

Facility Name & ID Number Bethshan Association I & Bethshan Association II #0027086 & 00 Report Period Beginning: 7/1/08 Ending: 6/30/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			119,043	119,043		119,043		119,043			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			9,892	9,892		9,892	(359)	9,533			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			63,960	63,960		63,960		63,960			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			192,895	192,895		192,895	(359)	192,536			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			191,273	191,273		191,273		191,273			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			191,273	191,273		191,273		191,273			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,428,357	320,310	1,200,951	3,949,618		3,949,618	(41,120)	3,908,498			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.)

		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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(359)	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				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				24
25	Fund Raising, Advertising and Promotional	(37,199)	21		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	(3,562)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (41,120)		\$	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))	\$ (41,120)		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						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

Bethshan Association I & Bethshan Association II

ID# 0027086 & 0030528

Report Period Beginning: 7/1/08

Ending: 6/30/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non Direct Care Seminars	\$ (490)	24	1
2	Fundraising Employee Benefits	(2,172)	22	2
3	Miscellaneous	(900)	27	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
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	(3,562)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bethshan Association I & Bethshan Association II#17086 & 0030 Report Period Beginning:

7/1/08

Ending:

6/30/09

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

	Operating Expenses	PAGES	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):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(37,199)	0	0	0	0	0	0	0	0	0	0	(37,199)	21
22	Employee Benefits & Payroll Taxes	(2,172)	0	0	0	0	0	0	0	0	0	0	(2,172)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(490)	0	0	0	0	0	0	0	0	0	0	(490)	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):*	(900)	0	0	0	0	0	0	0	0	0	0	(900)	27
28	TOTAL General Administration	(40,761)	0	(40,761)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(40,761)	0	(40,761)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bethshan Association I & Bethshan Association II# 17086 & 00305 Report Period Beginning:

7/1/08

Ending:

6/30/09

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(359)	0	0	0	0	0	0	0	0	0	0	(359)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	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	(359)	0	0	0	0	0	0	0	0	0	0	(359)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(41,120)	0	0	0	0	0	0	0	0	0	0	(41,120)	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
Bethshan Association	100	Tibstra House	South Holland	Bethshan Foundation	Palos Heights	Charitable Corp

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

BETHSHAN ASSOCIATION I & II

ID 0027086 & 0030528

Period 7/1/08 through 6/30/09

Schedule VII-A Attachment

Board of Trustees 2008-2009

Bob Payne	President	13617 Arrowhead Ct	Orland Park	IL	60462
Ira Slagter	Vice President	19124 Boulder Ridge Ct.	Mokena	IL	60448
Donald Poortenga	Treasurer	1135 Stommel Place	Dyer	IN	46311
Kim Lagestee Mulder	Secretary	18765 Forestview Lane	Lansing	IL	60438
Wayne Boss	Director	55 Village Woods Dr	Crete	IL	60417
Judy Gill	Director	3301 - 231st St.	Chicago Heights	IL	60411
John Groenboom	Director	N1525 Oak Shores Ln	Fontana	WI	53125
Jim Hofman	Director	12212 S 89th Ave	Palos Park	IL	60464
Howard VanDyke	Director	19 W Country Lane	Lombard	IL	60148
James VanKampen	Director	1 S 437 Lewis	Lombard	IL	60148
Gerald VanProoyen	Director	1336 Inverness Lane	Schererville	IN	46375
Neil VerHagen	Director	16930 Avalon Ct.	South Holland	IL	60473

None of the above Board Members directly provided services to Bethshan Association other than their voluntary, non-compensated duties as members of the Board of Directors. Nor has any Board member ownership in any entity that conducted business transactions with Bethshan during this reporting period.

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	none								\$	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 Bethshan Association I & Bethshan Association II

#27086 & 00305 Report Period Beginning:

7/1/08

Ending: 6/30/09

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	6	Maintenance	# beds	129	11	\$ 133,213	\$ 133,213	61	\$ 62,992	1
2	14	Program Transportation	# beds	129	11	26,037		61	12,312	2
3	17	Administration	# beds	129	11	210,098	210,098	61	99,349	3
4	19	Professional Services	# beds	129	11	49,000		61	23,171	4
5	20	Dues/Fees/Subscriptions	# beds	129	11	22,237		61	10,515	5
6	21	Clerical & General Office	# beds	129	11	183,711	163,950	61	86,871	6
7	22	Workers Comp	budgeted salaries	4,588,401	11	95,323		2,502,770	51,994	7
8	22	Other Employee Benefits	# beds	129	11	12,687		61	5,999	8
9	23	In Service Training	# beds	129	11	496		61	235	9
10	24	Seminars & Workshop	# beds	129	11	2,515		61	1,189	10
11	25	Staff Travel	# beds	129	11	5,287		61	2,500	11
12	26	Liability Insurance	# beds	129	11	75,050		61	35,489	12
13	27	Miscellaneous	# beds	129	11	2,325		61	1,099	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					\$ 817,979	\$ 507,261		\$ 393,715	25

Facility Name & ID Number

Bethshan Association I & Bethshan Associatio

#'086 & 0030528 Report Period Beginning:

7/1/08

Ending:

6/30/09

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										
										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	Bess Tolsema		X	start-up capital		6/26/81	\$ 10,000	\$ 10,000	on demand	0.1000	\$ 1,000	1							
2	various noteholders		X	start-up capital		various	148,200	148,200	on demand	0.0600	8,892	2							
3												3							
4												4							
5												5							
Working Capital																			
6												6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 158,200	\$ 158,200			\$ 9,892	9							
B. Non-Facility Related*																			
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 158,200	\$ 158,200			\$ 9,892	15							

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

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

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

Promissory Noteholders
 BETHSHAN ASSOCIATION
 PROMISSORY NOTE SCHEDULE
 FOR FY 2009

<u>NAME</u>	<u>NOTE #</u>	<u>AMOUNT</u>	<u>Dates Interest v</u>	<u>Int. Rate</u>	<u>Interest Paid</u>
Donald R or Carolyn A Tiemens	483	\$10,000.00	1-Aug-08	6%	300
			1-Feb-09	6%	300
Henry P. Ipema Revocable Living Trust Dated June 2, 2004	484	\$2,000.00	1-Aug-08	6%	60
			1-Feb-09	6%	60
Grace Kooi or Carol J. DeYoung or Garry L. Kooi	486	\$10,000.00	1-Aug-08	6%	300
			1-Feb-09	6%	300
Winnie Chilton	487	\$10,000.00	1-Aug-08	6%	300
	-		1-Feb-09	6%	300
		\$32,000.00			\$1,920.00
Peter M Post, Sr. &/or Jeanette &/or Peter M Post, Jr.	435	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
John B. & Linda L. Meyer Jt Ten WROS	438	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
Cornelius and Eldene Dykstra	448	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
David & Amy Tiemersma	452	\$2,000.00	1-Sep-08	6%	60
			1-Mar-09	6%	60
Robert J or Charlotte Parrish	453	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
Lois J Ooms Living Trust	455	\$5,000.00	1-Sep-08	6%	150
			1-Mar-09	6%	150
Herbert &/or Estelle Ooms Living Trust dated 10/17/92	502	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
Clarence or Eleanor or Laurie Ouwenga	458-459	\$8,000.00	1-Sep-08	6%	240
			1-Mar-09	6%	240
Dexter and Laura Boersma	461	\$5,000.00	1-Sep-08	6%	150
			1-Mar-09	6%	150
Jean DeYoung, Ttee of the William DeYoung Survivor's Trust dated 1/18/00	503	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
Helen M Stalman	463	\$10,000.00	1-Sep-08	6%	300
			1-Mar-09	6%	300
Henry P. Ipema Revocable Living Trust Dated June 2, 2004	490	\$5,000.00	1-Sep-08	6%	150
	-		1-Mar-09	6%	150
		\$95,000.00			\$5,700.00
Beverly Joyce Renz	466	\$4,000.00	1-Oct-08	6%	120
			1-Apr-09	6%	120
Edith S. Hanneman, TTEE under the Edith S. Hanneman declaration of trust dated 2/4/93	471&479	\$10,000.00	1-Oct-08	6%	300
			1-Apr-09	6%	300
Harriette VanBeveren or Aldena VanBeveren	481	\$7,200.00	1-Oct-08	6%	216
	-		1-Apr-09	6%	216
		\$21,200.00			\$1,272.00
Bess Tolsma or Betty Schurman or Mary Boerema	251	\$10,000.00	1-Dec-08	10%	500
	-		1-Jun-09	10%	500
		\$10,000.00			\$1,000.00
GRAND TOTAL ALL NOTES		\$158,200.00			\$9,892.00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 24602 & 8693 B. General Construction Type: Exterior brick Frame metal 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>none</u>			\$	1
2					2
3	TOTALS			\$	3

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	45		1982	1982	\$ 1,116,585	\$ 15,634	20 - 40	\$ 15,634	\$	\$ 911,912	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Remodeling & Improvements BI & BII			147,377	4,273	20 - 40	4,273		111,575	9
10		fixed equipment			46,021	1,996	10 - 40	1,996		34,971	10
11		Addition: PT, nursing, office, & maintenance	1993		385,632	9,641	40	9,641		154,253	11
12		Landscaping			18,201	694	20	694		15,207	12
13		Automated door	1999		12,958	1,001	10	1,001		12,958	13
14		Garage			7,000	73	15 - 20	73		6,637	14
15		site improvements BI & BII			124,623	5,453	10 - 20	5,453		105,330	15
16		water & sewer improvements			22,009	734	30	734		19,348	16
17		Woodfold accordian folding partiitiion	2000		2,720	272	10	272		2,455	17
18		Gas heater - Paul Supply BI	2001		2,593	259	10	259		2,232	18
19		Ceramic Tile - diningroom BI	2001		3,187	319	10	319		2,632	19
20		Besam automated entrance BII	2001		1,702	170	10	170		1,447	20
21		Bathroom remodeling BII	2001		8,455	846	10	846		6,887	21
22		Flat roofs (4) BI	2002		26,100	1,740	15	1,740		13,910	22
23		Bathroom remodeling BI	2002		133,435	8,896	15	8,896		65,235	23
24		Rooms painted (4 pods) BI	2002		6,840	456	15	456		3,385	24
25		Ceramic tile - livingroom BI	2002		4,250	283	15	283		2,139	25
26		Briggs generator BI	2002		2,995	374	8	374		2,668	26
27		Smoking shelter BI	2002		3,972	397	10	397		2,998	27
28		Fire alarm upgrade BI	2003		9,969	997	10	997		6,861	28
29		Whirlpool room remodeling BI	2003		6,750	450	15	450		2,725	29
30		Roof - (BI garage)	2004		2,030	135	15	135		703	30
31		Roof - (BI-north)	2005		7,765	518	15	518		2,360	31
32		Bathroom remodeling BI	2006		8,860	886	10	886		2,957	32
33		Furnace & A/C - Pod 1 & 4	2006		13,085	1,636	8	1,636		5,328	33
34		Fire System BI	2006		1,759	176	10	176		533	34
35		Fire Doors (5) BII	2006		2,354	235	10	235		792	35
36		Ceramic Tile Hallways BII	2006		4,250	425	10	425		1,418	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

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	Whirlpool bath remodeling (Pod 4)	2007	\$ 8,600	\$ 573	15	\$ 573	\$	\$ 1,657	37
38	Fire alarm CPU board BI	2007	1,745	175	10	175		458	38
39	Lennox Condensor BI	2007	2,165	217	10	217		444	39
40	Pergola	2007	2,000	200	10	200		578	40
41	Landscaping	2007	4,509	451	10	451		1,285	41
42	Lennox Elite HVAC BI	2008	14,650	977	15	977		1,908	42
43	Paint Kitchen BI	2008	3,900	390	10	390		434	43
44	Kitchen Stainless Wall Panels BI	2008	2,040	136	15	136		141	44
45	Bathroom remodeling & design (3) (BII)	2008	37,530	2,502	15	2,502		4,833	45
46	Automatic Door (BII)	2008	1,995	399	5	399		416	46
47	Driveway Seal Coat BI	2008	3,650	1,825	2	1,825		3,087	47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,216,261	\$ 66,814		\$ 66,814	\$	\$ 1,517,097	70

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

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	\$ 132,230	\$ 22,603	\$ 22,603	\$		\$ 66,240	71
72	Current Year Purchases	59,461	4,570	4,570			4,570	72
73	Fully Depreciated Assets	602,545	5,643	5,643			602,545	73
74								74
75	TOTALS	\$ 794,236	\$ 32,816	\$ 32,816	\$		\$ 673,355	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	client transportation	vans	1996-2009	\$ 275,355	\$ 14,453	\$ 14,453	\$	5	\$ 228,737	76
77	Executive Director	Toyota Camry	2006	10,696	2,139	2,139		5	6,324	77
78	Maintenance	Chevy Silverado/Ford F150	2005/2009	24,139	2,821	2,821		5	11,250	78
79	Maintenance	Ford E250 pickup/plow	2000	disposed					disposed	79
80	TOTALS			\$ 310,190	\$ 19,413	\$ 19,413	\$		\$ 246,311	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,320,687	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 119,043	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 119,043	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,436,763	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	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: Elim Christian Services

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		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:	<u>1976</u>	<u>16</u>	<u>7/1/01</u>	\$ <u>63,960</u>	<u>3</u>	<u>3</u>	3
4	Additions							4
5								5
6								6
7	TOTAL		<u>16</u>		\$ <u>63,960</u>			7

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

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

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning 7/1/08

Ending 6/30/11

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

Fiscal Year Ending Annual Rent

12. 6/30/2010 \$ 63,960

13. 6/30/2011 \$ 63,960

14. 6/30/2012 \$ 63,960

* 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.)

<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. <u>CLASSROOM PORTION:</u></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>40</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		1,917		1,917
3	Classroom Wages (a)		11,236		11,236
4	Clinical Wages (b)		15,623		15,623
5	In-House Trainer Wages (c)		4,273		4,273
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 33,049	\$	\$ 33,049
10	SUM OF line 9, col. 1 and 2 (e)	\$	33,049		

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	18
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	18

- (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		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.

Facility Name & ID Number **Bethshan Association I & Bethshan Association II**# **086 & 0030528**Report Period Beginning: **7/1/08**

Ending:

6/30/09**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/09** (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	\$ (1,141,917)	\$ 127,707	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,028,645	1,874,145	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,258	25,015	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (100,014)	\$ 2,026,867	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		625,175	13
14	Buildings, at Historical Cost	2,216,261	5,320,377	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,104,426	1,840,614	16
17	Accumulated Depreciation (book methods)	(2,436,763)	(4,086,606)	17
18	Deferred Charges		8,485	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 883,924	\$ 3,708,045	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 783,910	\$ 5,734,912	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 305,964	\$ 421,740	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	408,200	432,659	29
30	Accrued Salaries Payable	226,400	373,393	30
31	Accrued Taxes Payable (excluding real estate taxes)	7,880	14,260	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	3,101	5,890	33
34	Deferred Compensation	2,200	3,883	34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 953,745	\$ 1,251,825	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		402,616	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)	\$	\$ 402,616	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 953,745	\$ 1,654,441	46
47	TOTAL EQUITY(page 18, line 24)	\$ (169,835)	\$ 4,080,471	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 783,910	\$ 5,734,912	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (231,334)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (231,334)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(5,052)	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)	\$ (5,052)	17
	B. Transfers (Itemize):		
18	<u>Furnishings</u>	9,913	18
19	<u>Ford F150 Pickup</u>	11,891	19
20	<u>Medcare Stand/Lift</u>	3,747	20
21	<u>Kitchen Equipment</u>	36,147	21
22	<u>Computers</u>	4,853	22
23	TOTAL Transfers (sum of lines 18-22)	\$ 66,551	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (169,835)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Bethshan Association I & Bethshan Association II #086 & 0030528 Report Period Beginning: 7/1/08

Ending: 6/30/09

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	\$ 3,516,791	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,516,791	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	34,253	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,736	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 44,989	23
D. Non-Operating Revenue			
24	Contributions	382,402	24
25	Interest and Other Investment Income***	359	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 382,761	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous	25	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 25	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,944,566	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	638,653	31
32	Health Care	2,036,881	32
33	General Administration	889,916	33
B. Capital Expense			
34	Ownership	192,895	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	191,273	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,949,618	40
41	Income before Income Taxes (line 30 minus line 40)**	(5,052)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (5,052)	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.

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	1,820	2,080	\$ 68,800	\$ 33.08	1
2	Assistant Director of Nursing					2
3	Registered Nurses	7,728	7,164	186,921	26.09	3
4	Licensed Practical Nurses	4,313	4,754	102,138	21.48	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist	2,991	3,502	106,124	30.30	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,961	2,120	38,113	17.98	9
10	Activity Assistants	3,465	3,904	55,840	14.30	10
11	Social Service Workers	374	406	15,089	37.17	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,992	2,250	38,608	17.16	14
15	Cook Helpers/Assistants	10,358	11,553	130,157	11.27	15
16	Dishwashers					16
17	Maintenance Workers	2,744	3,024	64,866	21.45	17
18	Housekeepers	5,167	5,890	75,543	12.83	18
19	Laundry	1,735	1,956	17,414	8.90	19
20	Administrator	758	881	63,686	72.29	20
21	Assistant Administrator					21
22	Other Administrative	773	872	35,808	41.06	22
23	Office Manager					23
24	Clerical	3,572	3,989	79,416	19.91	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,036	10,142	193,932	19.12	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	76,238	84,837	1,034,821	12.20	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Program Director</u>	3,145	3,591	121,081	33.72	33
34	TOTAL (lines 1 - 33)	138,170	152,915	\$ 2,428,357 *	\$ 15.88	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	141	\$ 8,460	1-3	35
36	Medical Director	52	8,100	9-3	36
37	Medical Records Consultant	4	295	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	12	600	10-3	39
40	Physical Therapy Consultant	13	1,016	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	81	3,250	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant	52	3,425	10a-3	45
46	Other(specify) <u>Psychiatrist</u>	50	10,122	10-3	46
47	<u>Podiatrist</u>	6	720	10-3	47
48					48
49	TOTAL (lines 35 - 48)	411	\$ 35,988		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	28	1,129	10-3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	28	\$ 1,129		53

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	
Joe Lanenga	Executive Director	0	\$ 63,686	Workers' Compensation Insurance	\$ 88,542	IDPH License Fee	\$ 107	
Steve Goudzwaard	Director of Finance	0	35,808	Unemployment Compensation Insurance		Advertising: Employee Recruitment	1,169	
				FICA Taxes	172,011	Health Care Worker Background Check	398	
				Employee Health Insurance	287,166	(Indicate # of checks performed 40)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		filing fees	17	
				Pension	41,850	Sams Club/Visa	285	
				Employee Physicals	3,336	IARF/Advocates United/AAIDD	10,034	
				Other Employee Benefits	6,698	Employee Professional Fees/Dues	137	
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 99,494					
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Wessels & Pautsch	legal services		\$ 286	personal use of auto (Exec.Dir)		\$ 7,956	Out-of-State Travel	\$
Personnel Planners, Inc	consulting		477	personal use of auto (Maint.)		2,834		
Open Systems	payroll consulting		808					
Informability	computer consulting		1,874				In-State Travel	642
Dreyer Ooms & VanDrunen	audit & accounting		10,654					
ADP Voicenet Technologies	payroll preparation		8,849					
Ceridian Compliance Solutions	Manual		98					
Hoogendoorn & Talbot	legal services		293				Seminar Expense	1,935
Hiskes Dillner O'Donnell Marovich	legal services		262					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$ 10,790	Entertainment Expense	()
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 23,601				(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 2,577

* Attach copy of IMRF notifications

**See instructions.

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? no
If YES, give association name and amount. _____
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 15,223 Line 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. \$ 191,273
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? yes 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? n/a Indicate the amount. \$ _____
- (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? 100%
- 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? yes
- g. Does the facility transport residents to and from day training? no**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Dreyer,Ooms,& VanDrunen Ltd
- (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.

BETHSHAN I & II
SCHEDULE V, Ln 24 - TRAVEL & SEMINAR
FY 2009

	<u>TRAVEL</u>	<u>SEMINARS</u>
	<u>EXPENSE</u>	<u>COST</u>
Staff intra-agency travel for meetings at central office, etc.		
11-600-675 Allocation		
6/24-25/08	CPI Training Skokie, IL William Dearth, QMRP	68.41
7/14/2008	AID Completing the ICAP Aurora, IL Judy Mrgan, QMRP Kathy Konrath, QMRP	6.93 50.00 6.92 50.00
8/12/2008	AID Boardmaker Aurora, IL Judy Mrgan, QMRP	30.00
8/26/2008	ICAN Diagnosis & Treatment of Psychiatric Disorders in persons with Intellectual Disability Springfield, IL Amy Tiemersma, LSCW	176.39 150.13
9/4/2008	OIG Rule 50 Tinley Park, IL Laura Kirchoff, Program Director Frea Mars, Program Director	13.24 4.71
9/8/2008	CE International Hormones & Health, The Brain - Body Connection Oak Lawn, IL Katherine Castillo, RN Dawn VanGroningen, RN	89.00
9/8/2008	Medical Update Divinely Human Managers Palos Heights, IL Frea Mars, Program Director	128.50
9/18/2008	OIG Inv. Skills Refresher Tinley Park, IL Laura Kirchoff, Program Director Frea Mars, Program Director	11.59 4.12
10/23-24/09	DDNN Do We Have Issues? Utica, IL Val Lynch, DON	(79.20) 125.00
12/2/2008	LSN Trust conference Naperville, IL Val Lynch, DON	1.26
1/6-8/09	CPI Training Skokie, IL Bill Dearth, QMRP	100.29
1/27/2009	ARC of IL QMRP Leadership Conference Alsip, IL Bill Dearth, QMRP Kathy Konrath, QMRP Frea Mars, Program Director Carla Weidenaar, QMRP	126.00 126.00 126.00 126.00
3/7/2009	American Heart Assoc CPR/AED Frankfort, IL Angela Klarin, RN Pat Bubeck, RN	40 40
3/9/2009	CE Int'l Inflammation, A Silent Killer Oak Lawn, IL Nancy Switalski, RN	97
3/10/2009	ARC of IL Promoting Health & Well Being of Adults with DD Tinley Park, IL Laura Kirchoff, Program Director Frea Mars, Program Director	140 140
4/8/2009	IBP Listening to the Body: Understanding the language of Stree related symptoms Oakbrook, IL Angela Klarin, RN	75.00
5/5/2009	Northern IL Affiliate Chapter, WOCN Evidence Based Nursing Practice: Keep it Simple and Safe Willowbrook, IL Bev Owinga, LPN	50.00
5/10-12/09	DDNA 2009 Annual Conference Orlando, FL Val Lynch, DON	327.42 226.39
642.08		1,935.02
		2,577.10

Bethshan I & Bethshan II
SCH. V. Line 25 - Admin Transportation
FY 2009

22-Jul-08	Administrative Travel	36 miles	Kathy Hamersly	\$	6.86
22-Jul-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		85.33
21-Aug-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		174.56
29-Aug-08	Administrative Travel	124 miles/cel phone/reimb	Jean Voss		30.79
23-Sep-08	Administrative Travel	75mi 1.60 tolls LSN Trust Mtng	Steve Goudzwaard		15.06
22-Sep-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		151.54
22-Sep-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		35.67
22-Oct-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		56.75
22-Oct-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		124.42
22-Oct-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		30.36
24-Nov-08	Administrative Travel	162 miles/reimb.	Jean Voss		30.88
24-Nov-08	Administrative Travel	phone expenses	Jean Voss		14.77
21-Nov-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		42.98
23-Dec-08	Administrative Travel	Company vehicle fuel	Joe Lanenga		72.95
21-Jan-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		37.17
23-Jan-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		4.86
22-Jan-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		88.74
17-Feb-09	Administrative Travel	182 miles	Jean Voss		11.06
20-Feb-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		46.76
24-Mar-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		94.96
24-Mar-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		377.72
12-May-09	Administrative Travel	Administrator Retreat	Administrator's Meeting		26.21
12-May-09	Administrative Travel	40 miles - Insurance meeting	Steve Goudzwaard		7.63
08-May-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		41.96
22-May-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		712.40
22-May-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		28.27
30-Jun-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		61.77
23-Jun-09	Administrative Travel	Company vehicle fuel	Joe Lanenga		80.70
30-Jun-09	Administrative Travel	138 miles & 2 tolls	Jean Voss		26.69
					\$ 2,519.82

Bethshan Association I & II
ID # 0027086 & 0030528
Schedule XX (12) Explanation of Salary Allocation
FY2009

Freya Mars	(Ln 15-5)	Program Director Salary	\$	40,418
	(Ln 10-1)	QMRP Salary	\$	12,717