

Facility Name & ID Number Lewis Memorial Christian Village

0021436 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

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	155	Skilled (SNF)	155	56,575	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	155	TOTALS	155	56,575	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	18,606	13,183	19,616	51,405	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	18,606	13,183	19,616	51,405	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.86%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

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

Residential Living, Wellness Center, Senior Home Service

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 09/19/1977

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 155 and days of care provided 15,873

Medicare Intermediary Wisconsin Pyhsician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/09 Fiscal Year: 6/30/09

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

Facility Name & ID Number Lewis Memorial Christian Village # 0021436 Report Period Beginning: July 1, 2008 Ending: June 30, 2009

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	395,899	41,495	31,093	468,487		468,487		468,487		1
2	Food Purchase		378,669		378,669		378,669	(3,822)	374,847		2
3	Housekeeping	269,268	46,677	45	315,990		315,990		315,990		3
4	Laundry		11,688		11,688		11,688	2,525	14,213		4
5	Heat and Other Utilities			226,068	226,068		226,068	15,508	241,576		5
6	Maintenance	151,703	12,254	100,075	264,032		264,032	3,796	267,828		6
7	Other (specify):*										7
8	TOTAL General Services	816,870	490,783	357,281	1,664,934		1,664,934	18,007	1,682,941		8
	B. Health Care and Programs										
9	Medical Director			4,500	4,500		4,500		4,500		9
10	Nursing and Medical Records	3,355,087	772,778	22,059	4,149,924	(530,521)	3,619,403	(121)	3,619,282		10
10a	Therapy			1,370,042	1,370,042		1,370,042		1,370,042		10a
11	Activities	104,513			104,513		104,513	772	105,285		11
12	Social Services	207,551	9,584	8,757	225,892		225,892		225,892		12
13	CNA Training										13
14	Program Transportation			12,581	12,581		12,581	103	12,684		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,667,151	782,362	1,417,939	5,867,452	(530,521)	5,336,931	754	5,337,685		16
	C. General Administration										
17	Administrative	180,866	2,382	739,272	922,520		922,520	(638,913)	283,607		17
18	Directors Fees										18
19	Professional Services			92,708	92,708		92,708	50,020	142,728		19
20	Dues, Fees, Subscriptions & Promotions			49,787	49,787		49,787		49,787		20
21	Clerical & General Office Expenses	175,144	12,333	93,525	281,002		281,002	246,381	527,383		21
22	Employee Benefits & Payroll Taxes			879,104	879,104		879,104	42,885	921,989		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,638	7,638		7,638	19,710	27,348		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			144,618	144,618		144,618	2,305	146,923		26
27	Other (specify):* Marketing	61,899	3,174	26,362	91,435		91,435	(91,435)			27
28	TOTAL General Administration	417,909	17,889	2,033,014	2,468,812		2,468,812	(369,047)	2,099,765		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,901,930	1,291,034	3,808,234	10,001,198	(530,521)	9,470,677	(350,286)	9,120,391		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

Lewis Memorial Christian Village

#0021436

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			394,628	394,628		394,628	27,013	421,641			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			283,574	283,574		283,574	(85,005)	198,569			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			72,114	72,114		72,114		72,114			35
36	Other (specify):* Financing Fees			2,973	2,973		2,973		2,973			36
37	TOTAL Ownership			753,289	753,289		753,289	(57,992)	695,297			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			140,723	140,723	530,521	671,244		671,244			39
40	Barber and Beauty Shops	36,555	964		37,519		37,519		37,519			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			84,863	84,863		84,863		84,863			42
43	Other (specify):* Apt./Congregate			397,127	397,127		397,127	(397,127)				43
44	TOTAL Special Cost Centers	36,555	964	622,713	660,232	530,521	1,190,753	(397,127)	793,626			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,938,485	1,291,998	5,184,236	11,414,719		11,414,719	(805,405)	10,609,314			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	(3,822)	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				9
10	Interest and Other Investment Income	(85,005)	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	(28,800)	21		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	(5,335)	21		24
25	Fund Raising, Advertising and Promotional	(91,435)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(398,202)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (612,599)		\$	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)	(192,806)	VII	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (192,806)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (805,405)		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	X		530,521	10-2
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$ 530,521	47

BHF USE ONLY							
48		49		50		51	52

Lewis Memorial Christian Village

ID# 0021436

Report Period Beginning: July 1, 2008

Ending: June 30, 2009

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Activity	\$		
1	Activity		772	11 1
2	Garage Rental - Nursing		(121)	10 2
3	Late Fee		(30)	6 3
4	Late Fee		(20)	21 4
5	Apartment/Congregate		(397,127)	43 5
6	Transportation		103	14 6
7	Vending Revenue		(1,779)	21 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		(398,202)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lewis Memorial Christian Village# 0021436

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,822)	0	0	0	0	0	0	0	0	0	0	(3,822)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	2,525	0	0	0	0	0	0	0	0	0	2,525	4
5	Heat and Other Utilities	0	15,508	0	0	0	0	0	0	0	0	0	15,508	5
6	Maintenance	(30)	3,826	0	0	0	0	0	0	0	0	0	3,796	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,852)	21,859	0	18,007	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	(121)	0	0	0	0	0	0	0	0	0	0	(121)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	772	0	0	0	0	0	0	0	0	0	0	772	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	103	0	0	0	0	0	0	0	0	0	0	103	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	754	0	0	0	0	0	0	0	0	0	0	754	16
	C. General Administration													
17	Administrative	0	(638,913)	0	0	0	0	0	0	0	0	0	(638,913)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	50,020	0	0	0	0	0	0	0	0	0	50,020	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(35,934)	282,315	0	0	0	0	0	0	0	0	0	246,381	21
22	Employee Benefits & Payroll Taxes	0	42,885	0	0	0	0	0	0	0	0	0	42,885	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	19,710	0	0	0	0	0	0	0	0	0	19,710	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	2,305	0	0	0	0	0	0	0	0	0	2,305	26
27	Other (specify):*	(91,435)	0	0	0	0	0	0	0	0	0	0	(91,435)	27
28	TOTAL General Administration	(127,369)	(241,678)	0	(369,047)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(130,467)	(219,819)	0	(350,286)	29								

STATE OF ILLINOIS

Facility Name & ID Number Lewis Memorial Christian Village# 0021436

Report Period Beginning:

July 1, 2008 Ending:

Summary B

June 30, 2009

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	27,013	0	0	0	0	0	0	0	0	0	27,013	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(85,005)	0	0	0	0	0	0	0	0	0	0	(85,005)	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	(85,005)	27,013	0	(57,992)	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):*	(397,127)	0	0	0	0	0	0	0	0	0	0	(397,127)	43
44	TOTAL Special Cost Centers	(397,127)	0	0	0	0	0	0	0	0	0	0	(397,127)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(612,599)	(192,806)	0	(805,405)	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	\$	Midwest Christian Villages, Inc. dba: Christian Homes, Inc	100.00%	\$ 15,508	\$ 15,508	1
2	V	6 Maintenance				3,826	3,826	2
3	V	17 Administrative	739,272			100,359	(638,913)	3
4	V	19 Professional Services				50,020	50,020	4
5	V	21 Clerical				282,315	282,315	5
6	V	22 Employee Benefits				42,885	42,885	6
7	V	24 Travel & Seminars				19,710	19,710	7
8	V	26 Insurance				2,305	2,305	8
9	V	30 Depreciation				27,013	27,013	9
10	V	4 Interest				2,525	2,525	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 739,272			\$ 546,466	\$ * (192,806)	14

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

Facility Name & ID Number

Lewis Memorial Christian Village

#

0021436

Report Period Beginning:

July 1, 2008

Ending:

June 30, 2009

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 Lewis Memorial Christian Village # 0021436 Report Period Beginning: July 1, 2008 Ending: ne 30, 2009

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

Facility Name & ID Number

Lewis Memorial Christian Village

0021436

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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	Name of Lender	2		3	4	5	6		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	Series 2007 A Bonds		X	Refinance Debt		6/30/07	\$ 4,568,975	\$ 4,568,975	6/30/2031	0.0563	\$ 257,936						
2	GO Bonds	X		Refinance Debt	\$1,142.00	Various*	Various*	428,045	6/30/2032	Various*	25,638						
3	*this is an allocation of the total GO bond debt which includes several different series with several different rates of interest																
4																	
5																	
	Working Capital																
6																	
7																	
8																	
9	TOTAL Facility Related				\$1,142.00		\$ 4,568,975	\$ 4,997,020			\$ 283,574						
	B. Non-Facility Related*																
10																	
11																	
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$						
15	TOTALS (line 9+line14)						\$ 4,568,975	\$ 4,997,020			\$ 283,574						

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.)

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning:

July 1, 2008 Ending:

June 30, 2009

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 55,000 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).

Apartments
Congregate

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>Facility</u>	<u>55,000</u>	<u>Various</u>	\$ <u>308,762</u>	<u>1</u>
2	<u>Home Office Allocation</u>			<u>8,304</u>	<u>2</u>
3	TOTALS	55,000		\$ 317,066	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	155			1977	\$ 2,286,830	\$ 59,751	40	\$ 59,751		\$ 1,792,538	4
5				1978	100,542		40				5
6				1979	420,937		20				6
7											7
8	Home Office Allocation				78,882	5,776		5,776		148,576	8
	Improvement Type**										
9	Bldg Improvement			1979	306	6	38	6		180	9
10	Exhaust Fan			1983	417		15			417	10
11	Door Assembly			1985	1,244		20			1,244	11
12	Bldg Improvement			1986	573		20			573	12
13	Pass-thru WD			1986	664		20			664	13
14	Remodeling			1987	800		20			800	14
15	Rooftop Compressor			1988	3,408		10			3,408	15
16	A/C Unit			1989	4,406		8			4,406	16
17	Remodeling			1989	6,193	200	20	200		6,193	17
18	Tile, Cover Base			1989	6,600		5			6,600	18
19	Wall Paper			1989	826		5			826	19
20	Cabinets			1990	100		15			100	20
21	Roof Top A/C Unit			1991	4,158		10			4,158	21
22	Drapery Hardware			1991	1,124		5			1,124	22
23	Carpeting			1992	640		5			640	23
24	Curtain Track			1992	523		5			523	24
25	Curtain Track			1992	4,124		5			4,124	25
26	Receptacle			1992	575		10			575	26
27	Curtain Track			1992	565		5			565	27
28	Curtain Track			1992	1,229		5			1,229	28
29	Nurse Station Remodel			1993	30,556	1,528	20	1,528		24,081	29
30	Wallcoverings			1993	751		5			751	30
31	Wallcoverings			1994	3,747		5			3,747	31
32	A/C Compressors			1994	1,506		10			1,506	32
33	Exhaust Fans			1994	2,183	5	15	5		2,183	33
34	Roof Entire Building			1993	125,670	3,033	15	3,033		125,670	34
35	Downspout Repairs			1994	6,000	200	15	200		6,000	35
36	Ceiling Tile			1994	1,149		10			1,149	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 Lewis Memorial Christian Village

0021436

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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	Wallpaper/Floor Covering	1994	\$ 20,655	\$	5	\$	\$	\$ 20,655	37
38	Lounge Remodel	1995	14,653		5			14,653	38
39	Volunteer Room Expansion	1995	8,435		10			8,435	39
40	Remodel Wing 100	1995	23,645		10			23,645	40
41	Remodel Shower Wing	1995	42,240		5			42,249	41
42	Stainless Steel Floor Cooler	1996	1,873		5			1,873	42
43	Wallcovering	1996	3,910		5			3,910	43
44	Gas Meter & Lines	1997	7,378		5			7,378	44
45	Maglocks & Keypad	1997	7,194		10			7,194	45
46	Wallcovering	1997	28,134		5			28,134	46
47	Exhaust Fan	1997	12,370		10			12,370	47
48	Upgrade Energy Management System	1997	14,513		10			14,513	48
49	Upgrade Antennae System	1997	2,400		5			2,400	49
50	Wallcoverings - 400 Wing	1997	21,389		10			21,389	50
51	Wallcovering	1997	6,836		5			6,836	51
52	Fire Safety Gas Valve	1998	617		5			617	52
53	Locks	1998	782		5			782	53
54	Wiring for Network	1998	625		5			625	54
55	Outlets for Kronos	1998	664		5			664	55
56	Fire Alarm Control Panel	1998	28,154	1,177	10	1,177		28,154	56
57	Repl Fire Alarm Device	1999	4,800	280	10	280		4,800	57
58	Kitchen Hood	1999	6,910	461	10	461		6,910	58
59	Fire Alarm Devices	1999	4,600	76	10	76		4,600	59
60	Replace 8 Shower Valves	2000	10,084		5			10,084	60
61	Panduit Raceway	2000	13,130	1,313	10	1,313		12,802	61
62	Kitchen Ceiling	2000	5,923	592	10	592		5,525	62
63	Kitchen Walls	2000	2,099	210	10	210		1,908	63
64	CARPET #207	2000	1,344		5			1,344	64
65	WATER HEATERS (Disposed of at year end)			3,730	10	3,730		31,083	65
66	Land Improvement	1989	2,957	148	20	148		2,957	66
67	NATURAL GAS REGULATOR	2001	1,184	118	10	118		983	67
68	40 GALLON WATER HEATER	2001	506	51	10	51		412	68
69	Remodel Shower-Wing 200	1/21/2002	3,500	350	10	350		2,625	69
70	TOTAL (lines 4 thru 69)		\$ 3,400,732	\$ 79,005		\$ 79,005	\$	\$ 2,477,059	70

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

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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		\$ 3,400,732	\$ 79,005		\$ 79,005		\$ 2,477,059	1
2	(2) Horton Single Swing Security Door	3/28/2002	4,094	273	15	273		2,002	2
3	Rooftop A/C-Heat Unit	1/15/2002	3,762	251	15	251		1,883	3
4	Carpet Installation-TV Lounge & 2 Dways	5/30/2002	1,787		5			1,787	4
5	Heating/AC Unit	4/15/2002	1,348	90	15	90		653	5
6	Replacement of Heat/AC Unit Pump	4/30/2002	1,449	97	15	97		703	6
7	(3) Touch Security Lock Systems	9/6/2002	4,599	460	10	460		3,143	7
8	Install New Door Closers - 300 Wing	11/1/2002	13,990	933	15	933		6,220	8
9	Burglar Alarm Equipment	12/12/2002	2,896	290	10	290		1,909	9
10	Repair Fire Alarm System - 2 Detectors	6/5/2003	639	64	10	64		389	10
11	Shelving for Walk-In Cooler	6/30/2003	1,154	58	20	58		353	11
12	AC Compressor - Copeland	6/30/2003	1,295	108	12	108		657	12
13	Power Supplies for Fire Alarm Panel	7/31/2003	1,354	135	10	135		810	13
14	New Compressor - Walk In Freezer	10/29/2003	1,378	115	12	115		661	14
15	(12) Heat/AC Units for Various Areas	10/4/2003	13,343	1,334	10	1,334		7,671	15
16	5 Fan Cycling Control	11/24/2003	712	49	5	49		712	16
17	(14) Outside Globe Lights	12/26/2003	1,500	150	10	150		808	17
18	Therapy Room	6/30/2004	70,047	7,005	10	7,005		35,609	18
19	(22)GE Zoneline Units & Installation	11/2/2004	20,750	2,075	10	2,075		9,683	19
20	Security Light on Front of Bldg	12/28/2004	922	92	10	92		422	20
21	Floor Tile/Cove Base - Rm 102	4/8/2005	713	142	5	142		623	21
22	(2)Rooftops A/C Units	6/17/2005	20,827	2,083	10	2,083		8,506	22
23	(20)GE Zoneline Units	6/23/2005	16,678	2,085	8	2,085		8,514	23
24	Network Cabling Project	7/1/2004	20,397	2,040	10	2,040		10,200	24
25	Land Improvements	6/30/1978	85,870		20			85,870	25
26	Parking Lot & Drives	6/30/1979	23,654		20			23,654	26
27	Landscapings	10/31/1979	5,572		20			5,572	27
28	Concrete (Garage)	7/31/1980	521		20			521	28
29	Landscaping	9/30/1984	6,077		20			6,077	29
30	Landscaping	10/21/1985	1,852		20			1,852	30
31	Road & Drainage	12/18/1986	3,236		20			3,236	31
32	Green View Landscaping	8/29/1986	2,700		20			2,700	32
33	Trimming - Stump Removal	9/30/1986	2,500		20			2,500	33
34	TOTAL (lines 1 thru 33)		\$ 3,738,348	\$ 98,934		\$ 98,934		\$ 2,712,959	34

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

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,738,348	\$ 98,934		\$ 98,934	\$	\$ 2,712,959	1
2	Land Improvement - Pro Scv	11/30/1986	250		10			250	2
3	Gravel Access Road	4/29/1987	250		10			250	3
4	Fire Hydrant	8/1/1987	2,600		20			2,600	4
5	Parking Lot Resurface	6/30/1991	34,141		20			34,141	5
6	Land Improvements	6/28/1993	1,564		8			1,564	6
7	Parking Lot Resurface	6/30/1997	5,713		10			5,713	7
8	Courtyard Landscaping	6/10/1998	5,134		3			5,134	8
9	36x24x8 Concrete Pad for Dumpster	5/28/2002	5,134	343	5	343		2,454	9
10	Asphalt Patching & Crack Sealing	7/11/2002	4,104	513	8	513		3,591	10
11	Repave Asphalt	6/5/2003	5,033	629	8	629		3,826	11
12	1000W Parking Lot Light	12/9/2003	700	70	8	70		391	12
13	Underground Electric Conduit	7/1/2004	4,150	415	10	415		2,075	13
14	10x8 Enclosed Shelter	11/29/1995	3,700		10			3,700	14
15	Garage	1/1/1999	44,246	1,106	40	1,106		11,613	15
16	12' Screened Gazbo	9/24/2004	1,958	196	10	196		447	16
17	New Nurse Call System for Nurs (Disposed of at year end)			3,865	10	3,865		12,239	17
18	Install New Computers and Condense	9/24/2004	3,218	893	3	893		3,218	18
19	Installation of 2 digital Thermostat	8/12/2005	851	170	5	170		666	19
20	Nurse Call System 300 Wing (Disposed of at year end)			2,614	10	2,614		9,802	20
21	Reclaim Rehab Unit Remodeling	8/1/2006	151,619	15,161	10	15,161		44,220	21
22	Install New Drain Trough	12/13/2005	1,893	189	10	189		678	22
23	Concrete Sidewalks W/Handicaps	7/27/2005	4,205	421	10	421		1,683	23
24	Renovating/Expanding SNF and Int.	8/1/2006	37,781	1,889	20	1,889		5,510	24
25	Rehab/Reclaim Unit	8/1/2006	45,858	2,293	20	2,293		6,688	25
26	Canopy Addition and Exterior Renovating	8/1/2006	22,899	1,145	20	1,145		3,338	26
27	Glass Shelf - Remodel Room 300 Bathroom	8/1/2006	34	2	20	2		6	27
28	Carpet Extractor	8/1/2006	4,635	232	20	232		676	28
29	Lights for NH Conference Room	8/1/2006	127	6	20	6		18	29
30	Wiring/recept. For NH Staff Dining Room	8/1/2006	248	12	20	12		35	30
31	Lobby Decorations	8/1/2006	587	29	20	29		85	31
32	Decorating	8/1/2006	214	11	20	11		32	32
33	55 Wastebaskets/27 Toilet Tissue Dispensers	8/1/2006	1,237	62	20	62		181	33
34	TOTAL (lines 1 thru 33)		\$ 4,132,431	\$ 131,200		\$ 131,200	\$	\$ 2,879,783	34

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

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		\$ 4,132,431	\$ 131,200		\$ 131,200	\$	\$ 2,879,783	1
2	30 Light Fixtures	8/1/2006	1,920	96	20	96		280	2
3	Décor Items - Women's Public Restrooms	8/1/2006	94	5	20	5		14	3
4	LMCV Renovations - Contract Installment #1	8/1/2006	99,050	4,953	20	4,953		14,446	4
5	LMCV Renovations - Contract Installment #2	8/1/2006	58,005	2,900	20	2,900		8,458	5
6	LMCV Renovations - Contract Installment #3	8/1/2006	95,903	4,795	20	4,795		13,986	6
7	Exterior Improvements/Canopy addition	10/31/2006	2,096	105	20	105		289	7
8	Vending Electrical Work in breakroom	12/27/2006	790	79	10	79		204	8
9	Carpet in Employee Breakroom	1/23/2007	1,935	387	5	387		968	9
10	Painting Fascia	1/2/2007	800	160	5	160		400	10
11	Carbon Monoxide Alarms	1/4/2007	1,285	321	2	321		1,285	11
12	Exterior Improvements - sidewalks, roof, soffit, shingles	3/31/2007	213,341	10,667	20	10,667		24,889	12
13	Painting Phase I hallway and dayroom	4/1/2007	60,540	12,108	5	12,108		27,243	13
14	8 chairs for breakroom	4/1/2007	892	59	15	59		133	14
15	Lighting for Unit 400	5/1/2007	3,840	384	10	384		832	15
16	Geotechnical Services 3/16 - 5/15	5/1/2007	12,843	1,284	10	1,284		2,782	16
17	Dining Hall Cabinets	6/1/2007	796	80	10	80		167	17
18	Carpet - Unit 400, corridor, dayroom	6/18/2007	22,730	2,273	10	2,273		4,735	18
19	Remove old and pour new	11/28/2006	8,717	581	15	581		1,549	19
20	Pavement and Landscape design coordination	12/31/2006	773	77	10	77		199	20
21	Pavement & Landscape design	5/1/2007	2,792	273	10	273		596	21
22	Geotechnical Services 6/1 - 6/15	6/20/2007	9,737	974	10	974		2,029	22
23	Geotechnical Services 5/15 - 5/31	6/7/2007	8,138	814	10	814		1,696	23
24	Replace 2 exterior light poles	5/22/2007	1,300	130	10	130		282	24
25	Install cabling and Nurse Call System	7/9/2007	62,365	6,237	10	6,237		12,474	25
26	Vinyl Cap over Kitchen Ceiling	8/22/2007	1,697	170	10	170		326	26
27	7 closet doors	11/1/2007	7,711	771	10	771		1,285	27
28	Carpet Utility Room & Day room	12/1/2007	1,850	370	5	370		586	28
29	Labor & Materials Roof Work	12/10/2007	4,059	406	10	406		643	29
30	Generator & Rooftop unit	2/29/2008	61,600	6,160	10	6,160		8,727	30
31	4 100 Gallon Water Heaters	5/27/2008	48,000	4,800	10	4,800		5,600	31
32	Electronic filters for washers	6/26/2008	1,104	110	5	110		128	32
33	3 Exit Pole Lights	11/1/2007	3,650	365	10	365		608	33
34	TOTAL (lines 1 thru 33)		\$ 4,932,784	\$ 194,094		\$ 194,094	\$	\$ 3,017,622	34

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

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning:

July 1, 2008 Ending: June 30, 2009

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 12D, Carried Forward		\$ 4,932,784	\$ 194,094		\$ 194,094	\$	\$ 3,017,622	1
2	Mine Subsidence Project	6/1/2008	2,227,282	111,364	20	111,364		120,644	2
3	400 unit flooring	7/1/2008	1,090	218	5	218		218	3
4	Rebuild B & G circulating pumps	7/9/2008	1,678	168	10	168		168	4
5	Install 3 new sprinkler heads	9/3/2008	1,239	103	10	103		103	5
6	Install 2 new smoke detectors - dining room	9/1/2008	1,231	103	10	103		103	6
7	Install 4 door closers and manual pull	9/26/2008	2,931	244	10	244		244	7
8	Install weatherproof exit lights	9/24/2008	5,600	467	10	467		467	8
9	Commercial tile flooring - resident rooms	9/16/2008	745	62	10	62		62	9
10	Painting - 100 unit	9/1/2008	535	89	5	89		89	10
11	Wallboard, adhesive, joint molding	9/1/2008	620	103	5	103		103	11
12	Carpet - 5 resident rooms	10/1/2008	1,004	151	5	151		151	12
13	Window valances - 34 rooms	12/22/2008	3,821	446	5	446		446	13
14	Wiring work - therapy remodel	12/27/2008	1,758	103	10	103		103	14
15	Cabinets for activity room	2/2/2009	1,486	62	10	62		62	15
16	Build and paint 8" wall	2/17/2009	2,400	100	10	100		100	16
17	True Reach-in freezer	3/1/2009	5,400	180	10	180		180	17
18	Rooftop unit #4	6/30/2009	18,240	152	10	152		152	18
19	Sidewalks - remove old and pour new	4/30/2009	4,609	115	10	115		115	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,214,453	\$ 308,324		\$ 308,324	\$	\$ 3,141,132	34

**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	\$ 570,942	\$ 65,241	\$ 65,241	\$	Various	\$ 306,434	71
72	Current Year Purchases	57,505	6,002	6,002		Various	6,002	72
73	Fully Depreciated Assets	661,148	7,042	7,042		Various	661,148	73
74	Home Office Allocation	259,908	19,032	19,032			38,525	74
75	TOTALS	\$ 1,549,503	\$ 97,317	\$ 97,317	\$		\$ 1,012,109	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	1993 Chevy PU w/blade	1993	\$ 13,290	\$	\$	\$	3	\$ 13,290	76
77	Patient Transportation	2007 Ford Shuttle Bus	2007	43,096	10,774	10,774		4	18,854	77
78	Patient Transportation	Refurbished Bus	2009	14,500	3,021	3,021		4	3,021	78
79	Home Office Allocation			30,103	2,204	2,204			13,414	79
80	TOTALS			\$ 100,989	\$ 15,999	\$ 15,999	\$		\$ 48,579	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)	\$ 9,182,011	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 421,640	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 421,640	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,201,820	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 Bldg, Land Impr, & Equip	\$ 483,470	\$ 13,513	\$ 379,099	86
87	Wellness Center Bldg & Equip	673,051	17,537	154,982	87
88	Duplex Bldg, Land Impr & Equip	4,023,047	90,096	1,938,311	88
89					89
90					90
91	TOTALS	\$ 5,179,568	\$ 121,146	\$ 2,472,392	91

G. Construction-in-Progress

	Description	Cost	
92	100/200 Corridor Remodel & A	\$ 378,078	92
93	Campus Beautification and Shared Housing P	39,412	93
94	Home Office Allocation	7,687	94
95		\$ 425,177	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

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

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

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

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

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 72,114 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2010 \$ _____

13. _____ /2011 \$ _____

14. _____ /2012 \$ _____

* 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.

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? Not eligible</p> <p><input type="checkbox"/> YES <input checked="" 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 type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</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				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	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	\$	9,398	\$ 579,476	\$	9,398	\$ 579,476	1
2	Licensed Speech and Language Development Therapist		hrs		2,516	169,745		2,516	169,745	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs		10,057	620,821		10,057	620,821	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			\$	21,971	\$ 1,370,042	\$	21,971	\$ 1,370,042	14

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **June 30, 2009** (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 7,695,237	\$	1
2	Cash-Patient Deposits	27,781		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>158,190</u>)	1,486,243		3
4	Supply Inventory (priced at)	14,343		4
5	Short-Term Investments	5,000,000		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	12,317		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Interest Receivable</u>	17,874		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 14,253,795	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	308,762		13
14	Buildings, at Historical Cost	9,195,322		14
15	Leasehold Improvements, at Historical Cost	2,972,955		15
16	Equipment, at Historical Cost	1,507,342		16
17	Accumulated Depreciation (book methods)	(6,422,132)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	886,962		21
22	Other Long-Term Assets (spe CIP)	417,490		22
23	Other(specify): <u>Deferred Financing Fees</u>	68,368		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,935,069	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,188,864	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 462,515	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	27,781		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	309,573		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	36,011		32
33	Accrued Interest Payable	18,750		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accrued Liabilities</u>	554,649		36
37	<u>FIN 47 Liability</u>	68,275		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,477,554	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	4,997,020		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Deferred Life Right Revenue</u>	702,242		43
44	<u>Due Life Right Residents</u>	1,105,499		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,804,761	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,282,315	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 14,906,549	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,188,864	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 10,187,306	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 10,187,306	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	4,719,243	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)	\$ 4,719,243	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 14,906,549	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning: July 1, 2008

Ending: June 30, 2009

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	\$ 10,431,970	1
2	Discounts and Allowances for all Levels	(1,864,894)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,567,076	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,408,279	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,408,279	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	48,009	13
14	Non-Patient Meals	3,378	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	63,839	19
20	Radiology and X-Ray	33,718	20
21	Other Medical Services	101,193	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 250,137	23
D. Non-Operating Revenue			
24	Contributions	1,044,454	24
25	Interest and Other Investment Income***	85,005	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,129,459	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)	3,571,439	27
28	Apartment/Duplex	434,164	28
28a	Gain/Loss on Investments & Equipment	(1,226,592)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,779,011	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,133,962	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,664,934	31
32	Health Care	5,867,452	32
33	General Administration	2,468,812	33
B. Capital Expense			
34	Ownership	753,289	34
C. Ancillary Expense			
35	Special Cost Centers	575,369	35
36	Provider Participation Fee	84,863	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,414,719	40
41	Income before Income Taxes (line 30 minus line 40)**	4,719,243	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 4,719,243	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 Lewis Memorial Christian Village

0021436

Report Period Beginning: July 1, 2008

Ending:

June 30, 2009

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,125	2,215	\$ 98,674	\$ 44.55	1
2	Assistant Director of Nursing	1,913	2,045	51,942	25.40	2
3	Registered Nurses	11,901	13,121	317,707	24.21	3
4	Licensed Practical Nurses	43,245	46,442	892,904	19.23	4
5	CNAs & Orderlies	119,983	123,668	1,553,938	12.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,574	3,738	45,561	12.19	8
9	Activity Director	1,848	2,002	35,782	17.87	9
10	Activity Assistants	5,192	5,614	53,410	9.51	10
11	Social Service Workers	5,653	6,332	110,758	17.49	11
12	Dietician					12
13	Food Service Supervisor	3,894	4,069	63,600	15.63	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,393	34,871	332,299	9.53	15
16	Dishwashers					16
17	Maintenance Workers	8,056	9,178	151,704	16.53	17
18	Housekeepers	22,609	24,737	269,267	10.89	18
19	Laundry					19
20	Administrator	2,483	2,702	180,865	66.94	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,794	1,950	57,894	29.69	23
24	Clerical	8,815	9,631	115,977	12.04	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 C: Dir of Admissions,	12,273	13,315	211,349	15.87	32
33	Other(specify) Community Liaso	15,348	16,828	394,854	23.46	33
34	TOTAL (lines 1 - 33)	302,099	322,458	\$ 4,938,485 *	\$ 15.32	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	513	\$ 27,986	3.1.3	35
36	Medical Director	40	4,500	3.9.3	36
37	Medical Records Consultant	60	4,960	3.10.3	37
38	Nurse Consultant	17	871	3.10.3	38
39	Pharmacist Consultant	120	5,330	3.10.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	94	4,866	3.12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	843	\$ 48,513		49

C. CONTRACT NURSES

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

Facility Name & ID Number Lewis Memorial Christian Village

0021436

Report Period Beginning: July 1, 2008 Ending: June 30, 2008

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. Life Services Network - 9,725
- (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? N/A
- (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? N/A
- (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. \$ 25,563 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. \$ 84,863
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. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,822
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes
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? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: LarsonAllen LLP
- (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.