

Facility Name & ID Number Pleasant Meadows Christian Village

0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

III. STATISTICAL DATA

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

	1	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	109	Skilled (SNF)	109	39,785	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	109	TOTALS	109	39,785	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	18,684	12,145	5,442	36,271	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,684	12,145	5,442	36,271	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.17%

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)

None

F. Does the facility maintain a daily midnight census? Yes

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

YES NO

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 1974

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 109 and days of care provided 4,964

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/07 Fiscal Year: 6/30/07

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

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	211,571	21,970	11,092	244,633		244,633		244,633		1
2	Food Purchase		222,872		222,872		222,872	(1,779)	221,093		2
3	Housekeeping	178,707	47,827	25	226,559		226,559		226,559		3
4	Laundry										4
5	Heat and Other Utilities			177,156	177,156		177,156	9,779	186,935		5
6	Maintenance	51,499	19,437	31,155	102,091		102,091	2,263	104,354		6
7	Other (specify):* Trash removal			11,042	11,042		11,042		11,042		7
8	TOTAL General Services	441,777	312,106	230,470	984,353		984,353	10,263	994,616		8
	B. Health Care and Programs										
9	Medical Director			12,120	12,120		12,120		12,120		9
10	Nursing and Medical Records	1,867,539	309,046	206,310	2,382,895		2,382,895	(123,370)	2,259,525		10
10a	Therapy			445,000	445,000		445,000		445,000		10a
11	Activities	32,998			32,998		32,998	(784)	32,214		11
12	Social Services	148,459	1,227	4,931	154,617		154,617		154,617		12
13	CNA Training										13
14	Program Transportation			2,876	2,876		2,876	(427)	2,449		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,048,996	310,273	671,237	3,030,506		3,030,506	(124,581)	2,905,925		16
	C. General Administration										
17	Administrative	58,361	417	316,644	375,422		375,422	(245,575)	129,847		17
18	Directors Fees										18
19	Professional Services			55,331	55,331		55,331	33,933	89,264		19
20	Dues, Fees, Subscriptions & Promotions			54,608	54,608		54,608	(6,032)	48,576		20
21	Clerical & General Office Expenses	173,712	12,305	141,066	327,083		327,083	6,152	333,235		21
22	Employee Benefits & Payroll Taxes			504,943	504,943		504,943	23,675	528,618		22
23	Inservice Training & Education										23
24	Travel and Seminar			19,109	19,109		19,109	15,333	34,442		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			75,355	75,355		75,355	974	76,329		26
27	Other (specify):*										27
28	TOTAL General Administration	232,073	12,722	1,167,056	1,411,851		1,411,851	(171,540)	1,240,311		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,722,846	635,101	2,068,763	5,426,710		5,426,710	(285,858)	5,140,852		29

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

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

Facility Name & ID Number Pleasant Meadows Christian Village #0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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			157,653	157,653		157,653	32,973	190,626			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							223	223			32
33	Real Estate Taxes			108	108		108	(108)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			1,001	1,001		1,001		1,001			35
36	Other (specify):* Purchased Services			7	7		7		7			36
37	TOTAL Ownership			158,769	158,769		158,769	33,088	191,857			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			47,870	47,870		47,870		47,870			39
40	Barber and Beauty Shops	20,376	1,032		21,408		21,408		21,408			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			59,678	59,678		59,678		59,678			42
43	Other (specify):* Apt./Congregate			32,705	32,705		32,705	(32,705)				43
44	TOTAL Special Cost Centers	20,376	1,032	140,253	161,661		161,661	(32,705)	128,956			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,743,222	636,133	2,367,785	5,747,140		5,747,140	(285,475)	5,461,665			45

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

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning: 7/1/06

Ending: 6/30/07

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,245)	2		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	13,396	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(45)	21		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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	18,556	21		24
25	Fund Raising, Advertising and Promotional	(6,032)	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	(297,154)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (273,524)		\$	30

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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (273,524)		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	2	3	4	
		Yes	No	Amount	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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	51
					52

Pleasant Meadows Christian Village

ID# 0019166

Report Period Beginning: 7/1/06

Ending: 6/30/07

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Vending	\$ 466	2	1
2	Activity	(784)	11	2
3	Miscellaneous	(243)	17	3
4	Transportation	(427)	14	4
5	Late Fees	(1,986)	6	5
6	Late Fees	(187)	21	6
7	Marketing Salaries	(57,791)	21	7
8	Marketing Other Expenses	(3,067)	21	8
9	Apt/Congregate	(32,705)	43	9
10	Fines/Penalties	(76,947)	21	10
11	Late Fees	(5)	5	11
12	Late Fees	(118)	10	12
13	RE Taxes for Vacant Lots	(108)	33	13
14	Pharmacy Chargeable	(123,252)	10	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(297,154)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,779)	0	0	0	0	0	0	0	0	0	0	(1,779)	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	(5)	9,784	0	0	0	0	0	0	0	0	0	9,779	5
6	Maintenance	(1,986)	4,249	0	0	0	0	0	0	0	0	0	2,263	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,770)	14,033	0	10,263	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	(123,370)	0	0	0	0	0	0	0	0	0	0	(123,370)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(784)	0	0	0	0	0	0	0	0	0	0	(784)	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	(427)	0	0	0	0	0	0	0	0	0	0	(427)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(124,581)	0	0	0	0	0	0	0	0	0	0	(124,581)	16
	C. General Administration													
17	Administrative	(243)	(245,332)	0	0	0	0	0	0	0	0	0	(245,575)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	33,933	0	0	0	0	0	0	0	0	0	33,933	19
20	Fees, Subscriptions & Promotions	(6,032)	0	0	0	0	0	0	0	0	0	0	(6,032)	20
21	Clerical & General Office Expenses	(119,481)	125,633	0	0	0	0	0	0	0	0	0	6,152	21
22	Employee Benefits & Payroll Taxes	0	23,675	0	0	0	0	0	0	0	0	0	23,675	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	15,333	0	0	0	0	0	0	0	0	0	15,333	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	974	0	0	0	0	0	0	0	0	0	974	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(125,756)	(45,784)	0	(171,540)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(254,107)	(31,751)	0	(285,858)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

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	13,396	19,577	0	0	0	0	0	0	0	0	0	32,973	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	223	0	0	0	0	0	0	0	0	0	223	32
33	Real Estate Taxes	(108)	0	0	0	0	0	0	0	0	0	0	(108)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	13,288	19,800	0	33,088	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):*	(32,705)	0	0	0	0	0	0	0	0	0	0	(32,705)	43
44	TOTAL Special Cost Centers	(32,705)	0	0	0	0	0	0	0	0	0	0	(32,705)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(273,524)	(11,951)	0	(285,475)	45								

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached listing of board of directors.						

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	5 Utilities	\$	Christian Homes Inc.	100.00%	\$ 9,784	\$ 9,784
2	V	6 Maintenance				4,249	4,249
3	V	17 Administrative	316,644			71,312	(245,332)
4	V	19 Professional Services				33,933	33,933
5	V	21 Clerical				125,633	125,633
6	V	22 Employee Benefits				23,675	23,675
7	V	24 Travel & Seminar				15,333	15,333
8	V	26 Insurance				974	974
9	V	30 Depreciation				19,577	19,577
10	V	32 Interest				223	223
11	V						
12	V						
13	V						
14	Total		\$ 316,644			\$ 304,693	\$ * (11,951)

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

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	This workpaper is not applicable.								\$		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.

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

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	This workpaper is not applicable.				\$	\$		\$	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										1										
2	This workpaper is not applicable.									2										
3										3										
4										4										
5										5										
Working Capital																				
6										6										
7										7										
8										8										
9	TOTAL Facility Related									9										
B. Non-Facility Related*																				
10										10										
11										11										
12										12										
13										13										
14	TOTAL Non-Facility Related									14										
15	TOTALS (line 9+line14)									15										

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2006 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2006 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2006.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2006 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2007 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2006 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pleasant Meadows Christian Village COUNTY Edgar

FACILITY IDPH LICENSE NUMBER 0019166

CONTACT PERSON REGARDING THIS REPORT Susan McGhee

TELEPHONE 217-732-5175 FAX #: 217-732-8686

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2006 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 2006.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>11-03-26-400-021</u>	<u>S26-T16-R12</u>	\$ <u>44.68</u>	\$ _____
2. <u>11-03-26-300-014</u>	<u>S26-T16-R12</u>	\$ <u>63.38</u>	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>108.06</u>	\$ _____

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 & 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 2006 tax bills which were listed in Section A to this statement. Be sure to use the 2006 tax bill which is normally paid during 2007.

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

Facility Name & ID Number Pleasant Meadows Christian Village

0019166 Report Period Beginning:

7/1/06 Ending:

6/30/07

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,356 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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

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

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

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

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

None

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	<u>Facility</u>	<u>46,356</u>	<u>1971</u>	<u>\$ 15,876</u>	<u>1</u>
2	<u>Home Office Allocation</u>			<u>5,515</u>	<u>2</u>
3	TOTALS	46,356		\$ 21,391	3

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	109		1975	1975	\$ 1,305,939	\$ 30,697	40	\$ 32,648	\$ 1,951	\$ 989,853	4
5					228,890		20	11,445	11,445		5
6					1,235,805	41,194	30	41,194		308,954	6
7											7
8		Home Office Allocations			47,556	5,895		5,895		74,517	8
		Improvement Type**									
9		Building Improvements		1979	3,855	84	46	84		2,394	9
10		Building Improvements		1980	533	12	20	12		324	10
11		Contractor A/C		1985	4,298		15			4,298	11
12		Sewer Repairs		1986	2,310	38	20	38		2,310	12
13		Condensing Unit A/C		1986	3,015		10			3,015	13
14		Building Improvements		1987	450		10			450	14
15		Building Improvements		1987	18,430		15			18,430	15
16		Building Improvements		1987	2,258		10			2,258	16
17		Building Improvements		1987	800	40	20	40		797	17
18		Building Improvements		1987	312		10			312	18
19		Building Improvements		1988	1,314		10			1,314	19
20		Building Improvements		1988	3,234		10			3,234	20
21		Building Improvements		1988	3,250		15			3,250	21
22		Building Improvements		1988	20,978		15			20,978	22
23		Phone Lines		1989	1,193		10			1,193	23
24		Wallcovering		1989	2,957		5			2,957	24
25		Wallcovering		1990	1,594		5			1,594	25
26		Reroof Portion of NH		1990	11,305		15			11,305	26
27		Rail/Baseboard		1990	775		10			775	27
28		Wallcovering		1990	1,835		5			1,835	28
29		Wallcovering		1991	1,835		5			1,835	29
30		Wallcovering		1991	5,136		5			5,136	30
31		Rail/Baseboard		1991	744	37	20	37		604	31
32		Wallcovering		1991	848		5			848	32
33		Remodeling		1991	2,996	150	20	150		2,438	33
34		Roof		1991	8,000	94	15	94		8,000	34
35		Remodeling		1991	1,720	86	20	86		1,355	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	Wallcovering	1991	\$ 3,854	\$	5	\$	\$	\$ 3,854	37
38	Sprinkler System	1991	602	19	15	19		602	38
39	Remodeling	1992	5,488	275	20	275		4,270	39
40	Remodeling	1992	6,610	331	20	331		5,092	40
41	Carpeting	1992	4,115		5			4,115	41
42	Carpeting	1992	8,647		5			8,647	42
43	Door	1992	551	33	15	33		551	43
44	Roof	1992	11,500	767	15	767		11,377	44
45	Carpeting	1992	806		5			806	45
46	Wallcovering	1992	3,384		5			3,384	46
47	Wallcovering	1993	3,081		5			3,081	47
48	Carpeting	1993	5,093		5			5,093	48
49	A/C System	1993	11,333	755	15	755		10,645	49
50	Sink	1993	2,199		10			2,199	50
51	Roof-NE/Gutters	1993	15,680	1,045	15	1,045		14,543	51
52	Gutters	1993	990	66	15	66		908	52
53	Baseboard/Wallcoverings	1993	9,755		5			9,755	53
54	10 Ton A/C Unit	1994	9,817	654	15	654		8,556	54
55	Roof Hall	1994	9,600	640	15	640		8,213	55
56	Roof Top	1994	15,088	1,006	15	1,006		12,910	56
57	Gutters	1994	934		10			934	57
58	Rooftop A/C	1994	44,062	2,937	15	2,937		37,202	58
59	Tile Bathrooms	1995	673		5			673	59
60	Kitchen Exhaust Fan	1995	1,680		10			1,680	60
61	Rooftop A/C	1995	7,197		10			7,197	61
62	Bathroom Motion Light	1995	7,299		10			7,299	62
63	Ceramic Tile shower	1995	7,546		10			7,546	63
64	Skylight Dining Room	1995	6,785		10			6,785	64
65	Fire Alarm	1995	1,222		10			1,222	65
66	Wallcoverings	1996	3,300		5			3,300	66
67	Fire Alarm	1996	17,700		10			17,700	67
68	Termite system	1996	11,000	220	20	220		3,502	68
69	Gutters	1996	6,258	207	10	207		6,258	69
70	TOTAL (lines 4 thru 69)		\$ 3,168,014	\$ 87,282		\$ 100,678	\$ 13,396	\$ 1,696,462	70

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

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 3,168,014	\$ 87,282		\$ 100,678	\$ 13,396	\$ 1,696,462	1
2	Kick plates	1997	2,743	140	10	140		2,743	2
3	Wallcoverings	1997	3,290		5			3,290	3
4									4
5	Ventilation Fan	1997	2,167	217	10	217		2,152	5
6	Wallcoverings	1998	8,455		5			8,455	6
7	Rubber Roof Skylight	1998	3,100		5			3,100	7
8	Floor-Therapy room	1998	972		5			972	8
9	Fire Dampers	1999	7,952	795	10	795		6,625	9
10	Alarm System	2000	1,152	115	10	115		920	10
11	Quarry Tile	2000	2,033		5			2,033	11
12	Deck	2000	1,271		5			1,271	12
13	3 Ton A/C	2000	1,200		5			1,200	13
14	Deck	2000	719		5			719	14
15	Windows	2000	2,150	215	10	215		1,469	15
16	Wallcoverings	2000	2,792		5			2,792	16
17	Waterline and drain	7/5/2001	4,225		5			4,225	17
18	Smoke Detection Unit	11/29/2001	2,143	214	10	214		1,213	18
19	Rubber Roof (Northeast Section)	10/24/2001	7,737	774	10	774		4,451	19
20	Smoke Detector	12/13/2001	3,452	345	10	345		1,926	20
21	Windows	12/6/2001	1,923	128	15	128		715	21
22	Build/Install/Finish Fire Doors/Walls	1/14/2002	19,377	969	20	969		5,330	22
23	Install Window at Front Reception Desk	3/29/2002	967	64	15	64		341	23
24	Implementation of New Structured CAT5E Wiring	4/27/2002	1,790	90	20	90		473	24
25	Remove/Hang Wall paper-Beauty Shop Hallway	6/3/2002	1,124	112	10	112		569	25
26	65 Gallon AO Smith Water Heater	9/18/2002	3,900	390	10	390		1,885	26
27	(6) 11,800 btu A/C units w/wall sleeve	11/30/2002	4,016	402	10	402		1,876	27
28	Sanvo Condensing Unit & Evaporator	6/5/2003	1,100	110	10	110		449	28
29	Install High EFF Ballast Lights	6/27/2003	23,404	2,340	10	2,340		9,555	29
30	Copeland Compressor for Main A/C	8/20/2003	1,929	161	12	161		631	30
31	Hubbell Premise Data Cabinet	9/25/2003	8,689	579	15	579		2,220	31
32	Hubbell Premise Data Cabinet	9/15/2003	10,724	715	15	715		2,741	32
33	Vinyl Wallcoverings - Rooms 316 & 318	12/18/2003	2,940	588	5	588		2,107	33
34	TOTAL (lines 1 thru 33)		\$ 3,307,450	\$ 96,745		\$ 110,141	\$ 13,396	\$ 1,774,910	34

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

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 3,307,450	\$ 96,745		\$ 110,141	\$ 13,396	\$ 1,774,910	1
2	Walls in Oxygen Room to Roof Deck	2/16/2004	1,459	146	10	146		499	2
3	Install 24 Smoke Detectors	1/26/2004	5,730	573	10	573		2,006	3
4	Generator Governor	12/12/2003	507	101	5	101		362	4
5	1/2 Payment - Roof NW Wing	6/1/2004	9,400	940	10	940		2,820	5
6	Update System to Meet UL300 Fire Code	1/14/2005	1,908	318	3	318		1,908	6
7	Replace Heat Exchanger on Roof Top Unit	12/29/2004	2,112	422	5	422		1,090	7
8	Replace Large Window in Staff Dining Room	5/11/2005	2,160	216	10	216		468	8
9	Pella Awning	5/11/2005	959	96	10	96		208	9
10	Replace Compressor Kitchen A/C	6/17/2005	2,909	970	3	970		2,021	10
11	Cabling Project	6/9/2005	1,385	139	10	139		290	11
12	Entry Signs w/Directions	6/5/2005	2,825	283	10	283		590	12
13	Land Improvements	6/30/1978	18,615		20			18,615	13
14	Shrubs	4/30/1981	597		15			597	14
15	Asphalt Work	7/31/1984	10,350		15			10,350	15
16	Concrete & Dirt Work	8/31/1984	4,779		20			4,779	16
17	Landscaping	6/30/1986	6,549		20			6,549	17
18	Burning Bush	11/17/1986	96		10			96	18
19	Block Shute & Structure	10/6/1988	2,725	136	20	136		2,550	19
20	Resurface Parking Lot	6/30/1989	23,325		15			23,325	20
21	Landfill	6/30/1989	919		10			919	21
22	Landscaping	4/24/1991	2,721	136	20	136		2,210	22
23	Landscaping	6/30/1991	981	49	20	49		788	23
24	Water Meter	6/26/1991	500		10			500	24
25	Trees	6/25/1992	600	30	20	30		452	25
26	Landscaping	7/6/1993	2,000	100	20	100		1,400	26
27	Landscaping	8/29/1996	1,000		5			1,000	27
28	Resurface Parking Lot	9/26/1997	6,000		3			6,000	28
29	Gazebo	1/5/2000	6,274	627	10	627		5,016	29
30	Fencing	1/5/2000	3,610	361	10	361		2,888	30
31	Landscaping	11/8/1999	9,303	930	10	930		7,130	31
32	Fencing	1/5/2000	2,200	220	10	220		1,650	32
33	Flowers	5/22/2000	705	71	10	71		509	33
34	TOTAL (lines 1 thru 33)		\$ 3,442,653	\$ 103,609		\$ 117,005	\$ 13,396	\$ 1,884,495	34

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

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning:

7/1/06

Ending:

6/30/07

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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		\$ 3,442,653	\$ 103,609		\$ 117,005	\$ 13,396	\$ 1,884,495	1
2	Flowers	5/16/2000	833	83	10	83		595	2
3	Seal Asphalt	7/28/2000	3,010	376	8	376		2,632	3
4	Landscaping	7/27/2000	3,564	356	10	356		2,492	4
5	Excavation of Dirt & Grass Seeding	10/17/2000	750	75	10	75		506	5
6	Break Up Old & Pour New Sidewalk	11/26/2001	665	67	10	67		435	6
7	Parking Lot Lighting	5/31/2005	1,988	199	10	199		398	7
8	Asphalt Additional Parking Lot Area	6/29/2005	6,395	426	10	426		888	8
9	E-Z Barn	5/20/1993	1,891	126	15	126		1,781	9
10	Garage	7/1/1999	19,001	475	40	475		3,800	10
11	Shed	4/3/2000	1,510	151	10	151		1,095	11
12	Electrical Work Outside Lights	2/1/2006	1,836	184	10	184		261	12
13	Awning for Ice Cream Parlor	1/23/2006	545	55	10	55		82	13
14	(7) PTAC Comfort Series Heat/A	8/31/2005	3,675	459	8	459		880	14
15	Flooring and Vinyl Fence for Ice	9/22/2005	1,560	156	10	156		286	15
16	Concrete Sidewalks Out Exit Doors	9/7/2005	5,310	531	10	531		974	16
17	Reface Existing Cabinets and Build	9/1/2005	1,325	88	15	88		162	17
18	Wallpaper for Skilled Nursing Uni	6/23/2006	2,880	576	5	576		624	18
19	Addtl Electrial Work on Outside L	6/27/2006	840	84	10	84		91	19
20	Lattice Fencing to Improe Entranc	5/5/2006	1,035	129	8	129		151	20
21	48 rolls wallpaper - Skilled Unit	8/11/2006	955	175	5	175		175	21
22	Code alers system for 3 doors in Haven center	8/9/2006	5,460	1,001	5	1,001		1,001	22
23	Wallpaper for Skilled Unit	9/1/2006	3,625	604	5	604		604	23
24	Replace concrete sidewalks to cooridor exits	11/28/2006	2,292	102	15	102		102	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,513,598	\$ 110,087		\$ 123,483	\$ 13,396	\$ 1,904,510	34

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 395,311	\$ 49,430	\$ 49,430	\$		\$ 220,554	71
72	Current Year Purchases	58,264	4,031	4,031			4,031	72
73	Fully Depreciated Assets	440,869					440,869	73
74	Home Office Allocation	100,354	12,439	12,439			22,111	74
75	TOTALS	\$ 994,798	\$ 65,900	\$ 65,900	\$		\$ 687,565	75

D. Vehicle Depreciation (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	Patient Transportation	1994 Ford Bus	5/25/1994	\$ 43,500	\$	\$	\$		\$ 43,500	76
77	Home Office Allocation			10,028	1,243	1,243			3,466	77
78										78
79										79
80	TOTALS			\$ 53,528	\$ 1,243	\$ 1,243	\$		\$ 46,966	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,583,315	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 177,230	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 190,626	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 13,396	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,639,041	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	Apartment	\$ 95,951	\$ 2,119	\$ 78,643	86
87	Congregate	446,267	10,238	270,722	87
88	Land	24,818			88
89					89
90					90
91	TOTALS	\$ 567,036	\$ 12,357	\$ 349,365	91

G. Construction-in-Progress

	Description	Cost	
92	CIP	\$ 20,000	92
93	Home Office Allocation	13,697	93
94			94
95		\$ 33,697	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: This workpaper is not applicable.

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

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.	_____ /2008	\$ _____
13.	_____ /2009	\$ _____
14.	_____ /2010	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/06 Ending: 6/30/07

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>87</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>46</u></p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	200	675		875
3	Classroom Wages (a)		1,713		1,713
4	Clinical Wages (b)		905		905
5	In-House Trainer Wages (c)		2,618		2,618
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		1,350		1,350
9	TOTALS	\$ 200	\$ 7,261	\$	\$ 7,461
10	SUM OF line 9, col. 1 and 2 (e)	\$ 7,461			

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	27
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	8
2. From other facilities (f)	
TOTAL TRAINED	35

- (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.)

	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	This	hrs							2
3	Licensed Recreational Therapist	workpaper	hrs							3
4	Licensed Physical Therapist	is not	hrs							4
5	Physician Care	applicable.	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	Exceptional Care Program									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.

STATE OF ILLINOIS

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Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning: 7/1/06

Ending:

6/30/07

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,697,529	\$	1
2	Cash-Patient Deposits	13,640		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (43,912))	611,620		3
4	Supply Inventory (priced at FIFO)	26,958		4
5	Short-Term Investments	184,877		5
6	Prepaid Insurance	253		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	12,428		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,547,305	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	40,694		13
14	Buildings, at Historical Cost	3,882,491		14
15	Leasehold Improvements, at Historical Cost	125,221		15
16	Equipment, at Historical Cost	938,491		16
17	Accumulated Depreciation (book methods)	(2,888,316)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,545,964		21
22	Other Long-Term Assets (spe CIP	20,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,664,545	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,211,850	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 197,176	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,640		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	305,558		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	162		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Other Accrued Liabilities	102,997		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 619,533	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 619,533	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,592,317	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,211,850	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,256,698	1
2	Restatements (describe):		2
3		29,054	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,285,752	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	356,563	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 356,563	17
B. Transfers (Itemize):			
18	Transfer to Affiliates	(50,000)	18
19	Rounding	2	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (49,998)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,592,317	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Pleasant Meadows Christian Village# 0019166Report Period Beginning: 7/1/06Ending: 6/30/07**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	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,845,510	1
2	Discounts and Allowances for all Levels	(909,430)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,936,080	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	671,725	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 671,725	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	23,056	13
14	Non-Patient Meals	2,245	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	19,597	19
20	Radiology and X-Ray	6,686	20
21	Other Medical Services	3,114	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 54,698	23
D. Non-Operating Revenue			
24	Contributions	83,500	24
25	Interest and Other Investment Income***	120,798	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 204,298	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Apartment/Duplex</u>	173,555	28
28a	<u>Unrealized Loss on Investments</u>	63,347	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 236,902	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,103,703	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	984,353	31
32	Health Care	3,030,506	32
33	General Administration	1,411,851	33
B. Capital Expense			
34	Ownership	158,769	34
C. Ancillary Expense			
35	Special Cost Centers	101,983	35
36	Provider Participation Fee	59,678	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,747,140	40
41	Income before Income Taxes (line 30 minus line 40)**	356,563	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 356,563	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Pleasant Meadows Christian Village

0019166

Report Period Beginning: 7/1/06

Ending: 6/30/07

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	1,267	1,522	\$ 54,068	\$ 35.52	1
2	Assistant Director of Nursing	882	913	21,739	23.81	2
3	Registered Nurses	8,534	9,844	249,112	25.31	3
4	Licensed Practical Nurses	22,412	24,862	454,606	18.29	4
5	CNAs & Orderlies	79,276	91,479	896,334	9.80	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,012	5,467	59,297	10.85	8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	12,521	14,050	152,397	10.85	11
12	Dietician					12
13	Food Service Supervisor	1,876	2,065	33,663	16.30	13
14	Head Cook					14
15	Cook Helpers/Assistants	18,122	20,590	177,908	8.64	15
16	Dishwashers					16
17	Maintenance Workers	2,667	3,045	51,499	16.91	17
18	Housekeepers	17,125	19,646	178,707	9.10	18
19	Laundry					19
20	Administrator	1,732	1,879	58,361	31.06	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,737	2,115	53,723	25.40	23
24	Clerical	3,782	4,836	53,625	11.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Ward Clerk	2,826	3,150	32,136	10.20	32
33	Other(specify) Community Liasio	11,218	12,206	216,047	17.70	33
34	TOTAL (lines 1 - 33)	190,989	217,669	\$ 2,743,222 *	\$ 12.60	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	215	\$ 11,053	3.1.3	35
36	Medical Director	208	12,120	3.9.3	36
37	Medical Records Consultant				37
38	Nurse Consultant	196	15,736	3.10.3	38
39	Pharmacist Consultant	192	2,979	3.10.3	39
40	Physical Therapy Consultant	4,261	270,146	3.10a.3	40
41	Occupational Therapy Consultant	2,268	148,311	3.10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	245	27,998	3.10a.3	43
44	Activity Consultant				44
45	Social Service Consultant	84	4,615	3.12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	7,669	\$ 492,958		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	111	\$ 5,313	3.10.3	50
51	Licensed Practical Nurses	1,991	74,511	3.10.3	51
52	Certified Nurse Assistants/Aides	1,403	33,678	3.10.3	52
53	TOTAL (lines 50 - 52)	3,505	\$ 113,502		53

Facility Name & ID Number Pleasant Meadows Christian Village

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network \$5,758
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,555 Line 3.10.2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 59,678
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,245
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? None
d. Have vehicle usage logs been maintained? No
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? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: LarsonAllen LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.