

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

**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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1							\$	\$		-	\$	1
2										-		2
3										-		3
4										-		4
5										-		5
	<b>Working Capital</b>											
6										-		6
7										-		7
8										-		8
9	TOTAL Facility Related						\$	\$			\$	9
	<b>B. Non-Facility Related*</b>											
10										-		10
11										-		11
12										-		12
13										-		13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$	\$			\$	15

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

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.		Important, please see the next worksheet, "RE Tax". The real estate tax statement and bill must accompany the cost report.	\$	1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2																			
3. Under or (over) accrual (line 2 minus line 1).			\$	3																			
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7																			
Real Estate Tax History:																							
Real Estate Tax Bill for Calendar Year:	2005	8	<table border="1"> <thead> <tr> <th colspan="3">FOR BHF USE ONLY</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2009</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </tbody> </table>		FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2009	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																							
13	FROM R. E. TAX STATEMENT FOR 2009	\$			13																		
14	PLUS APPEAL COST FROM LINE 5	\$			14																		
15	LESS REFUND FROM LINE 6	\$			15																		
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																				
	2006	9																					
	2007	10																					
	2008	11																					
	2009	12																					

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**IMPORTANT NOTICE**

**TO: Long Term Care Facilities with Real Estate Tax Rates**  
**RE: 2009 REAL ESTATE TAX COST DOCUMENTATION**

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2009 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2009.

Please complete the Real Estate Tax Statement below and include it in the 2010 cost report along with a copy of your 2009 real estate tax bill.

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

**2009 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Apostolic Christian Home of Eureka COUNTY Woodford  
 FACILITY IDPH LICENSE NUMBER 0012328  
 CONTACT PERSON REGARDING THIS REPORT Thomas A. Hoffman  
 TELEPHONE (309) 467-2311 FAX #: (309) 467-2584

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES       x       NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 42,865 B. General Construction Type: Exterior Brick Frame Protected Ord. & Fire Resistance Number of Stories One

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).

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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>Nursing Home</u>	<u>63,500</u>	<u>1963</u>	<u>\$ 58,945</u>	1
2					2
3	<b>TOTALS</b>	<b>63,500</b>		<b>\$ 58,945</b>	<b>3</b>

Facility Name &amp; ID Number    Apostolic Christian Home of Eureka

#    0012328

Report Period Beginning:

01/01/2010    Ending:

12/31/2010

## 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	62		1966	1966	\$ 488,404	\$	40	\$	\$	\$ 488,404	4
5	38		1975	1975	605,234	15,091	40	15,131	40	523,117	5
6	11		1994	1994	1,522,126	38,053	39	39,029	976	638,151	6
7	4		1994	1994	226,582	6,237	39	5,810	(427)	93,050	7
8				1989	3,512		20			3,512	8
	Improvement Type**										
9				1967	17,605		40			17,605	9
10				1968	1,508		20			1,508	10
11				1969	11,406		20			11,406	11
12				1970	8,431		20			8,431	12
13				1971	2,975		20			2,975	13
14				1972	550		5			550	14
15				1977	38,346		20			38,346	15
16				1979	1,260		5			1,260	16
17				1981	4,140		10			4,140	17
18				1982	15,776		20			15,776	18
19				1983	4,826		10			4,826	19
20				1984	8,271		10			8,271	20
21				1985	15,630		20			15,630	21
22				1986	8,500		10			8,500	22
23				1987	950		19			950	23
24				1988	69,201		20			69,201	24
25		Kitchen Addition		1989	12,677		20			12,677	25
26		Bldg Improvement		1989	10,281		10			10,281	26
27		Water Heater		1990	2,272		20	11	11	2,272	27
28		Central Air		1990	3,978		10			3,978	28
29		Improve Door		1990	2,235		10			2,235	29
30		Remodeling		1990	503	13	20	15	2	503	30
31		Sprinkler Heads		1990	1,504	38	20	29	(9)	1,504	31
32		Blacktopping		1990	3,000	75	20	25	(50)	3,000	32
33		Cubicle Curtain Track		1991	850	43	20	36	(7)	850	33
34		Carpeting/Woodwork		1991	795	40	20	39	(1)	795	34
35		Key Pads/Door System		1991	2,670	134	20	134		2,647	35
36		Thermo Mixing Valves		1991	3,310	166	20	166		3,272	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Apostolic Christian Home of Eureka# 0012328

Report Period Beginning:

01/01/2010 Ending:

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## 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	Air Conditioning Unit	1991	\$ 3,012	\$	10	\$	\$	\$ 3,012		37
38	Wall Air Conditioning Unit	1991	910		10			910		38
39	Patio	1991	2,150	108	20	108		2,115		39
40	Asphalt Parking	1992	8,938	447	20	447		8,310		40
41	Trees & Shrubs	1992	403	20	20	20		372		41
42	Radiator Covers	1992	5,500	275	20	275		5,218		42
43	Plumbing Upgrade	1992	2,348	117	20	117		2,219		43
44	Shed	1992	2,000	100	20	100		1,856		44
45	Alarm System	1992	4,520	226	20	226		4,182		45
46	Lock Sets	1992	1,207	60	20	60		1,085		46
47	Water Heater	1992	10,252		10			10,252		47
48	Air Conditioner	1992	886		10			886		48
49	Air Conditioner	1992	926		10			926		49
50	Air Conditioner	1992	858		10			858		50
51	Drapes and Rods	1992	1,057		10			1,057		51
52	Fireplace Glass	1992	587		10			587		52
53	Air Conditioner	1993	1,303		10			1,303		53
54	Fountain Lights	1993	1,179		10			1,179		54
55	Exterior Lighting	1993	850	42	20	43	1	765		55
56	Hallway Remodeling	1993	2,383	119	20	119		2,106		56
57	Kitchen Flooring	1993	2,441	122	20	122		2,141		57
58	Office Addition	1994	57,234	1,431	39	1,468	37	24,469		58
59	Roof	1994	17,577	879	20	879		14,283		59
60	Interior Hallway	1994	7,134		10			7,134		60
61										61
62	Phone System	1994	13,120		10			13,120		62
63	Air Conditioner	1995	1,158		10			1,158		63
64	Drapes	1995	529		10			529		64
65	Remodel	1995	5,366		5			5,366		65
66	Improvements	1995	3,293		10			3,293		66
67	Roof & Insulation	1995	21,002	1,050	20	1,050		16,279		67
68	Building Improvements	1995	7,787		10			7,787		68
69	Life Safety Code	1995	21,125	1,056	20	1,056		15,886		69
70	TOTAL (lines 4 thru 69)		\$ 3,308,343	\$ 65,942		\$ 66,515	\$ 573	\$ 2,160,266		70

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

Facility Name & ID Number Apostolic Christian Home of Eureka# 0012328

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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 12A, Carried Forward		\$ 3,308,343	\$ 65,942		\$ 66,515	\$ 573	\$ 2,160,266	1
2	Air Conditioner	1996	485		10			485	2
3	Phone System-Social Service	1996	1,201		10			1,201	3
4	Air Conditioner	1996	2,886		10			2,886	4
5	Water Softner	1996	3,442		10			3,442	5
6	Social Service Office Remodel	1996	2,750	207	20	138	(69)	2,407	6
7	Life Safety Code	1996	8,113	336	20	406	70	5,699	7
8	Life Safety Door	1996	5,061	253	20	253		3,744	8
9	Front Room Wallpaper	1996	1,008		10			1,008	9
10	Ventilation & A/C System	1996	5,990		10			5,990	10
11	Front Room Carpet	1996	2,432	122	20	122		1,779	11
12	Guttering System	1996	3,355	168	20	168		2,443	12
13	Air Conditioning	1996	9,314	466	20	466		6,778	13
14	Air Conditioning	1996	1,008	50	20	50		719	14
15	Cabinetry in Tub Room	1996	2,945		10			2,945	15
16	Air Conditioning & Ventilation System	1996	8,942	447	20	447		6,389	16
17	Speaker System	1996	3,798		10			3,798	17
18	Life Safety Ventilation System	1996	798	40	20	40		568	18
19	Six Air Conditioners	1997	2,882		10			2,882	19
20	Water Heater	1997	5,871		10			5,871	20
21	Wall Fountain	1997	653		10			653	21
22	Draperys	1997	2,839		10			2,839	22
23	Smoke Detectors	1997	3,103		10			3,103	23
24	Carpeting	1997	3,525	176	20	176		2,317	24
25	Hall Remodeling	1997	16,641	832	20	832		10,955	25
26	Five Air Conditioners	1998	2,447		10			2,447	26
27	Water Heater	1998	2,940		10			2,940	27
28	Air Conditioner	1998	5,415		10			5,415	28
29	Room Door Guards	1999	2,139		10			2,139	29
30	Door Alarm Keypads	1999	2,293		10			2,293	30
31	Seven Air Conditioners	1999	3,182		10			3,182	31
32	Kitchen Shelving Units	1999	2,838		10			2,838	32
33	Three Air Conditioners	1999	1,425		10			1,425	33
34	TOTAL (lines 1 thru 33)		\$ 3,430,064	\$ 69,039		\$ 69,613	\$ 574	\$ 2,263,846	34

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

Facility Name &amp; ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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		\$ 3,430,064	\$ 69,039		\$ 69,613	\$ 574	\$ 2,263,846		1
2	Room Door Guards	1999	2,610		10			2,610		2
3	Seven Air Conditioners	2000	3,626	182	10	26	(156)	3,626		3
4	Air Conditioner	2000	1,508	75	10	105	30	1,508		4
5	Generator & Building	2000	303,007	7,579	40	7,575	(4)	82,742		5
6	Wall Carpet	2000	3,630	182	10		(182)	3,630		6
7	Carpeting	2000	21,956	1,098	10	538	(560)	21,956		7
8	Courtyard Improvements	2000	5,312	153	10	531	378	5,310		8
9	Courtyard improvements	1999	11,738	722	10	146	(576)	11,738		9
10	Air conditioner	2001	632	63	10	63		607		10
11	Lighting	2001	2,233		5			2,233		11
12	Attached wash stations	2001	849	85	10	85		797		12
13	Hot water heater	2001	939		5			939		13
14	Counter top	2001	550	55	10	55		500		14
15	Air conditioner	2001	9,725	486	20	486		4,576		15
16	Installation of sinks	2001	1,050	105	10	105		976		16
17	New dumpster door	2002	928	46	20	46		403		17
18	Flooring for 2002 addition and remodel	2002	85,333	4,267	20	4,267		34,136		18
19	2002 addition and remodel	2002	2,247,842	56,196	40	56,196		449,568		19
20	Room designation	2002	627	63	10	63		559		20
21	Water heater	2002	4,147		10	415	415	3,668		21
22	Drapes and blinds for dining, activity, therapy	2002	15,437	1,544	10	1,544		12,352		22
23	Courtyard sprinkler system	2002	8,800	880	10	880		7,554		23
24	Gravel driveway	2002	634		5			634		24
25	Landscaping for 2002 addition	2002	198,700	9,935	20	9,935		79,480		25
26	Sprinkler system for 2002 addition	2002	9,600	960	10	960		7,680		26
27	Surveillance camera	2003	1,750		5			1,750		27
28	Water heater	2003	4,965	496	10	497	1	3,895		28
29	Signage	2003	895	90	10	90		705		29
30	Valances	2003	662	66	10	66		512		30
31	Electrical work addition	2003	8,185	205	40	205		1,607		31
32	Addition painting	2003	5,289	132	40	132		1,024		32
33	Remodel breakroom	2003	3,085	154	20	154		1,194		33
34	TOTAL (lines 1 thru 33)		\$ 6,396,308	\$ 154,858		\$ 154,778	\$ (80)	\$ 3,014,315		34

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

Facility Name &amp; ID Number Apostolic Christian Home of Eureka

# 0012328

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## 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 12C, Carried Forward		\$ 6,396,308	\$ 154,858		\$ 154,778	\$ (80)	\$ 3,014,315	1
2	Thermostats in addition	2003	560	56	10	56		420	2
3	Steel Doors	2003	1,095	55	20	55		408	3
4	Oxygen room exhaust fan	2003	2,062	52	40	52		381	4
5	Storm sewer work	2003	3,500	350	10	350		2,597	5
6	Door alert system	2004	1,342	134	10	134		927	6
7	Hot water heater	2004	2,977	298	10	298		1,813	7
8	Smoke detectors, roller latches, fire window	2004	8,913	797	13	686	(111)	4,745	8
9	Life safety, wall repair, carpeting	2004	9,202	633	15	613	(20)	4,192	9
10	Handrails	2004	1,472	147	10	147		993	10
11	Roofing	2004	6,500	325	20	325		2,141	11
12	Remodel tubroom, room 121 & 123, hallways	2004	47,702	2,385	20	2,385		15,512	12
13	Carpeting room 255-257, office renovations	2004	13,647	683	20	682	(1)	4,150	13
14	Carpeting rm 251-254 & 258-259, heating & panic door	2004	8,348	485	17	491	6	2,946	14
15	Water softner for kitchen	2005	3,708	371	10	371		2,104	15
16	Cabinet for dining	2005	719	72	10	72		396	16
17	ADON office remodel	2005	1,841	92	20	92		537	17
18	Living room remodel	2005	1,615	81	20	81		473	18
19	Door for laundry room	2005	536	27	20	27		155	19
20	Water lines for water softner	2005	780	39	20	39		218	20
21	Central air conditioning unit	2005	4,902	245	20	245		1,349	21
22	Remodel tub rooms	2005	47,940	2,397	20	2,397		12,990	22
23	Kitchen hood and light fixtures	2005	9,076	454	20	454		2,422	23
24	Replace floor in walk-in cooler	2005	2,160	108	20	108		567	24
25	Doors for east hall room	2005	1,280	64	20	64		325	25
26	Wall carpet and corner guards	2005	2,278	176	15	152	(24)	773	26
27	Water Heater	2006	3,566	357	10	357		1,428	27
28	Hot water delivery system	2006	2,142	214	10	214		1,036	28
29	Carpeting	2006	969	97	10	97		461	29
30	Storage area	2006	1,228	123	10	123		585	30
31	Plumbing & electrical for dishwasher	2006	1,089	109	10	109		472	31
32	Soffit work	2006	4,268	427	10	427		1,779	32
33	Floor & wall tiling	2006	13,669	683	20	683		2,846	33
34	TOTAL (lines 1 thru 33)		\$ 6,607,394	\$ 167,394		\$ 167,164	\$ (230)	\$ 3,086,456	34

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

Facility Name &amp; ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

## 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 12D, Carried Forward		\$ 6,607,394	\$ 167,394		\$ 167,164	\$ (230)	\$ 3,086,456	1
2	West entrance automatic door	2006	1,736	174	10	174		725	2
3	Sheltered care and tub room renovations	2006	16,029	801	20	801		3,272	3
4	Sealcoat front parking area	2006	420	84	5	84		357	4
5	Garbage Disposal	2007	942	188	5	188		627	5
6	Cabinets	2007	679	68	10	68		215	6
7	Draperies	2007	946	95	10	95		293	7
8	Automatic door	2007	4,979		10	498	498	1,950	8
9	Drywall in stairwell	2007	1,973	99	20	99		380	9
10	Sprinkler system	2007	802	40	20	40		154	10
11	Fireproofing of stairwell	2007	1,951	98	20	98		359	11
12	Carpeting & cabinets rm 200	2007	2,172	217	10	217		778	12
13	Fire panel	2007	2,311	231	10	231		770	13
14	Flooring rooms 134, 135, 136	2007	5,628	563	10	563		1,831	14
15	Flooring in quad	2007	52,194	2,610	20	2,610		8,266	15
16	Front entrance hallway renovations	2007	2,374	237	10	237		751	16
17	Exterior quad soffit replacement	2007	10,400	520	20	520		1,647	17
18	Smoke detectors	2007	569	57	10	57		171	18
19	Flooring	2007	2,910	291	10	291		873	19
20	Sprinkler system	2007	10,644	533	20	532	(1)	1,596	20
21	Fire grid ceiling	2008	1,725	86	20	86		251	21
22	Cabinetry in laundry	2008	561	56	10	56		163	22
23	Sprinkler system	2008	19,429	971	20	971		2,834	23
24	Air conditioning system	2008	2,300	115	20	115		259	24
25	Wood flooring install	2008	9,647	965	10	965		1,930	25
26	Doors for stairwell	2008	2,472	247	10	247		494	26
27	Wyse terminals	2008	2,546	509	5	509		1,485	27
28	Phone system install	2008	26,715	2,672	10	2,672		7,584	28
29	Draperies	2008	1,568	157	10	157		432	29
30	Tub for upstairs w.s. room	2009	15,241	1,524	10	1,524		2,033	30
31	Sprinklers, fire damper updates w/caulking	2009	13,436	1,232	12	1,120	(112)	2,059	31
32	Flooring rms 109,110,111,112	2009	5,800	580	10	580		1,017	32
33	Auto doors, elevator & phone, walls, floors east rms.	2009	267,524	13,608	20	13,376	(232)	21,218	33
34	TOTAL (lines 1 thru 33)		\$ 7,096,017	\$ 197,022		\$ 196,945	\$ (77)	\$ 3,153,230	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

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 12E, Carried Forward		\$ 7,096,017	\$ 197,022		\$ 196,945	\$ (77)	\$ 3,153,230	1
2	Water heater	2009	6,216	622	10	622		830	2
3	Tile & plumbing for tub rm, flooring rms. 257, 102, 101,224.	2009	15,716	1,572	10	1,572		1,968	3
4	Cabinets kitchen, water line n. hall & wing	2009	4,711	326	16	294	(32)	368	4
5	Flooring rm 253	2009	1,845	185	10	185		201	5
6	Exit lighting	2009	2,304	230	10	230		230	6
7	Tub for upstairs east south room	2010	17,948	897	10	905	8	905	7
8	Overhead & auto doors lawnsop & upeast entrance	2010	5,345	268	10	269	1	269	8
9	Blinds, flooring, walls for 214-220, utility, nurse station	2010	482,556	12,766	20	12,163	(603)	12,163	9
10	Flooring & wall tiles for upeastsouth hall spa rm	2010	7,140	357	10	360	3	360	10
11	Flooring, walls, ceiling upeast library	2010	5,632	282	10	188	(94)	188	11
12	Flooring, walls, ceiling for 101-108	2010	42,719	2,136	10	1,428	(708)	1,428	12
13	A/C for main kitchen	2010	4,250	106	20	54	(52)	54	13
14	Vinyl flooring for 240	2010	2,327	116	10	59	(57)	59	14
15	Gutter coverings south & north sides	2010	3,475	116	15	58	(58)	58	15
16	Water heaters	2010	8,157	408	10	69	(339)	69	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,706,358	\$ 217,409		\$ 215,401	\$ (2,008)	\$ 3,172,380	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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
Totals from Page 12F, Carried Forward		\$ 7,706,358	\$ 217,409		\$ 215,401	\$ (2,008)	\$ 3,172,380		1
									2
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									33
TOTAL (lines 1 thru 33)		\$ 7,706,358	\$ 217,409		\$ 215,401	\$ (2,008)	\$ 3,172,380		34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	\$ 451,616	\$ 72,790	\$ 72,790	\$	10	\$ 305,179	71
72	Current Year Purchases	63,960	5,851	5,851		10	5,851	72
73	Fully Depreciated Assets	969,436					969,436	73
74								74
75	TOTALS	\$ 1,485,012	\$ 78,641	\$ 78,641	\$		\$ 1,280,466	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 Transport	99 Ford bus	1999	\$ 49,239	\$	\$	\$	10	\$ 49,239	76
77	Maintenance	86 Chevy, 98 Dodge Pickup	1996 & 1999	13,280		(8,159)	(8,159)	10	13,280	77
78	Patient Transport	07 Chevy Van	2008	35,100	3,510	3,510		10	10,530	78
79	Patient Transport	05 Chevy bus	2005	46,122	4,612	4,612		10	27,672	79
80	TOTALS			\$ 143,741	\$ 8,122	\$ (37)	\$ (8,159)		\$ 100,721	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)	\$ 9,394,056	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 304,172	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 294,005	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (10,167)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,553,567	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	Apartments Various	\$ 406,331	\$ 5,841	\$ 363,937	86
87	Condos Various	1,433,496	39,115	734,784	87
88	Duplexes Various	957,767	27,976	808,615	88
89	Rental Units Various	702,998	1,658	6,862	89
90	Garages Various	35,248	1,135	28,906	90
91	TOTALS	\$ 3,535,840	\$ 75,725	\$ 1,943,104	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 73,103	92
93			93
94			94
95		\$ 73,103	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

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. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
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		7,250		7,250
8	CNA Competency Tests		1,260	300	1,560
9	TOTALS	\$	\$ 8,510	\$ 300	\$ 8,810
10	SUM OF line 9, col. 1 and 2 (e)	\$	8,510		

C. CONTRACTUAL INCOME

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

\$ 3,050

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>20</u>
2. From other facilities (f)	<u>5</u>
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	<u>25</u>

- (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.



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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 3,556,506	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	278,452		3
4	Supply Inventory (priced at FIFO )	52,394		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	61,380		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,948,732	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	981,693		13
14	Buildings, at Historical Cost	10,123,364		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,043,423		16
17	Accumulated Depreciation (book methods)	(6,514,871)		17
18	Deferred Charges			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): <u>Construction in Progress</u>	73,103		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,706,712	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,655,444	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 146,580	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	208,145		30
31	Accrued Taxes Payable (excluding real estate taxes)	50,575		31
32	Accrued Real Estate Taxes(Sch.IX-B)	2,407		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accrued Expenses</u>	21,318		36
37	<u>Life Lease Deferred Income</u>	159,836		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 588,861	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Life Lease Equity</u>	2,130,716		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,130,716	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,719,577	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,935,867	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,655,444	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		I Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,815,920	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,815,920	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	119,947	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)	\$ 119,947	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)	\$ 7,935,867	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,355,134	1
2	Discounts and Allowances for all Levels	(531,685)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,823,449	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	400,108	6
7	Oxygen	28,731	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 428,839	8
<b>C. Other Operating Revenue</b>			
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	25,862	13
14	Non-Patient Meals	23,530	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	88,624	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,264	19
20	Radiology and X-Ray		20
21	Other Medical Services	126,845	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 276,125	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	265,063	24
25	Interest and Other Investment Income***	91,262	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 356,325	26
<b>E. Other Revenue (specify):****</b>			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	3,989	28
28a	Non-Care Facility	238,222	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 242,211	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,126,949	30

2

Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,386,337	31
32	Health Care	3,442,963	32
33	General Administration	1,565,870	33
<b>B. Capital Expense</b>			
34	Ownership	386,868	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	168,429	35
36	Provider Participation Fee	56,535	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,007,002	40
41	Income before Income Taxes (line 30 minus line 40)**	119,947	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 119,947	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? yes 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 Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

**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	2,080	2,080	\$ 72,495	\$ 34.85	1
2	Assistant Director of Nursing	1,872	1,872	52,160	27.86	2
3	Registered Nurses	24,347	26,619	776,063	29.15	3
4	Licensed Practical Nurses	19,530	21,397	445,241	20.81	4
5	CNAs & Orderlies	104,267	114,107	1,514,442	13.27	5
6	CNA Trainees	-	-	-	-	6
7	Licensed Therapist	-	-	-	-	7
8	Rehab/Therapy Aides	2,899	3,267	51,843	15.87	8
9	Activity Director	2,080	2,080	30,698	14.76	9
10	Activity Assistants	15,363	16,798	166,104	9.89	10
11	Social Service Workers	3,635	3,757	64,443	17.15	11
12	Dietician	-	-	-	-	12
13	Food Service Supervisor	3,843	4,057	66,956	16.5	13
14	Head Cook	4,028	4,338	52,448	12.09	14
15	Cook Helpers/Assistants	11,031	12,132	133,012	10.96	15
16	Dishwashers	9,041	9,740	95,791	9.83	16
17	Maintenance Workers	7,458	7,970	147,142	18.46	17
18	Housekeepers	10,184	11,144	118,386	10.62	18
19	Laundry	11,820	12,943	140,529	10.86	19
20	Administrator	1,832	1,832	96,118	52.47	20
21	Assistant Administrator	-	-	-	-	21
22	Other Administrative	9,220	9,910	90,651	9.15	22
23	Office Manager	1,832	1,832	69,350	37.85	23
24	Clerical	1,556	1,795	16,905	9.42	24
25	Vocational Instruction	-	-	-	-	25
26	Academic Instruction	-	-	-	-	26
27	Medical Director	-	-	-	-	27
28	Qualified MR Prof. (QMRP)	-	-	-	-	28
29	Resident Services Coordinator	-	-	-	-	29
30	Habilitation Aides (DD Homes)	-	-	-	-	30
31	Medical Records	-	-	-	-	31
32	Other Health Care(specify)	-	-	-	-	32
33	Other(specify)	-	-	-	-	33
34	TOTAL (lines 1 - 33)	247,918	269,670	\$ 4,200,777 *	\$ 15.58	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	211	\$ 8,847	1.3	35
36	Medical Director	24	4,800	9.3	36
37	Medical Records Consultant	30	1,933	10.3	37
38	Nurse Consultant	-	-	-	38
39	Pharmacist Consultant	63	6,260	10.3	39
40	Physical Therapy Consultant	-	-	10a.3	40
41	Occupational Therapy Consultant	22	1,412	10a.3	41
42	Respiratory Therapy Consultant	-	-	-	42
43	Speech Therapy Consultant	9	591	10a.3	43
44	Activity Consultant	10	519	11.3	44
45	Social Service Consultant	10	494	12.3	45
46	Other(specify)	-	-	-	46
47					47
48					48
49	TOTAL (lines 35 - 48)	379	\$ 24,856		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	-	\$ -	10.3	50
51	Licensed Practical Nurses	-	-	10.3	51
52	Certified Nurse Assistants/Aides	-	-	10.3	52
53	TOTAL (lines 50 - 52)		\$		53





Facility Name &amp; ID Number Apostolic Christian Home of Eureka

# 0012328

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. Life Services Network Dues 7,427
- (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? yes
- (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? 112
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ \$ 44,263 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 no NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO no 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. \$ 56,535  
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. \$ \_\_\_\_\_ Has any meal income been offset against related costs? yes Indicate the amount. \$ 23,530
- (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? 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. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? no  
Firm Name: \_\_\_\_\_
- (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.