
10	Sundry	-	
27	Sundry		-
39	Dental costs	22,319	
27	Dental costs		22,319
		141,045	141,045

Schedule V, Line 39 - Ancillary Service Centers		
Dental costs for 37 visits	\$	22,319

Schedule VI B - Non-paid workers			
Lines	Description	Amount	
31	Donated Labor	\$	21,766
Department	Time in Hours	Time in Dollars	
Activities	-	-	
Kitchen	27.75	416	
Laundry	315.25	4,728	
Day Program	-	-	
Maintenance	581.75	8,728	
Nursing	-	-	
PT/OT	-	-	
Social Service Programs	526.25	7,894	
Office	-	-	
Totals	1,451.00	\$	21,766

Schedule VII - Compensation Received From Other Nursing Homes	
Blair Metzger - \$632.78 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
John Sauder - \$0.00 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Lee Klopfenstein - \$572.58 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Kent Schmidgall - \$366.89 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	

Sch. XV - Balance Sheet, Line 9; Other Current Assets	
A/R - N.A. Training	87,589
A/R - Bequests	2,091,097
A/R - Health Insurance	138,108
A/R - Employees	9,144
	2,325,938

Sch. XV - Balance Sheet, Line 22; Other Long-Term Assets	
Investment in Related Entities	31,265,881

Sch. XVII - Income Statement, Line 28; Other Revenue	
Developmental training	1,101,656
Farm Income	5,000
Gain/(Loss) on Sale of Assets	(24,823)
Increase in Cash Value of Life Insurance	-
Miscellaneous	120
Cost to Market Adjustment on Investments	4,794,531
	1,081,953

Sch. XVII - Income Statement, Line 41 - Income Before Taxes	
Income before taxes per cost report	7,268,725
Income from related parties	(3,169,058)
Estimated excess for year, Form 990, p.1, line 19	4,099,667

Sch. XVIII - A. Staffing and Salary Costs	
Sch. V. Cost Center Expenses, Pg 4, Column 1, Row 45	8,257,823
Sch. XVIII - A. Staffing and Salary Costs, Pg 20, Column 3, Row 34	(8,257,823)
Variance	-

Schedule XIX, D - Employee Benefits and Payroll Taxes - FICA calculation	
Salaries, Sch V, Line 45, Col 1	8,257,823
Prior Year PTO Accrual	266,273
Current Year PTO Accrual	(282,466)
Prior Year Wage Accrual	172,749
Current Year Wage Accrual	(190,527)
Section 125 Wages not applicable to FICA taxes	(396,048)
Less: Wages over FICA taxation limit of SS Wages (\$0 x 6.2%/7.65%)	-
Add: Wages Allocated to other facilities	-
Add: ACCS Wages	
Add: wages included in employee meal calculation	571
Cash basis salaries	7,828,376
FICA rate	7.650%
Calculated FICA	598,871
FICA per Sch XIX	598,871
Variance	(0)

Sch. XX - General Information		
8. Nurse Aide Trainer Wages:		
	Administrator	-
	Therapy / PT / OT	10,895
	Activities Director	288
	Day Program	-
	Head Cook	322
	Maintenance	-
	Nursing	-
	Soc. Serv. / QMRP	84,305
		95,810

14. A portion of office space is allocated to related entities based on number of beds.

16. Out of State Travel	
	Administration
	Blake Stahl - CEO
	121
	-
	121
	Board of Directors
	Blair Metzger
	1,672
	John Sauder
	-
	Kent Schmidgall
	970
	Lee Klopfenstein
	1,513
	4,155
	Nursing
	Jon D
	-
	-

APOSTOLIC CHRISTIAN TIMBER RIDGE - - #0016220

ATTACHMENT TO SCHEDULE VII A

Related Organizations:

Oakwood Estate #0033712

Linden Estate #0039305

Board of Directors for Apostolic Christian Timber Ridge, Oakwood Estate, and Linden Estate:

Matt Zimmermann, President/Chairman

Kent Schmidgall, Vice President

Ben Knochel, Treasurer (term ended 05/17/2025)

Heidi Haerr, Secretary

Greg Wiegand, Director

Blair Metzger, Director

Daniel Leman, Director

Lee Klopfenstein, Director

Wendy Sauder, Director

John Sauder, Treasurer (term began 05/17/2025)

Note: The Board members are identical for all three organizations.

No members of the Board of Directors provided direct services to any of the nursing homes. No Board members have ownership in an entity that conducted business transactions with any of these nursing homes.

AIDE CLASSES

APOSTOLIC CHRISTIAN TIMBER RIDGE, #0016220

From: 07/01/2024 to 06/30/2025



CLASS DATE		TR						OE						LE						CILA					
		# of Students	CLASS		OJT		# of Students	CLASS		OJT		# of Students	CLASS		OJT		# of Students	CLASS		OJT					
			Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages		Hrs	Wages	HRS	Wages				
DSP Starting Wage	completed	53	24	960	\$ 18,720.00	1920	\$ 37,440.00	6	240	\$ 4,680.00	480	\$ 9,360.00	5	200	\$ 3,900.00	400	\$ 7,800.00	18	720	\$ 14,040.00	1,440	\$ 28,080.00			
\$ 19.50	still enrolled, not complete	21	12	240	\$ 4,680.00	480	\$ 9,360.00	4	80	\$ 1,560.00	160	\$ 3,120.00	3	60	\$ 1,170.00	120	\$ 2,340.00	2	40	\$ 780.00	80	\$ 1,560.00			
	dropouts	32	16	320	\$ 6,240.00	640	\$ 12,480.00	7	140	\$ 2,730.00	280	\$ 5,460.00	4	80	\$ 1,560.00	160	\$ 3,120.00	5	100	\$ 1,950.00	200	\$ 3,900.00			
				\$ -	0	\$ -			\$ -	0	\$ -			\$ -	0	\$ -			\$ -	0	\$ -				
Total		3180	52	1520	\$ 29,640.00	3040	\$ 59,280.00	17	460	\$ 8,970.00	920	\$ 17,940.00	12	340	\$ 6,630.00	680	\$ 13,260.00	25	860	\$ 16,770.00	1720	\$ 33,540.00			
		8,280		1,280		2,560		380		760			280		560			820		1,640					

23-70335 23-70331 23-7033585-004

TRAINER WAGES

TRAINER WAGES		Classification	Hours	Wages		TR	OE	LE	CILA		
Karen	McKillip	11	12.0	\$	277.18	\$	132.49	132.49	40.09	29.64	74.96
Jill	Gingrich	11	12.0	\$	325.13	\$	155.41	155.41	47.03	34.76	87.93
Jennifer	Smith	10ot	120.0	\$	5,192.27	\$	2,481.84	2,481.84	751.08	555.15	1,404.20
Vicki	Barnett	1	24.0	\$	672.73	\$	321.56	321.56	97.31	71.93	181.93
Jolene	Wake	12m	24.0	\$	819.72	\$	391.81	391.81	118.58	87.64	221.68
				\$	-	\$	-	-	-	-	-
				\$	-	\$	-	-	-	-	-
Angie	Frank	13	2,080.00	\$	91,430.56	\$	43,702.66	43,702.66	13,225.80	9,775.59	24,726.50
Michelle	Rogers	10s	48.0	\$	2,317.87	\$	1,107.91	1,107.91	335.29	247.82	626.85
Christina	Wiegand	12r	48.0	\$	1,602.05	\$	765.76	765.76	231.74	171.29	433.26
Katherine	Martin	21	12.0	\$	424.90	\$	203.10	203.10	61.46	45.43	114.91
Felicia	Burton	21	24.00	\$	640.27	\$	306.04	306.04	92.62	68.46	173.16
Jason	Stevenor	21	24.00	\$	1,604.64	\$	767.00	767.00	232.12	171.57	433.96
Lori	Wright	10a	283.00	\$	15,282.00	\$	7,304.60	7,304.60	2,210.60	1,633.92	4,132.87
Andreya	Thompson	13	2,080.00	\$	79,855.36	\$	38,169.86	38,169.86	11,551.40	8,537.99	21,596.10
	OE			\$	-	\$	-	-	-	-	-
Crystal	Streitmatter	17		\$	-	\$	-	-	-	-	-
Brenda	Seggebruch	12r		\$	-	\$	-	-	-	-	-
	LE			\$	-	\$	-	-	-	-	-
Robert	Mooney	12r		\$	-	\$	-	-	-	-	-
				\$	-	\$	-	-	-	-	-
	CILA			\$	-	\$	-	-	-	-	-
Eric	Williams	12r		\$	-	\$	-	-	-	-	-
Leigh	Mason	12q		\$	-	\$	-	-	-	-	-
						\$	95,810.04	95,810.04	28,995.14	21,431.19	54,208.31

Hours

TR	OE	LE	CILA
5.74	1.74	1.28	3.25
5.74	1.74	1.28	3.25
57.36	17.36	12.83	32.45
11.47	3.47	2.57	6.49
11.47	3.47	2.57	6.49
-	-	-	-
-	-	-	-
994.21	300.88	222.39	562.52
22.94	6.94	5.13	12.98
22.94	6.94	5.13	12.98
5.74	1.74	1.28	3.25
11.47	3.47	2.57	6.49
11.47	3.47	2.57	6.49
135.27	40.94	30.26	76.53
994.21	300.88	222.39	562.52
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
2,290.04	693.04	512.25	1,295.68

Total trainer wages

\$ 200,444.68

\$ 3,470.00

Give this number to Kathy Tanner for Training Billing for Next Year - Assumes 15% Video Classes and 25% Benefits

23-70335 23-7033585-(23-7033585-004

		TR	OE	LE	CILA	
Drop-Outs						
Number from this Facility	\$	16.00	16	7	4	5
Clinical Wages	\$	12,480.00	\$ 12,480.00	\$ 280.00	\$ 3,120.00	\$ 3,900.00
Classroom Wages	\$	6,240.00	\$ 6,240.00	\$ 2,730.00	\$ 1,560.00	\$ 1,950.00
In-House Trainer Wages	\$	6,724.00	\$ 6,724.00	\$ 8,004.00	\$ 1,681.00	\$ 2,101.00
	\$	-				
Completed						
	\$	-				
Number from this Facility	\$	24.00	24	6	5	18
Clinical Wages	\$	23,400.00	\$ 23,400.00	\$ 6,240.00	\$ 5,070.00	\$ 14,820.00
Classroom Wages	\$	46,800.00	\$ 46,800.00	\$ 640.00	\$ 10,140.00	\$ 29,640.00
In-House Trainer Wages	\$	50,426.00	\$ 50,426.00	\$ 1,876.00	\$ 10,926.00	\$ 31,937.00

Supplies 4654.38

Schedule V

	Line	TR	OE	LE	CILA
		Change	Change	Change	Change
Dietary	1	1	(322.00)	(97.00)	(182.00)
Maintenance	6	6	-	-	-
Nursing	10	10	-	-	-
Therapy	10a	10a	(7,305.00)	(2,211.00)	(1,634.00)
OT/PT	10ot	10a	(2,482.00)	(751.00)	(555.00)
Activities	11	11	(288.00)	(87.00)	(64.00)
RSD	12r	12	(766.00)	(232.00)	(171.00)
QMRP's	12q	12	-	-	-
MSSD	12m	12	(392.00)	(119.00)	(88.00)
Training Wages	13	13	95,810.00	28,995.00	21,431.00
Day Program	15	15	-	-	-
Administrator	17	17	-	-	-
OJT	12ojt	12	-	-	-
Speech	10s	10a	(1,108.00)	(335.00)	(248.00)
HR	21	21			
Adjustment	12		(83,147.00)	(25,163.00)	(18,599.00)
			-	-	-