



Facility Name & ID Number Apostolic Christian Resthaven

# 0029892 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 n/a

	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	50	Skilled (SNF)	50	18,250	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	50	TOTALS	50	18,250	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	1,301	3,248		4,549	8	
9	SNF/PED					9	
10	ICF	1,852	10,439		12,291	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	3,153	13,687		16,840	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.27%

D. How many bed-hold days during this year were paid by the Department? 8 (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) meals and housekeeping for apartment residents

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 11/07/1985

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 \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCURAL  MODIFIED CASH\*  CASH\*

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

Tax Year: December 31 Fiscal Year: December 31

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

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

**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
	<b>A. General Services</b>										
1	Dietary	223,553	12,842	4,711	241,106	(3,074)	238,032	(12,655)	225,377		1
2	Food Purchase		101,583		101,583	(1,399)	100,184	(5,758)	94,426		2
3	Housekeeping	56,352	11,647		67,999	395	68,394		68,394		3
4	Laundry	34,204	5,720		39,924		39,924		39,924		4
5	Heat and Other Utilities			69,076	69,076		69,076		69,076		5
6	Maintenance	92,625	6,838	54,016	153,479		153,479		153,479		6
7	Other (specify):* <b>Waste Removal</b>			6,549	6,549		6,549		6,549		7
8	<b>TOTAL General Services</b>	406,734	138,630	134,352	679,716	(4,078)	675,638	(18,413)	657,225		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			2,000	2,000		2,000		2,000		9
10	Nursing and Medical Records	1,361,124	59,328	4,584	1,425,036		1,425,036		1,425,036		10
10a	Therapy		377	666	1,043		1,043		1,043		10a
11	Activities	58,726	8,006	832	67,564		67,564	(37)	67,527		11
12	Social Services	36,519	1,362	2,104	39,985		39,985		39,985		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,456,369	69,073	10,186	1,535,628		1,535,628	(37)	1,535,591		16
	<b>C. General Administration</b>										
17	Administrative	97,484			97,484		97,484		97,484		17
18	Directors Fees										18
19	Professional Services			25,571	25,571	(395)	25,176	(2,783)	22,393		19
20	Dues, Fees, Subscriptions & Promotions			11,970	11,970	50	12,020	(2,193)	9,827		20
21	Clerical & General Office Expenses	72,541	9,399	5,015	86,955		86,955		86,955		21
22	Employee Benefits & Payroll Taxes			442,230	442,230	4,473	446,703		446,703		22
23	Inservice Training & Education			250	250		250		250		23
24	Travel and Seminar			26,112	26,112	(50)	26,062	(3,129)	22,933		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			35,950	35,950		35,950		35,950		26
27	Other (specify):* <b>Misc Exp &amp; Vol Exp</b>			300	300	(1)	299	(299)			27
28	<b>TOTAL General Administration</b>	170,025	9,399	547,398	726,822	4,077	730,899	(8,404)	722,495		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,033,128	217,102	691,936	2,942,166	(1)	2,942,165	(26,854)	2,915,311		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Apostolic Christian Resthaven

#0029892

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

## 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	
	<b>D. Ownership</b>											
30	Depreciation			164,076	164,076		164,076	(35,958)	128,118			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					1	1	(1)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			164,076	164,076	1	164,077	(35,959)	128,118			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		37,098	66,398	103,496		103,496		103,496			39
40	Barber and Beauty Shops		98		98		98		98			40
41	Coffee and Gift Shops		959		959		959	(959)				41
42	Provider Participation Fee			27,375	27,375		27,375		27,375			42
43	Other (specify):* Apt/MPR/Loss		75	97,512	97,587		97,587	(97,587)				43
44	<b>TOTAL Special Cost Centers</b>		38,230	191,285	229,515		229,515	(98,546)	130,969			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,033,128	255,332	1,047,297	3,335,757		3,335,757	(161,359)	3,174,398			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,758)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,910)	19		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(493)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(37)	11		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(35,465)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(280)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(873)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(1,913)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(114,630)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (161,359)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (161,359)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

<b>BHF USE ONLY</b>							
48		49		50		51	52

Apostolic Christian ResthavenID# 0029892Report Period Beginning: 01/01/2011Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Apartment Expense	\$ (86,716)	43	1
2	Non-Care Travel Expense	(299)	24	2
3	Vending Expense	(959)	41	3
4	Non-Patient Meals (Wage-Related Costs)	(12,655)	1	4
5	Multipurpose Room Expense	(75)	43	5
6	Volunteer Expense	(299)	27	6
7	Rent on Land Paid to Related Party	(1)	34	7
8	Out-of-State Travel	(2,830)	24	8
9	Unrealized Loss / Marketable Securities Adjustment	(10,796)	43	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	<b>Total</b>	(114,630)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(12,655)	0	0	0	0	0	0	0	0	0	0	(12,655)	1
2	Food Purchase	(5,758)	0	0	0	0	0	0	0	0	0	0	(5,758)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(18,413)</b>	<b>0</b>	<b>(18,413)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(37)	0	0	0	0	0	0	0	0	0	0	(37)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(37)</b>	<b>0</b>	<b>(37)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,783)	0	0	0	0	0	0	0	0	0	0	(2,783)	19
20	Fees, Subscriptions & Promotions	(2,193)	0	0	0	0	0	0	0	0	0	0	(2,193)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(3,129)	0	0	0	0	0	0	0	0	0	0	(3,129)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(299)	0	0	0	0	0	0	0	0	0	0	(299)	27
28	<b>TOTAL General Administration</b>	<b>(8,404)</b>	<b>0</b>	<b>(8,404)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(26,854)</b>	<b>0</b>	<b>(26,854)</b>	<b>29</b>									

## STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2011 Ending:

Summary B

12/31/2011

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(35,958)	0	0	0	0	0	0	0	0	0	0	(35,958)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(1)	0	0	0	0	0	0	0	0	0	0	(1)	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	<b>TOTAL Ownership</b>	<b>(35,959)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(35,959)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	(959)	0	0	0	0	0	0	0	0	0	0	(959)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(97,587)	0	0	0	0	0	0	0	0	0	0	(97,587)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(98,546)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(98,546)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(161,359)	0	0	0	0	0	0	0	0	0	0	(161,359)	45

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Apostolic Christian Church of Elgin</u>	<u>100</u>					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	<u>27/34 Land Lease</u>	<u>\$ 1</u>	<u>Apostolic Christian Church of Elgin</u>	<u>100.00%</u>	<u>\$ 1</u>		<u>1</u>
2	V							<u>2</u>
3	V							<u>3</u>
4	V							<u>4</u>
5	V							<u>5</u>
6	V							<u>6</u>
7	V							<u>7</u>
8	V							<u>8</u>
9	V							<u>9</u>
10	V							<u>10</u>
11	V							<u>11</u>
12	V							<u>12</u>
13	V							<u>13</u>
14	<b>Total</b>		<b>\$ 1</b>			<b>\$ 1</b>	<b>\$ *</b>	<b>14</b>

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								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								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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									\$		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven

# 002982

Report Period Beginning:

01/01/2011

Ending: 2/31/2011

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					\$	\$		\$	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Apostolic Christian Resthaven

# 0029892

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1. Real Estate Tax accrual used on 2010 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 2011 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		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:	2006	_____	8	<b>FOR BHF USE ONLY</b>		
	2007	_____	9			
	2008	_____	10			
	2009	_____	11			
	2010	_____	12			
				13	FROM R. E. TAX STATEMENT FOR 2010 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

**NOTES:**

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

# 2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Apostolic Christian Resthaven COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0029892

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(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.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation 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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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 Resthaven

# 0029892

Report Period Beginning:

01/01/2011 Ending:

12/31/2011

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 24,100 B. General Construction Type: Exterior 80% Brick/20% Cedar 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).  
Eighteen (18) congregate housing units (apartments) are attached to the nursing home. Utilities are separately metered and costs are handled separately.

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				\$	1
2					2
3	TOTALS			\$	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2011 Ending:12/31/2011**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	49		1985	1985	\$ 2,012,999	\$ 50,325	40	\$ 50,325		\$ 1,324,872	4
5			1986	1986	10,064	252	40	252		6,420	5
6			1987	1987	67,246	1,681	40	1,681		41,186	6
7	1		1988	1988	91,817	2,295	40	2,295		53,937	7
8			1999	1999	74,929	1,873	40	1,380	(493)	18,328	8
	<b>Improvement Type**</b>										
9		Land Improvements - General Land Improvement:	1985		24,667		15			24,667	9
10		Land Improvements - General Land Improvement:	1986		4,800		15			4,800	10
11		Land Improvements - General Land Improvement:	1989		2,069		15			2,069	11
12		Land Improvements - General Land Improvement:	1990		590		15			590	12
13		Land Improvements - Court Yard	1992		13,298		15			13,298	13
14		Land Improvements - Front Court Yard	1997		15,126	1,008	15	1,008		14,536	14
15		Land Improvements - Black Topping	1997		16,291	1,086	15	1,086		15,567	15
16		Land Improvements - Parking Lot	2001		5,200	347	15	347		3,554	16
17		Land Improvements - Sidewalk to Parking Lot	2005		5,315	354	15	354		2,274	17
18		Land Improvements - Timber Landscape	2009		4,100	410	10	410		957	18
19		Land Improvements - Retaining Walls	2009		7,300	365	20	365		821	19
20		Land Improvements - Landscaping & Court Yard	2010		1,800	180	10	180		255	20
21		Land Improvements - Storm Water Structure & Piping for Downspout:	2010		12,477	499	25	499		707	21
22		Land Improvements - Concrete Patio Outside New Activity Room:	2011		2,025	90	15	90		90	22
23		Land Improvements - Fencing Around New Activity Room Patio	2011		3,018	189	8	189		189	23
24		Land Improvements - Landscaping Around New Activity Room Patio	2011		4,560	228	10	228		228	24
25		Building Improvements - General Building Improvement:	1987		8,669		20			8,669	25
26		Building Improvements - General Building Improvement:	1988		28,461		20			28,461	26
27		Building Improvements - General Building Improvement:	1989		500		20			500	27
28		Building Improvements - General Building Improvement:	1990		6,091	12	20	12		6,091	28
29		Building Improvements - General Building Improvement:	1991		6,846	271	20	271		6,846	29
30		Building Improvements - Air Conditioner	1992		13,749	688	20	688		13,401	30
31		Building Improvements - Light Fixtures	1992		1,331	67	20	67		1,301	31
32		Building Improvements - RPZ Plumbing Valve	1994		885	44	20	44		768	32
33		Building Improvements - Curtains	1995		1,944		10			1,944	33
34		Building Improvements - Carpeting Music Room	1995		1,332		10			1,332	34
35		Building Improvements - Drapes	1995		2,989		10			2,989	35
36		Building Improvements - Carpet on Walls	1995		6,262		10			6,262	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	<a href="#">Building Improvements - Wallpaper</a>	1995	\$ 3,703	\$	10	\$	\$	\$ 3,703	37
38	<a href="#">Building Improvements - Drapes</a>	1995	884		10			884	38
39	<a href="#">Building Improvements - Carpeting Office</a>	1995	1,344		10			1,344	39
40	<a href="#">Building Improvements - Wallpaper and Drapes</a>	1996	540		10			540	40
41	<a href="#">Building Improvements - Drapes in Lobby</a>	1996	594		10			594	41
42	<a href="#">Building Improvements - Carpeting Lobby</a>	1996	5,853		10			5,853	42
43	<a href="#">Building Improvements - Sound System Lobby</a>	1996	809	40	20	40		631	43
44	<a href="#">Building Improvements - Code Alert</a>	1997	1,164		10			1,164	44
45	<a href="#">Building Improvements - Patio Door</a>	1998	2,100	105	20	105		1,444	45
46	<a href="#">Building Improvements - Automatic Door</a>	1998	2,029	101	20	101		1,376	46
47	<a href="#">Building Improvements - Carpeting Music Room</a>	1998	2,671		10			2,671	47
48	<a href="#">Building Improvements - Kitchen Air Conditioner</a>	1999	9,367	468	20	468		5,986	48
49	<a href="#">Building Improvements - Cabinets</a>	1999	699	35	20	35		445	49
50	<a href="#">Building Improvements - Carpeting 2 Offices</a>	1999	1,325	66	20	66		844	50
51	<a href="#">Building Improvements - Dining Room Blinds</a>	1999	656	33	20	33		400	51
52	<a href="#">Building Improvements - Garbage Disposal</a>	2000	1,975	99	20	99		1,145	52
53	<a href="#">Building Improvements - Faucets</a>	2001	2,372	119	20	119		1,264	53
54	<a href="#">Building Improvements - Grease Trap</a>	2001	3,769	188	20	188		2,010	54
55	<a href="#">Building Improvements - Door Shades</a>	2001	562	28	20	28		290	55
56	<a href="#">Building Improvements - Damper</a>	2001	710	36	20	36		361	56
57	<a href="#">Building Improvements - Door for PT Room</a>	2001	600	30	20	30		303	57
58	<a href="#">Building Improvements - Drapes for Employee Dining Room</a>	2002	653	33	20	33		321	58
59	<a href="#">Building Improvements - Drapes for Residents Rooms</a>	2002	1,307	65	20	65		637	59
60	<a href="#">Building Improvements - Electromagnetic Front Doors</a>	2003	1,717	86	20	86		766	60
61	<a href="#">Building Improvements - Air Conditioning</a>	2003	3,100	155	20	155		1,305	61
62	<a href="#">Building Improvements - Fire Dampers</a>	2003	2,160	108	20	108		882	62
63	<a href="#">Building Improvements - Steam Table Restoration</a>	2004	3,700	185	20	185		1,465	63
64	<a href="#">Building Improvements - Hot Water Coil Replacement</a>	2004	3,408	170	20	170		1,335	64
65	<a href="#">Building Improvements - Activity Room Shelving</a>	2004	1,850	93	20	93		725	65
66	<a href="#">Building Improvements - Exit Door Alarms at Service Entrance</a>	2004	994	50	20	50		373	66
67	<a href="#">Building Improvements - Smoke Detectors with Office Window</a>	2004	953	48	20	48		345	67
68	<a href="#">Building Improvements - Hot Water Heaters</a>	2005	8,650	433	20	433		2,991	68
69	<a href="#">Building Improvements - Fire Doors and Wiring</a>	2005	3,230	162	20	162		1,023	69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 2,534,198	\$ 65,200		\$ 64,707	\$ (493)	\$ 1,653,329	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2011 Ending: 12/31/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,534,198	\$ 65,200		\$ 64,707	\$ (493)	\$ 1,653,329	1
2	<u>Building Improvements - 3 Wings Security Door Systems</u>	2005	6,600	330	20	330		2,035	2
3	<u>Building Improvements - Duct Detectors</u>	2005	1,167	58	20	58		355	3
4	<u>Building Improvements - Smoke Dampers</u>	2005	4,607	230	20	230		1,401	4
5	<u>Building Improvements - Smoke Detectors</u>	2005	5,159	258	20	258		1,548	5
6	<u>Building Improvements - Replace Windows &amp; Labor</u>	2005	28,966	724	40	724		4,817	6
7	<u>Building Improvements - Replace Windows &amp; Labor</u>	2006	24,955	624	40	624		3,327	7
8	<u>Building Improvements - RN Station Cabinets and Counters</u>	2006	12,127	808	15	808		4,514	8
9	<u>Building Improvements - A/C Condenser for Kitchen</u>	2006	2,800	187	15	187		1,027	9
10	<u>Building Improvements - RN Station Carpeting</u>	2006	3,700	555	5	555		3,700	10
11	<u>Building Improvements - Elevator Motor</u>	2008	3,846	192	20	192		657	11
12	<u>Building Improvements - Generator</u>	2008	2,511	502	5	502		1,548	12
13	<u>Building Improvements - RN Station Cabinets</u>	2009	7,350	490	15	490		1,388	13
14	<u>Building Improvements - Wood Room Doors</u>	2009	8,669	578	15	578		1,589	14
15	<u>Building Improvements - Elevator Pump Motor &amp; Soft Start</u>	2010	5,399	270	20	270		495	15
16	<u>Building Improvements - New Tub for Residents</u>	2010	14,963	748	20	748		1,372	16
17	<u>Building Improvements - Upgrade Ansul System &amp; Rewire Hood</u>	2010	5,669	567	10	567		709	17
18	<u>Building Improvements - Relocate 5 &amp; Furnish 5 A/C Condensing</u>	2010	36,336	2,422	15	2,422		3,028	18
19	<u>Building Improvements - Drapes / Coverings for Resident Rooms</u>	2010	2,532	506	5	506		548	19
20	<u>Building Improvements - Drapes / Coverings for Resident Rooms</u>	2011	3,129	574	5	574		574	20
21	<u>Building Improvements - New Activity Room Sound System</u>	2011	15,382	1,025	10	1,025		1,025	21
22	<u>Building Improvements - New Activity Room Vinyl Flooring</u>	2011	18,937	1,263	10	1,263		1,263	22
23	<u>Building Improvements - New Activity Room Blinds &amp; Window C</u>	2011	4,581	611	5	611		611	23
24	<u>Building Improvements - Internal Sewer Line Replacement</u>	2011	9,611	240	20	240		240	24
25	<u>Building Improvements - Kitchen A/C Replace Condenser Coil</u>	2011	10,665	237	15	237		237	25
26	<u>Building Improvements - Fire Protection System</u>	2011	113,422	3,025	25	3,025		3,025	26
27	<u>Building Improvements - New Activity Room Shell Construction</u>	2011	161,499	2,692	40	2,692		2,692	27
28	<u>Building Improvements - New Activity Room Carpentry &amp; Millwo</u>	2011	120,857	5,371	15	5,371		5,371	28
29	<u>Building Improvements - New Activity Room Aluminum Doors</u>	2011	7,070	236	20	236		236	29
30	<u>Building Improvements - New Activity Room Plumbing &amp; Radian</u>	2011	14,299	636	15	636		636	30
31	<u>Building Improvements - New Activity Room Roofing</u>	2011	8,398	560	10	560		560	31
32	<u>Building Improvements - New Activity Room Electrical System</u>	2011	62,500	2,315	18	2,315		2,315	32
33	<u>Building Improvements - New Activity Room Painting</u>	2011	12,723	1,696	5	1,696		1,696	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,274,627	\$ 95,730		\$ 95,237	\$ (493)	\$ 1,707,868	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 3,274,627	\$ 95,730		\$ 95,237	\$ (493)	\$ 1,707,868	1
2	Building Improvements - New Activity Room Accordion Door	2011	5,892	393	10	393		393	2
3	Building Improvements - New Activity Room HVAC System	2011	42,670	1,896	15	1,896		1,896	3
4	Building Improvements - New Activity Room Cabinets	2011	30,808	1,369	15	1,369		1,369	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,353,997	\$ 99,388		\$ 98,895	\$ (493)	\$ 1,711,526	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 165,785	\$ 17,071	\$ 17,071	\$	5/10/12/15/20	\$ 99,698	71
72	Current Year Purchases	62,295	6,737	6,737		/10/12/15/18/20	6,737	72
73	Fully Depreciated Assets	293,481	1,782	1,782		3/5/10	293,481	73
74								74
75	TOTALS	\$ 521,561	\$ 25,590	\$ 25,590	\$		\$ 399,916	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Van - Care Related Use	2006 Ford E-350 Van	2006	\$ 36,327	\$ 3,633	\$ 3,633	\$	10	\$ 20,585	76
77										77
78										78
79										79
80	TOTALS			\$ 36,327	\$ 3,633	\$ 3,633	\$		\$ 20,585	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,911,885	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 128,611	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 128,118	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (493)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,132,027	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-1986/1991/1999/06/09	\$ 976,558	\$ 24,414	\$ 531,283	86
87	Land Improvements-86/90/91/97	94,036	2,646	85,266	87
88	Equipment-1986-1999/2006/2009	53,036	1,381	44,960	88
89	Building Improvements-99-03/06-11	87,131	5,467	23,279	89
90	Van-30% Non-Care Related-2006	15,569	1,557	8,822	90
91	TOTALS	\$ 1,226,330	\$ 35,465	\$ 693,610	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

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

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

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

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

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

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

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

\* 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? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care	39-2	visits				3,992		3,992	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2/39-3	# of prescripts		5,154	66,398	2,027	5,154	68,425	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>Personal Supplies</u>	39-2					31,079		31,079	13
14	TOTAL			\$	5,154	\$ 66,398	\$ 37,098	5,154	\$ 103,496	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892Report Period Beginning: 01/01/2011Ending: 12/31/2011

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 573,099	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>44,412</u> )	195,937		3
4	Supply Inventory (priced at <u>cost</u> )	16,526		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 785,562	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	109,572		12
13	Land			13
14	Buildings, at Historical Cost	4,511,722		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	626,493		16
17	Accumulated Depreciation (book methods)	(2,830,567)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	150,000		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Capital in Insurance Groups</u>	110,280		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,677,500	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,463,062	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 276,451	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	106,107		30
31	Accrued Taxes Payable (excluding real estate taxes)	25,670		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	1,179		34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36				36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 409,407	\$	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				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 409,407	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,053,655	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,463,062	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>2,882,939</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>2,882,939</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>170,716</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>170,716</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,053,655</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892Report Period Beginning: 01/01/2011Ending: 12/31/2011

**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	\$ 3,093,921	1
2	Discounts and Allowances for all Levels	(134,516)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 2,959,405</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$</b>	<b>8</b>
<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		13
14	Non-Patient Meals	2,811	14
15	Telephone, Television and Radio	33	15
16	Rental of Facility Space		16
17	Sale of Drugs	77,721	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 80,565</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	260,205	24
25	Interest and Other Investment Income***	9,115	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 269,320</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Other Revenues</b>	197,183	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 197,183</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 3,506,473</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	679,716	31
32	Health Care	1,535,628	32
33	General Administration	726,822	33
<b>B. Capital Expense</b>			
34	Ownership	164,076	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	202,140	35
36	Provider Participation Fee	27,375	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 3,335,757</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>170,716</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 170,716</b>	<b>43</b>

\* 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Apostolic Christian Resthaven

# 0029892

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,622	1,872	\$ 63,312	\$ 33.82	1
2	Assistant Director of Nursing	1,880	2,080	63,391	30.48	2
3	Registered Nurses	15,156	16,512	455,702	27.60	3
4	Licensed Practical Nurses	5,448	6,021	140,588	23.35	4
5	CNAs & Orderlies	47,647	50,749	596,535	11.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,952	2,088	26,435	12.66	8
9	Activity Director	1,977	2,080	29,443	14.16	9
10	Activity Assistants	2,482	2,661	29,283	11.00	10
11	Social Service Workers	1,947	2,090	36,519	17.47	11
12	Dietician					12
13	Food Service Supervisor	1,993	2,080	36,448	17.52	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,290	16,694	174,450	10.45	15
16	Dishwashers					16
17	Maintenance Workers	3,695	4,160	92,625	22.27	17
18	Housekeepers	6,178	6,706	56,352	8.40	18
19	Laundry	2,733	2,947	34,204	11.61	19
20	Administrator	1,886	2,080	97,484	46.87	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,710	3,040	57,538	18.93	23
24	Clerical	1,245	1,364	15,003	11.00	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) <u>Nursing Secretary</u>	1,110	1,274	15,161	11.90	33
34	TOTAL (lines 1 - 33)	116,951	126,498	\$ 2,020,473 *	\$ 15.97	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	97	\$ 4,711	1-3	35
36	Medical Director	2	2,000	9-3	36
37	Medical Records Consultant	12	842	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	77	3,042	10-3	39
40	Physical Therapy Consultant	10	666	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	832	11-3	44
45	Social Service Consultant	24	2,104	12-3	45
46	Other(specify) <u>Dental Consultant</u>	18	700	10-3	46
47	<u>Housekeeping Consultant</u>	36	395	3-5	47
48					48
49	TOTAL (lines 35 - 48)	292	\$ 15,292		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

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
David G. Stieglitz	Administrator	0	\$ 97,484	Workers' Compensation Insurance	\$ 44,927	IDPH License Fee	\$	
				Unemployment Compensation Insurance	(297)	Advertising: Employee Recruitment	236	
				FICA Taxes	154,031	Health Care Worker Background Check	50	
				Employee Health Insurance	162,790	(Indicate # of checks performed <u>8</u> )		
				Employee Meals	4,473	Patient Background Checks	21 200	
				Illinois Municipal Retirement Fund (IMRF)*		Newsletter/Advertising	1,913	
				Employee Life Insurance	1,108	Assn. Dues/City Busn. Lic./Bank Fees	7,977	
				Employee Pension Expense	62,673	Anti-Virus Subscription/Publications	842	
				Employee Health Services	3,561	Elev. Lic./Payroll Subscr./Sec. of State Fee	602	
				Employee Relations	13,437	Bulk Mail Permit/Business License	200	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	(2,193)	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 97,484	TOTAL (agree to Schedule V, line 22, col.8)	\$ 446,703	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 9,827	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							David Stieglitz, Adm. - Leading Age	(2,830)
							In-State Travel	
							Vehicle Expense	996
							Seminar Expense	25,066
							Less: Non-Care Vehicle Expense	(299)
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 22,933
C. Professional Services								
Vendor/Payee	Type		Amount					
Borhart Spellmeyer & Company	CPA - Cost Report & 990		\$ 7,750					
Thomas D. Chase	Collections Attorney		873					
Polsinelli Shughart PC	Attorney		653					
American United Life	Document Prep Service		250					
Betty Harvel	Housekeeping Assistance		395					
MCC Technology	Network Support		4,650					
CDS Office Technology	Copier Support		996					
QuickBooks	Direct Deposit Service		2,728					
DirecTV	Satellite Television Service		1,910					
MDI Achieve/HCIS	Medical Records Software		3,946					
Information Controls	Time & Attendance Software		1,145					
Mihai Vlad	Open House Musician		275					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 25,571					

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).**

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892Report Period Beginning: 01/01/2011 Ending: 12/31/2011**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 - \$6,366
- (3) Did the nursing home make political contributions or payments to a political action organization? no If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,779 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 27,375  
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? yes 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. \$ 4,473 Has any meal income been offset against related costs? no Indicate the amount. \$ \_\_\_\_\_
- (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? 0  
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? yes  
**g. Does the facility transport residents to and from day training? no**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? 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? n/a  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**

Page 3, Schedule V, Line 7, Other

Expenses related to removal of general waste	\$ 6,549
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Page 3, Schedule V, Line 27, Other Expenses

Volunteer Expense	\$ 299
Land Rent Paid to Related Party	1

Column 4 Total	300
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Volunteer Expense on Page 5A, Non-Allowable Expenses	(299)
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**RECLASSIFICATIONS:**

Land Rent Paid to Related Party From Line 27 Col 5 to Line 34 Col 5	(1)
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Column 8, Adjusted Total	\$ -
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Page 4, Schedule V, Line 43, Other Expenses

Apartment Expense	\$ 86,716
Unrealized Loss / Marketable Securities Adjustment	10,796
Multipurpose Room Expense	75

Column 4 Total	97,587
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Apartment Expense - Page 5A - Non-Allowable Expense	(86,716)
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Unrealized Loss - Page 5A - Non-Allowable Expense	(10,796)
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Multipurpose Room Expense - Page 5A - Non-Allowable Expense	(75)
---	------

Column 8, Adjusted Total	\$ -
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Page 3, Schedule V, Column 5 Reclassifications

Reclassify Staff Meals From Line 1, Dietary Wages	\$ (3,074)
Reclassify Staff Meals From Line 2, Meal Costs	(1,399)
Reclassify Staff Meals To Line 22, Employee Benefits	4,473

Reclassify Payment Related To Land Rent From Line 27, Other	(1)
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Reclassify Payment Related To Land Rent to Line 34, Rent Facility & Grounds	1
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Reclassify Employee Background Checks/Fingerprinting From Line 24, Travel & Seminar	(50)
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Reclassify Employee Background Checks/Fingerprinting To Line 20, Dues, Fees, Subscriptic	50
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Reclassify Housekeeping Assistance From Line 19, Professional Services	(395)
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Reclassify Housekeeping Assistance To Line 3, Housekeeping	395
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Net Effect Of All Reclassifications	\$ -
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**Page 19, Schedule XVII, Line 28, Other Revenues**

<u>Account</u>		
8050	Apartment Income	\$ 193,679
8026	Miscellaneous Non-Operating	1,539
8023	Vending Income	956
6902	Activity Income	651
6911	Miscellaneous Operating	220
8020	Cookbook Sales	138
		<hr/>
		\$ 197,183
		<hr/> <hr/>

Notes:

Vending Expense is already adjusted out of Sch. V, Line 41.  
 Apartment Expense is already adjusted out of Sch. V, Line 43.  
 Other Revenues, as detailed above, have not been offset against expenses on Schedule V.

**Page 20, Schedule XVIII, Line 34, Salary & Wage Reconciliation**

Total Wages Reported on Page 20, Line 34	\$ 2,020,473
Dietary Wages Allocated to Non-Patient Meals, as per Adjustment on Page 5A	<hr/> 12,655
Total Salary / Wages Reported on Page 4, Column 1	<hr/> <hr/> \$ 2,033,128

**Page 21, Schedule XIX, Section D, Pension Expense**

Pension Costs For Owners and Related Parties	\$ -
Pension Costs For All Other Employees	<hr/> 62,673
	<hr/> <hr/> \$ 62,673

Note - 56 employees were covered under the pension plan for the year 2011.

**Page 19, Schedule XVII, Line 25, Interest Income**

Interest income was not offset against interest expense, as there was no interest expense incurred during 2011.

**Attachment to Schedule XIII**

Nurse assistants were not trained in Basic Nurse Assistant courses during the report period due to our policy to hire nursing assistants who are currently enrolled in a Basic Nurse Assistant Training program or are already listed on the Illinois Nurse Assistant Registry. Our facility had nine (9) nurse assistants leave employment during 2011 and all replacements met the above requirement.

**Attachment to Schedule XX, General Information # 14**

A portion of the building consists of 18 independent congregate living units. Costs are allocated to this portion of the building on the basis of square footage, exact costs (if able to be determined), and provider estimates of service costs.

**Attachment to Schedule XX, General Information # 16a**

From October 16, to October 21, 2011, David Stieglitz, Administrator, attended the annual meeting of Leading Age, formerly the American Association of Homes and Services for the Aging. The meeting was held in Washington, DC, and included topics on staff retention, new initiatives in long-term care, best practices, and culture change. The costs related to this out-of-state travel have been adjusted out of the cost report.

**2011 Board of Directors and Officers:**

Jeff Kellenberger, President	11N528 Muirhead Road, Elgin, IL 60124
Robert Schambach, Vice-President	251 Brookside Drive, Elgin, IL 60123
Eric Schieler, Treasurer	1403 Blume Drive, Elgin, IL 60124
Richard Kilgus, Secretary	775 Regency Park Drive, Crystal Lake, IL 60014
Don Heiniger	38W644 Arrowmaker Pass, Elgin, IL 60124
Boyd Metzger	1440 N. State Parkway, 17C, Chicago, IL 60610
Morris Young	8261 S. Mayfield Road, DeKalb, IL 60115

Board Vice-President Robert Schambach is the owner of Schambach Construction, Inc. In that capacity, he has served as the general contractor for Apostolic Christian Resthaven's recent construction project, the addition of activity and dining space completed during 2011.

**Apostolic Christian Resthaven**  
**2011 Cost Report**  
**Seminar Expense (Support for Page 21, Section G)**  
**Facility # 0029892**

<b>Name</b>	<b>Title</b>	<b>Date</b>	<b>City</b>	<b>State</b>	<b>Seminar Title</b>	<b>Sponsor</b>	<b>Cost</b>
Eileen Feuser Jean Jablonski Eileen Cowell	RN RN RN	2/2/2011	Crystal Lake	IL	The Aging Brain	Institute for Natural Resources	\$243
Virginia Scappino Sue Sneed	DON ADON	3/15 & 4/12/2011	Elgin	IL	Infection Control and Prevention	LSN	\$149
Barb Ternoir Merlita Mayhew Darlene Schuman	RN LPN LPN	4/5/2011	Elgin	IL	Anger, Forgiveness & the Healing Process	Institute for Brain Potential	\$222
Sue Sneed Karen Erickson Jan Mogler Gretchen Hagerman Tiffany Weiby	ADON RN RN RN LPN	3/23-3/25/2011	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$3,256
Eileen Feuser Jean Jablonski Eileen Cowell	RN RN RN	8/3/2011	Rockford	IL	Arthritis, Backache & Bone Disease	Institute for Natural Resources	\$237
Virginia Scappino	DON	7/20/2011	Elgin	IL	Balancing Quality of Life with Nutrition	LSN	\$49
Tonya Dietz	RN	7/4/11-10/23/11	Naperville	IL	Transition to Professional Nursing	Chamberlain College of Nursing	\$1,770
Tiffany Weiby	LPN	12/8/2011	Crystal Lake	IL	Conquering Pain	Institute of Natural Resources	\$84
Tonya Dietz	RN	7/4/11-10/23/11	Naperville	IL	Transition to Professional Nursing	Chamberlain College of Nursing	\$1,770
Tonya Dietz	RN	10/24-2/26/12	Naperville	IL	Community Health Nursing	Chamberlain College of Nursing	\$2,360
<b># 7044 - Nurse Education - SUBTOTAL</b>							<b>\$10,140</b>

**Apostolic Christian Resthaven**  
**2011 Cost Report**  
**Seminar Expense (Support for Page 21, Section G)**  
**Facility # 0029892**

<b>Name</b>	<b>Title</b>	<b>Date</b>	<b>City</b>	<b>State</b>	<b>Seminar Title</b>	<b>Sponsor</b>	<b>Cost</b>
Donna Warren	Activity Director	5/11/2011	Naperville	IL	FRAPA	FRAPA	\$23
Donna Warren	Activity Director	6/8/2011	Naperville	IL	FRAPA	FRAPA	\$23
Donna Warren	Activity Director	6/11/2011	Naperville	IL	FRAPA	FRAPA	\$45
Loni Axford Gail Wonneberg	Act. Asstnt Act. Asstnt	9/21/2011	Arlington Hts	IL	Teepa Snow	Alzheimer's Assn of Greater IL	\$147
Donna Warren	Activity Director	8/10/2011	Naperville	IL	FRAPA	FRAPA	\$26
Donna Warren	Activity Director	9/14/2011	Naperville	IL	FRAPA	FRAPA	\$25
Donna Warren	Activity Director	11/9/2011	Naperville	IL	FRAPA	FRAPA	\$25
<b># 7230 - Activity Education - SUBTOTAL</b>							<b>\$314</b>
David Stieglitz	Administrator	3/23-3/25/2011	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$1,132
David Stieglitz	Administrator	6/1/2011	Elgin	IL	Brave Questions	Dr. Alan Zimmerman	\$32
David Stieglitz	Administrator	8/11/2011	Elgin	IL	Retirement Plan Management Series	LSN	\$99
David Stieglitz	Administrator	10/15-10/20/11	Washington	DC	Annual Convention	Leading Age	\$2,830
<b># 7853 - Administrative Education - SUBTOTAL</b>							<b>\$4,093</b>

Apostolic Christian Resthaven  
 2011 Cost Report  
 Seminar Expense (Support for Page 21, Section G)  
 Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Bethany Schmidgall	Dietary Mgr	3/26/2011	Peoria	IL	Certified Dietary Mgr Credentialing Exam	Dietary Managers Association	\$390
Sonia Madrigal	Relief Cook	3/11 & 3/18/2011	Rockford	IL	Sanitation Class	Nutrition Care Systems	\$65
Bethany Schmidgall	Dietary Mgr	3/23-3/25/2011	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$796
Bethany Schmidgall	Dietary Mgr	5/10/11	St. Charles	IL	Certification	Dietary Managers Association	\$145
Bethany Schmidgall	Dietary Mgr	7/20/2011	Elgin	IL	Balancing Quality of Life with Nutrition	LSN	\$50
Bethany Schmidgall	Dietary Mgr	9/8/11	Elgin	IL	Creating Nutrition Care Plans under MDS 3.0	Dietary Managers Assn	\$50
Daniel Toebes	Relief Cook	9/15 & 9/22/2011	Rockford	IL	Sanitation Class	Nutrition Care Systems	\$90
<b># 7529 - Diet Education - SUBTOTAL</b>							<b>\$1,586</b>

**Apostolic Christian Resthaven**  
**2011 Cost Report**  
**Seminar Expense (Support for Page 21, Section G)**  
**Facility # 0029892**

<b>Name</b>	<b>Title</b>	<b>Date</b>	<b>City</b>	<b>State</b>	<b>Seminar Title</b>	<b>Sponsor</b>	<b>Cost</b>
All Staff		1/1/2011			Online Silverchair Learning	Silverchair	\$3,330
Maria Garcia Sharmeen Ahmed Wendy Raya	Laundry Asst/Hskpr CNA CNA	1/3/2011	Elgin	IL	Physicals	Provena St. Joseph Hopt	\$300
Sakeena Walker Margaret Reid	Relief Cook CNA	4/1/2011	Elgin	IL	Physicals	Provena St. Joseph Hopt	\$175
Jan Mogler	RN	4/4/2011	Elgin	IL	Door Sign	Balsis Awards & Engraving	\$6
Mary Braun	RN	4/29/2011	Elgin	IL	Nameplate	Balsis Awards & Engraving	\$12
Graciela Lopez	Dietary Aide	6/1/2011	Elgin	IL	Chest X-ray	Midwest X-ray	\$30
All Staff		7/30/2011	Elgin	IL	Fire Safety training	Fox Valley Fire & Safety	\$375
Hector Lopez	Dietary Aide	8/1/2011	Elgin	IL	Physical & Fingerprinting	Provena St. Joseph Hopt	\$80
All Staff		8/12/2011	Elgin	IL	Fire Safety training	Fox Valley Fire & Safety	\$375
Shari Anatra Perla Maldonado Karina Arreguin Joelene Schmitz	CNA CNA CNA CNA	9/1/2011	Elgin	IL	Physical & Fingerprinting	Provena St. Joseph Hopt	\$675
Tonya Dietz	RN	9/20/2011	Elgin	IL	Nameplate	Balsis Awards & Engraving	\$6
Dan Toebes	Relief Cook	4/1/2011	Elgin	IL	Physicals	Provena St. Joseph Hopt	\$40
Taylor McDonald	CNA	11/1/2011	Elgin	IL	Physical	Provena St. Joseph Hopt	\$100
All Staff		11/9/2011	Elgin	IL	Employment Law Posters	Illinois Chamber of Commerce	\$99
All Staff		12/1/2011			Online Silverchair Learning	Silverchair	\$3,330
<b># 7926 - Employee Hiring and Training - SUBTOTAL</b>							<b>\$8,933</b>
<b>GRAND TOTAL:</b>							<b>\$25,066</b>