

Facility Name & ID Number Apostolic Christian Resthaven

0029892 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	18,300	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	18,300	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		Medicaid Recipient	Private Pay	Other		
8	SNF	1,539	5,401		6,940	8
9	SNF/PED					9
10	ICF	1,640	8,563		10,203	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,179	13,964		17,143	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.68%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

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

ACCRUAL 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Apostolic Christian Resthaven

002982

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	233,817	13,652	4,366	251,835	(3,845)	247,990	(12,686)	235,304		1
2	Food Purchase		103,766		103,766	(1,709)	102,057	(5,638)	96,419		2
3	Housekeeping	60,917	11,478		72,395		72,395		72,395		3
4	Laundry	36,208	8,082		44,290		44,290		44,290		4
5	Heat and Other Utilities			51,415	51,415		51,415		51,415		5
6	Maintenance	96,010	6,118	43,356	145,484		145,484		145,484		6
7	Other (specify):* Waste Removal			7,512	7,512		7,512		7,512		7
8	TOTAL General Services	426,952	143,096	106,649	676,697	(5,554)	671,143	(18,324)	652,819		8
	B. Health Care and Programs										
9	Medical Director			2,000	2,000		2,000		2,000		9
10	Nursing and Medical Records	1,407,871	69,879	4,786	1,482,536		1,482,536		1,482,536		10
10a	Therapy		28	142	170		170		170		10a
11	Activities	61,419	9,344	832	71,595		71,595	(45)	71,550		11
12	Social Services	37,544	383	2,112	40,039		40,039		40,039		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,506,834	79,634	9,872	1,596,340		1,596,340	(45)	1,596,295		16
	C. General Administration										
17	Administrative	101,837			101,837		101,837		101,837		17
18	Directors Fees										18
19	Professional Services			29,853	29,853		29,853	(2,134)	27,719		19
20	Dues, Fees, Subscriptions & Promotions			9,117	9,117	74	9,191	(1,655)	7,536		20
21	Clerical & General Office Expenses	72,908	6,978	5,374	85,260		85,260		85,260		21
22	Employee Benefits & Payroll Taxes			474,057	474,057	5,554	479,611		479,611		22
23	Inservice Training & Education			555	555		555		555		23
24	Travel and Seminar			33,277	33,277	(74)	33,203	(4,609)	28,594		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			32,928	32,928		32,928		32,928		26
27	Other (specify):* Misc Exp & Vol Exp			4,388	4,388	(1)	4,387	(2,613)	1,774		27
28	TOTAL General Administration	174,745	6,978	589,549	771,272	5,553	776,825	(11,011)	765,814		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,108,531	229,708	706,070	3,044,309	(1)	3,044,308	(29,380)	3,014,928		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:

01/01/2012

Ending:

12/31/2012

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			184,970	184,970		184,970	(36,647)	148,323			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	TOTAL Ownership			184,970	184,970	1	184,971	(36,648)	148,323			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		30,770	61,469	92,239		92,239		92,239			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		709		709		709	(709)				41
42	Provider Participation Fee			182,702	182,702		182,702		182,702			42
43	Other (specify):* MPR/Apt Expense		1,754	86,452	88,206		88,206	(88,206)				43
44	TOTAL Special Cost Centers		33,233	330,623	363,856		363,856	(88,915)	274,941			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,108,531	262,941	1,221,663	3,593,135		3,593,135	(154,943)	3,438,192			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

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,638)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,934)	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	(45)	11		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(36,154)	30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(110)	20		17
18	Fines and Penalties	(359)	20		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(200)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(1,186)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(108,824)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (154,943)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (154,943)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	51
					52

SEE ACCOUNTANTS' COMPILATION REPORT

Apostolic Christian Resthaven

ID# 0029892

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Apartment Expense	\$ (86,452)	43	1
2	Non-Care Travel Expense	(146)	24	2
3	Vending Expense	(709)	41	3
4	Non-Patient Meals (Wage-Related Costs)	(12,686)	1	4
5	Multipurpose Room Expense	(1,754)	43	5
6	Volunteer Expense	(2,613)	27	6
7	Rent on Land Paid to Related Party	(1)	34	7
8	Out-of-State Travel	(4,463)	24	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(108,824)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	(12,686)	0	0	0	0	0	0	0	0	0	0	(12,686)	1
2	Food Purchase	(5,638)	0	0	0	0	0	0	0	0	0	0	(5,638)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(18,324)	0	0	0	0	0	0	0	0	0	0	(18,324)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(45)	0	0	0	0	0	0	0	0	0	0	(45)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(45)	0	0	0	0	0	0	0	0	0	0	(45)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,134)	0	0	0	0	0	0	0	0	0	0	(2,134)	19
20	Fees, Subscriptions & Promotions	(1,655)	0	0	0	0	0	0	0	0	0	0	(1,655)	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	(4,609)	0	0	0	0	0	0	0	0	0	0	(4,609)	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):*	(2,613)	0	0	0	0	0	0	0	0	0	0	(2,613)	27
28	TOTAL General Administration	(11,011)	0	0	0	0	0	0	0	0	0	0	(11,011)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(29,380)	0	0	0	0	0	0	0	0	0	0	(29,380)	29

STATE OF ILLINOIS

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2012 Ending:

Summary B

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(36,647)	0	0	0	0	0	0	0	0	0	0	(36,647)	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	TOTAL Ownership	(36,648)	0	0	0	0	0	0	0	0	0	0	(36,648)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(709)	0	0	0	0	0	0	0	0	0	0	(709)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(88,206)	0	0	0	0	0	0	0	0	0	0	(88,206)	43
44	TOTAL Special Cost Centers	(88,915)	0	0	0	0	0	0	0	0	0	0	(88,915)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(154,943)	0	0	0	0	0	0	0	0	0	0	(154,943)	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
Apostolic Christian Church of Elgin	100					

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	27/34 Land Lease	\$ 1	Apostolic Christian Church of Elgin	100.00%	\$ 1	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1			\$ 1	\$ *	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

0029892

Report Period Beginning:

01/01/2012

Ending: 2/31/2012

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

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:

01/01/2012

Ending:

12/31/2012

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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

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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2011 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 2012 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:	2007 _____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2011 \$ _____</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$ _____</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$ _____</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$ _____</td> <td style="text-align: center;">16</td> </tr> </table>			FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2011 \$ _____	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 2011 \$ _____	13																	
14	PLUS APPEAL COST FROM LINE 5 \$ _____	14																	
15	LESS REFUND FROM LINE 6 \$ _____	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$ _____	16																	
	2008 _____	9																	
	2009 _____	10																	
	2010 _____	11																	
	2011 _____	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.

SEE ACCOUNTANTS' COMPILATION REPORT

2011 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 2011 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 2011.

	(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 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

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).

Seventeen (17) 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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

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		
	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		\$ 1,375,197	4
5			1986	1986	10,064	252	40	252		6,672	5
6			1987	1987	67,246	1,681	40	1,681		42,867	6
7			1988	1988	91,817	2,295	40	2,295		56,233	7
8	1		1999	1999	74,929	1,873	40	1,380	(493)	19,708	8
		Improvement Type**									
9		Land Improvements - General Land Improvement:	1985		21,667		15			21,667	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	590	15	590		15,126	14
15		Land Improvements - Sidewalk to Parking Lot	2005		5,315	354	15	354		2,628	15
16		Land Improvements - Timber Landscapt	2009		4,100	410	10	410		1,367	16
17		Land Improvements - Retaining Walls	2009		7,300	365	20	365		1,186	17
18		Land Improvements - Landscaping & Court Yard	2010		1,800	180	10	180		435	18
19		Land Improvements - Storm Water Structure & Piping for Downspout:	2010		12,477	499	25	499		1,206	19
20		Land Improvements - Concrete Patio Outside New Activity Room:	2011		2,025	135	15	135		225	20
21		Land Improvements - Fencing Around New Activity Room Patio	2011		3,018	377	8	377		566	21
22		Land Improvements - Landscaping Around New Activity Room Patio	2011		4,560	456	10	456		684	22
23		Land Improvements - New Asphalt Driveway & Parking Lot	2012		44,914	3,275	8	3,275		3,275	23
24		Land Improvements - Concrete Sidewalks at Building Entrance	2012		9,527	370	15	370		370	24
25		Land Improvements - Landscaping at Building's Front Entrance	2012		6,388	373	10	373		373	25
26		Building Improvements - General Building Improvement:	1987		8,669		20			8,669	26
27		Building Improvements - General Building Improvement:	1988		28,461		20			28,461	27
28		Building Improvements - General Building Improvement:	1989		500		20			500	28
29		Building Improvements - General Building Improvement:	1990		6,091		20			6,091	29
30		Building Improvements - General Building Improvement:	1991		6,846		20			6,846	30
31		Building Improvements - Air Conditioner	1992		13,749	348	20	348		13,749	31
32		Building Improvements - Light Fixtures	1992		1,331	30	20	30		1,331	32
33		Building Improvements - RPZ Valve	1994		885	44	20	44		813	33
34		Building Improvements - Curtains	1995		1,944		10			1,944	34
35		Building Improvements - Carpeting Music Room	1995		1,332		10			1,332	35
36		Building Improvements - Drapes	1995		2,989		10			2,989	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

Facility Name & ID Number Apostolic Christian Resthaven# 0029892

Report Period Beginning:

01/01/2012

Ending:

12/31/2012**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	Building Improvements - Carpet on Walls	1995	\$ 6,262	\$	10	\$	\$	\$ 6,262	37
38	Building Improvements - Wallpaper	1995	3,703		10			3,703	38
39	Building Improvements - Drapes	1995	884		10			884	39
40	Building Improvements - Carpeting Office	1995	1,344		10			1,344	40
41	Building Improvements - Wallpaper and Drapes	1996	540		10			540	41
42	Building Improvements - Drapes in Lobby	1996	594		10			594	42
43	Building Improvements - Carpeting Lobby	1996	5,853		10			5,853	43
44	Building Improvements - Sound System Lobby	1996	809	40	20	40		672	44
45	Building Improvements - Code Alert	1997	1,164		10			1,164	45
46	Building Improvements - Patio Door	1998	2,100	105	20	105		1,549	46
47	Building Improvements - Automatic Door	1998	2,029	101	20	101		1,478	47
48	Building Improvements - Carpeting in Music Room	1998	2,671		10			2,671	48
49	Building Improvements - Kitchen Air Conditioner	1999	9,367	468	20	468		6,455	49
50	Building Improvements - Cabinets	1999	699	35	20	35		480	50
51	Building Improvements - Carpeting 2 Offices	1999	1,325	66	20	66		911	51
52	Building Improvements - Dining Room Blinds	1999	656	33	20	33		433	52
53	Building Improvements - Garbage Disposal	2000	1,975	99	20	99		1,243	53
54	Building Improvements - Faucets	2001	2,372	119	20	119		1,383	54
55	Building Improvements - Grease Trap	2001	3,769	189	20	189		2,198	55
56	Building Improvements - Door Shades	2001	562	28	20	28		318	56
57	Building Improvements - Damper	2001	710	36	20	36		397	57
58	Building Improvements - Door for PT Room	2001	600	30	20	30		333	58
59	Building Improvements - Drapes for Employee Dining Room	2002	653	33	20	33		354	59
60	Building Improvements - Drapes for Residents Rooms	2002	1,307	65	20	65		702	60
61	Building Improvements - Electromagnetic Front Doors	2003	1,717	86	20	86		852	61
62	Building Improvements - Air Conditioning	2003	3,100	155	20	155		1,460	62
63	Building Improvements - Fire Dampers	2003	2,160	108	20	108		990	63
64	Building Improvements - Steam Table Restoration	2004	3,700	185	20	185		1,650	64
65	Building Improvements - Hot Water Coil Replacement	2004	3,408	170	20	170		1,505	65
66	Building Improvements - Activity Room Shelving	2004	1,850	93	20	93		817	66
67	Building Improvements - Exit Door Alarms at Service Entrance	2004	994	50	20	50		422	67
68	Building Improvements - Smoke Detectors w/ Office Window	2004	953	48	20	48		393	68
69	Building Improvements - Hot Water Heaters	2005	8,650	433	20	433		3,424	69
70	TOTAL (lines 4 thru 69)		\$ 2,567,306	\$ 67,007		\$ 66,514	\$ (493)	\$ 1,696,701	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:

01/01/2012 Ending: 12/31/2012**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	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		\$ 2,567,306	\$ 67,007		\$ 66,514	\$ (493)	\$ 1,696,701	1
2	Building Improvements - Fire Doors and Wiring	2005	3,230	162	20	162		1,184	2
3	Building Improvements - 3 Wings Security Door Systems	2005	6,600	330	20	330		2,365	3
4	Building Improvements - Duct Detectors	2005	1,167	58	20	58		413	4
5	Building Improvements - Smoke Dampers	2005	4,607	230	20	230		1,632	5
6	Building Improvements - Smoke Detectors	2005	5,158	258	20	258		1,805	6
7	Building Improvements - RN Station Cabinets and Counters	2006	12,126	808	15	808		5,322	7
8	Building Improvements - A/C Condenser for Kitchen	2006	2,800	187	15	187		1,213	8
9	Building Improvements - RN Station Carpeting	2006	3,700		5			3,700	9
10	Building Improvements - Elevator Motor	2008	3,846	192	20	192		849	10
11	Building Improvements - Generator	2008	2,511	502	5	502		2,050	11
12	Building Improvements - RN Station Cabinets	2009	7,350	490	15	490		1,878	12
13	Building Improvements - Wood Room Doors	2009	8,669	578	15	578		2,167	13
14	Building Improvements - Elevator Pump Motor & Soft Start	2010	5,399	270	20	270		765	14
15	Building Improvements - New Tub for Residents	2010	14,963	748	20	748		2,120	15
16	Building Improvements - Upgrade Ansl System & Rewire Hood	2010	5,669	567	10	567		1,276	16
17	Building Improvements - Relocate 5 & Furnish 5 A/C Condensing	2010	36,336	2,422	15	2,422		5,450	17
18	Building Improvements - Drapes / Coverings for Resident Rooms	2010	2,532	506	5	506		1,055	18
19	Building Improvements - Drapes / Coverings for Resident Rooms	2011	3,129	626	5	626		1,200	19
20	Building Improvements - New Activity Room Sound System	2011	15,382	1,538	10	1,538		2,564	20
21	Building Improvements - New Activity Room Vinyl Flooring	2011	18,937	1,894	10	1,894		3,156	21
22	Building Improvements - New Activity Room Blinds & Window C	2011	4,581	916	5	916		1,527	22
23	Building Improvements - Internal Sewer Line Replacement	2011	9,611	481	20	481		721	23
24	Building Improvements - Kitchen A/C Replace Condenser Coil	2011	10,665	711	15	711		948	24
25	Building Improvements - Attic Smoke Walls & Wood Doors	2012	12,000	733	15	733		733	25
26	Building Improvements - Replace Windows & Labor	2005	28,967	724	40	724		5,541	26
27	Building Improvements - Replace Windows & Labor	2006	24,955	624	40	624		3,951	27
28	Building Improvements - Fire Protection System	2011	113,422	4,537	25	4,537		7,561	28
29	Building Improvements - New Activity Room Shell Construction	2011	161,499	4,037	40	4,037		6,729	29
30	Building Improvements - New Activity Room Carpentry & Millwo	2011	120,857	8,057	15	8,057		13,429	30
31	Building Improvements - New Activity Room Aluminum Doors	2011	7,070	354	20	354		589	31
32	Building Improvements - New Activity Room Plumbing & Radiant	2011	14,300	953	15	953		1,589	32
33	Building Improvements - New Activity Room Roofing	2011	8,398	840	10	840		1,400	33
34	TOTAL (lines 1 thru 33)		\$ 3,247,742	\$ 102,340		\$ 101,847	\$ (493)	\$ 1,783,583	34

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

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	Totals from Page 12B, Carried Forward	\$ 3,247,742	\$ 102,340		\$ 101,847	\$ (493)	\$ 1,783,583		1
2	Building Improvements - New Activity Room Electrical System	2011 62,500	3,472	18	3,472		5,787		2
3	Building Improvements - New Activity Room Painting	2011 12,723	2,545	5	2,545		4,241		3
4	Building Improvements - New Activity Room Accordion Door	2011 5,892	589	10	589		982		4
5	Building Improvements - New Activity Room HVAC System	2011 42,670	2,845	15	2,845		4,741		5
6	Building Improvements - New Activity Room Cabinets	2011 30,808	2,054	15	2,054		3,423		6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 3,402,335	\$ 113,845		\$ 113,352	\$ (493)	\$ 1,802,757		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	\$ 199,571	\$ 23,710	\$ 23,710	\$	/10/12/15/18	\$ 102,250	71
72	Current Year Purchases	79,884	6,417	6,417		5/10/12/15	6,417	72
73	Fully Depreciated Assets	319,513	1,211	1,211		3/5/10	319,513	73
74								74
75	TOTALS	\$ 598,968	\$ 31,338	\$ 31,338	\$		\$ 428,180	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	\$ 24,218	76
77										77
78										78
79										79
80	TOTALS			\$ 36,327	\$ 3,633	\$ 3,633	\$		\$ 24,218	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)	\$ 4,037,630	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 148,816	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 148,323	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)	\$ 2,255,155	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	\$ 555,697	86
87	Land Improvements-86/90/91/97/2012	85,352	2,691	68,379	87
88	Equipment-1986-1999/2006/2009	53,036	1,031	45,991	88
89	Building Improvements-99-03/06-12	98,081	6,461	29,740	89
90	Van-30% Non-Care Related-2006	15,569	1,557	10,379	90
91	TOTALS	\$ 1,228,596	\$ 36,154	\$ 710,186	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning:

01/01/2012

Ending: 12/31/2012

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. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven # 0029892 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 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				4,759		4,759	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2/39-3	# of prescripts		5,465	61,469	2,332	5,465	63,801	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					23,679		23,679	13
14	TOTAL			\$	5,465	\$ 61,469	\$ 30,770	5,465	\$ 92,239	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: 01/01/2012

Ending:

12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 806,584	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>4,412</u>)	249,316		3
4	Supply Inventory (priced at <u>cost</u>)	17,930		4
5	Short-Term Investments	110,675		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,184,505	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	4,562,327		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	703,899		16
17	Accumulated Depreciation (book methods)	(2,970,764)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	62,974		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Capital in Insurance Groups</u>	89,412		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,447,848	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,632,353	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 312,345	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	117,596		30
31	Accrued Taxes Payable (excluding real estate taxes)	28,690		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	1,540		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 460,171	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 460,171	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,172,182	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,632,353	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,053,655	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,053,655	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	118,527	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)	\$ 118,527	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)	\$ 3,172,182	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,377,309	1
2	Discounts and Allowances for all Levels	(89,553)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,287,756	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,553	14
15	Telephone, Television and Radio	19	15
16	Rental of Facility Space		16
17	Sale of Drugs	67,974	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	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 71,546	23
D. Non-Operating Revenue			
24	Contributions	120,014	24
25	Interest and Other Investment Income***	10,020	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 130,034	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenues	222,326	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 222,326	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,711,662	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	676,697	31
32	Health Care	1,596,340	32
33	General Administration	771,272	33
B. Capital Expense			
34	Ownership	184,970	34
C. Ancillary Expense			
35	Special Cost Centers	181,154	35
36	Provider Participation Fee	182,702	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,593,135	40
41	Income before Income Taxes (line 30 minus line 40)**	118,527	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 118,527	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 522,777	44
45	Private Pay - Net Inpatient Revenue	2,762,067	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Personal Supplies</u>	2,912	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,287,756	49

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven

0029892

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

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	1,346	1,583	\$ 67,561	\$ 42.68	1
2	Assistant Director of Nursing	1,952	2,088	54,377	26.04	2
3	Registered Nurses	15,483	16,859	477,286	28.31	3
4	Licensed Practical Nurses	5,646	6,009	143,290	23.85	4
5	CNAs & Orderlies	48,433	52,101	625,235	12.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,954	2,115	27,242	12.88	8
9	Activity Director	1,882	2,088	31,134	14.91	9
10	Activity Assistants	2,442	2,618	30,285	11.57	10
11	Social Service Workers	2,002	2,115	37,544	17.75	11
12	Dietician					12
13	Food Service Supervisor	1,964	2,088	37,580	18.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,158	16,696	183,551	10.99	15
16	Dishwashers					16
17	Maintenance Workers	3,887	4,257	96,010	22.55	17
18	Housekeepers	5,996	6,608	60,917	9.22	18
19	Laundry	3,051	3,051	36,208	11.87	19
20	Administrator	1,904	2,088	101,837	48.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	2,621	2,893	56,179	19.42	23
24	Clerical	1,261	1,345	16,729	12.44	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>	1,165	1,266	12,880	10.17	33
34	TOTAL (lines 1 - 33)	118,147	127,868	\$ 2,095,845 *	\$ 16.39	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	\$ 4,366	1-3	35
36	Medical Director	3	2,000	9-3	36
37	Medical Records Consultant	11	730	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	86	3,166	10-3	39
40	Physical Therapy Consultant	2	142	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	17	832	11-3	44
45	Social Service Consultant	24	2,112	12-3	45
46	Other(specify) <u>Dental Consultant</u>	10	890	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	250	\$ 14,238		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	\$ 101,837	Workers' Compensation Insurance	\$ 47,778	IDPH License Fee	\$ 3,980	
				Unemployment Compensation Insurance	3,911	Advertising: Employee Recruitment	77	
				FICA Taxes	159,160	Health Care Worker Background Check	74	
				Employee Health Insurance	180,578	(Indicate # of checks performed <u>7</u>)		
				Employee Meals	5,554	Patient Background Checks	19 250	
				Illinois Municipal Retirement Fund (IMRF)*		Newsletter/Advertising/Motion Pic Lic	1,456	
				Employee Life Insurance	2,409	Anti-Virus Subscriptions/Periodicals	781	
				Employee Pension Expense	62,634	Warranties / Other Fees	96	
				Employee Health Services	1,508	CLIA Fee/D&B Fees/City License Fees	1,413	
				Employee Relations	16,079	QuickBooks Fees/Sec of State/Bulk Mail Fee	595	
						Less: Public Relations Expense	()	
						Non-allowable advertising	(1,186)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 101,837	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 479,611		\$ 7,536		
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	(2,705)
							David Steffen, DES - Windmill Software	(1,758)
							In-State Travel	
							Vehicle Expense	485
							Seminar Expense	32,718
							Less: Non-Care Vehicle Expense	(146)
							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	\$ 28,594
C. Professional Services								
Vendor/Payee	Type		Amount					
Borhart Spellmeyer & Company	CPA - Cost Report & 990		\$ 8,100					
Polsinelli Shughart/TD Chase	Attorney/Collections		3,090					
Amer United Life/Nat'l License	IRS Reporting/Two-Way Radio		475					
MDIAchieve/HCIS	Medical Records Software		3,439					
MCC Technology	Network Support		3,500					
DirecTV	Satellite Television Service		1,934					
QuickBooks/Intuit	Direct Deposit Service/e-File		3,018					
CDS Office Tech/Image Systems	Copier Support		1,059					
Information Controls	Time & Attendance		1,145					
Windmill Software	Preventive Maint. Software		314					
Apostolic Christian Restmor	Independent Survey Svc		215					
IDEAS Consulting / AGI	Design Group / Bistro Fridge		3,564					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 29,853					

* 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	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	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Apostolic Christian Resthaven# 0029892Report Period Beginning: 01/01/2012 Ending: 12/31/2012**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? no
If YES, give association name and amount. _____
- (3) Did the nursing home make political contributions or payments to a political action organization? no If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 51,195 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. \$ 182,702
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. \$ 5,554 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 \$ 7,512

Page 3, Schedule V, Line 27, Other Expenses

Volunteer Expense \$ 2,613
Loss on Retirement of Assets 1,774
Land Rent Paid to Related Party 1

Column 4 Total 4,388

Volunteer Expense on Page 5A, Non-Allowable Expense (2,613)

RECLASSIFICATIONS:

Land Rent Paid to Related Party From Line 27 Col 5 to Line 34 Col 5 (1)

Column 8, Adjusted Total \$ 1,774

Page 4, Schedule V, Line 43, Other Expenses

Apartment Expense \$ 86,452
Multipurpose Room Expense 1,754

Column 4 Total 88,206

Apartment Expense - Page 5A - Non-Allowable Expense (86,452)

Multipurpose Room Expense - Page 5A - Non-Allowable Expense (1,754)

Column 8, Adjusted Total \$ -

Pages 3 & 4, Schedule V, Column 5 Reclassifications

Reclassify Staff Meals <u>From</u> Line 1, Dietary Wages	\$ (3,845)
Reclassify Staff Meals <u>From</u> Line 2, Meal Costs	(1,709)
Reclassify Staff Meals <u>To</u> Line 22, Employee Benefits	5,554
Reclassify Payment Related To Land Rent <u>From</u> Line 27, Other	(1)
Reclassify Payment Related To Land Rent <u>To</u> Line 34, Rent Facility & Grounds	1
Reclassify Employee Fingerprinting <u>From</u> Line 24, Travel & Seminar	(74)
Reclassify Employee Fingerprinting <u>To</u> Line 20, Dues, Fees, Subscriptions	<u>74</u>
Net Effect Of All Reclassifications	<u><u>\$ -</u></u>

Page 19, Schedule XVII, Line 28, Other Revenues

<u>Account</u>	
8050 Apartment Income	\$ 219,825
8026 Miscellaneous Non-Operating	119
8023 Vending Income	686
6902 Activity Income	280
6911 Miscellaneous Operating	1,170
8020 Cookbook Sales	<u>246</u>
	<u>\$ 222,326</u>

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	\$ 2,095,845
Dietary Wages Allocated to Non-Patient Meals, as per Adjustment on Page 5A	<u>12,686</u>
Total Salary / Wages Reported on Page 4, Column 1	<u>\$ 2,108,531</u>

Page 21, Schedule XIX, Section D, Pension Expense

Pension Costs For Owners and Related Parties	\$ -
--	------

Pension Costs For All Other Employees

62,634
\$ 62,634

Note - 52 employees were covered under the pension plan for the year 2012.

Page 19, Schedule XVII, Line 25, Interest Income

Interest income was not offset against interest expense, as there was no interest expense incurred during 2012.

Attachment to Schedule XIII

Nurse assistants were not trained in Basic Nurse Assistant courses during the reporting 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 twenty (20) nurse assistants leave employment during 2012 and all replacements met the above requirement.

Attachment to Schedule XX, General Information # 14

A portion of the building consists of 17 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 September 24-26, 2012, David Steffen, Director of Environmental Services, attended software training in Nashville, Tennessee. The training was conducted by Windmill Software and included training on Worxhub, Windmill's Preventive Maintenance software product. The costs related to this out-of-state travel have been adjusted out of the cost report.

From October 20-25, 2012, 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 Denver, CO, 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.

2012 Board of Directors and Officers:

Robert Schambach, President
Richard Kilgus, Vice-President

251 Brookside Drive, Elgin, IL 60123
775 Regency Park Drive, Crystal Lake, IL 60014

Don Heiniger, Treasurer
Eric Schieler, Secretary
Tim Kellenberger
Boyd Metzger
Morris Young

38W644 Arrowmaker Pass, Elgin, IL 60124
1403 Blume Drive, Elgin, IL 60124
5N975 Meadow Drive, Elgin, IL 60124
1440 N. State Parkway, 17C, Chicago, IL 60610
8261 S. Mayfield Road, DeKalb, IL 60115

Board President Robert Schambach is the owner of Schambach Construction, Inc. In that capacity, he completed some concrete work for the facility in 2012, removing and replacing the front sidewalk.

Tim Kellenberger is the owner of Kellenberger Electric, Inc. That company completed some minor electrical work for the facility in 2012, including moving fire alarm pull stations and wiring a fire damper transformer.

2012 Cost Report

Seminar Expense (Support for Page 21, Section G)

Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Bethany DePlanty	RN	2/3/2012	Bourbonnais	IL	Intro to Informatics & BACC Nursing	Olivet Nazarene University	\$ 588
Sue Sneed Tonya Dietz Mary Braun	RN, ADON RN RN	3/23/2012	Arlington Heights	IL	Infectious Diseases	PESI Healthcare	\$ 507
Tonya Dietz Mary Braun	RN RN	3/27/2012	Schaumburg	IL	Geriatric Phamacology	PESI Healthcare	\$ 338
Eileen Feuser Jan Mogler	RN RN	3/29/2012	Schaumburg	IL	New CMS Quality Measures	Healthcare Information Network, Inc.	\$ 382
Tonya Dietz	RN	3/1/2012	Naperville	IL	Health Assessment & Evidence Based Practice	Chamberlain College of Nursing	\$ 4,130
Virginia Scappino Sue Sneed Mary Braun Tonya Dietz Karen Erickson Jan Mogler Tiffany Weiby Shari Anatra Denise Gierens	RN, DON RN, ADON RN RN RN RN LPN CNA CNA	5/2-5/4/2012	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$ 5,543
Bethany DePlanty	RN	4/5/2012	Bourbonnais	IL	Nrsg 301 Intro to Informatics & BACC Nurs	Olivet Nazarene University	\$ 1,568
Bethany DePlanty	RN	5/4/2012	Bourbonnais	IL	Transcultural Nursing	Olivet Nazarene University	\$ 1,568
Tiffany Weiby	LPN	4/20/2012	Downers Grove	IL	Insulin Pump Therapy	PESI Healthcare	\$ 179
Tonya Dietz	RN	4/30/2012	Naperville	IL	Health Assessment & Evidence Based Practice	Chamberlain College of Nursing	\$ 4,130
Sue Sneed	RN, ADON	7/24/2012	Elgin	IL	Tuberculosis: Compliance Requirements	LSNI	\$ 99
Virginia Scappino	RN, DON	8/20-21/2012	Elgin	IL	Best Practices for Establishing Effective Urinary Incontinence Programs	LSN	\$ 168
Bethany DePlanty	RN	8/6/2012	Bourbonnais	IL	Health Assessment/Pathophysiology	Olivet Nazarene University	\$ 1,176

Apostolic Christian Resthaven
 2012 Cost Report
 Seminar Expense (Support for Page 21, Section G)
 Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Jean Jablonski	RN	10/19/2012	Schaumburg	IL	Memory, Aging & Sleep	Institute for Natural Resources	\$ 81
Bethany DePlanty	RN	10/23/2012	Bourbonnais	IL	Nursing Research	Olivet Nazarene University	\$ 1,321
Merlita Mayhew Eileen Feuser	LPN RN	10/31/2012	Schaumburg	IL	Memory, Aging & Sleep	Institute for Natural Resources	\$ 162
Sue Sneed Jan Mogler	RN, ADON RN	11/2/2012	Elgin	IL	Keeping Up With SNF Regulatory Expectations	LSN	\$ 66
NURSING TOTAL:							\$ 22,006
Cindy Ross	Soc. Svc Designee	5/2-5/4/12	Chicago	IL	Leading Age Annual Convention Seminar - Hotel - Food	LSN	\$ 523
Cindy Ross	Soc. Svc Designee	5/7/2012	Joliet	IL	Managing Challenging Patient & Family Behaviors	PESI Healthcare	\$ 30
Cindy Ross	Soc. Svc Designee	11/2/2012	Elgin	IL	Keeping Up With SNF Regulatory Expectations	LSN	\$ 33
SOCIAL SERVICES TOTAL:							\$ 586

2012 Cost Report

Seminar Expense (Support for Page 21, Section G)

Facility # 0029892

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Donna Warren	Activity Director	1/11/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	2/15/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	3/14/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	4/11/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	5/9/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	6/1/2012	Naperville	IL	FRAPA	FRAPA	\$ 50
Donna Warren	Activity Director	6/13/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	7/9/2012	Elgin	IL	Paradigm Busters	Redefining Activities Culture	\$ 175
Donna Warren	Activity Director	8/8/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
Donna Warren	Activity Director	9/12/2012	Naperville	IL	FRAPA	FRAPA	\$ 25
Donna Warren	Activity Director	11/14/2012	Naperville	IL	FRAPA	FRAPA	\$ 26
ACTIVITY TOTAL:							\$ 455
Bethany Schmidgall	Director of Food Service	2/23/2012	Glenview	IL	The New Dining Standard Practice: A Dietary Regulator's Perspective	IL Pioneer Coalition - Mather Lifeways	\$ 60
Bethany Schmidgall	Director of Food Service	5/2-5/4/12	Chicago	IL	Leading Age Annual Convention Seminar - Hotel - Food	LSN	\$ 628
Bethany Schmidgall	Director of Food Service	7/13/12	Elgin	IL	Membership	Assn of Nutrition & Foodservice Professionals	\$ 145
DIETARY TOTAL:							\$ 833
David Steffen	Dir of Environmental Svc	9/10/2012	Nashville	TN	Windmill Software User Conference	Windmill Software	\$ 750
David Steffen	Dir of Environmental Svc	10/3/2012	Nashville	TN	Windmill Software User Conference	Windmill Software	\$ 1,008
ENVIRONMENTAL SERVICES TOTAL:							\$ 1,758
David Stieglitz	Administrator	4/26/2012	Elgin	IL	AC Administrator Meeting		\$ 497
David Stieglitz	Administrator	5/2-5/4/12	Chicago	IL	LSN Annual Convention Seminar - Hotel - Food	LSN	\$ 640
David Stieglitz	Administrator	10/21-10/24/12	Denver	CO	Leading Age Annual Convention Seminar - Hotel - Food	Leading Age	\$ 2,705
ADMINISTRATION TOTAL:							\$ 3,842

Name	Title	Date	City	State	Seminar Title	Sponsor	Cost
Brynn Holloway	CNA	1/20/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Rebecca Cowell	RN	1/25/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 12
Andrea Rodriguez	CNA	3/20/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Dominique Maybank	CNA	4/2/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 200
Viviana Sanchez	CNA						
Lisa Hartman	CNA	6/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
Pramoda Dasika	LPN	6/5/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 12
Rebecca Artner	RN	6/20/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 13
Pramoda Dasika	LPN	7/2/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 100
All Staff		7/17/2012	Elgin	IL	Fire Ext Demo	Fox Valley Fire & Safety	\$ 375
All Staff		7/17/2012	Elgin	IL	Drug Testing	Insight Drug Abuse Testing	\$ 201
Daisy Zavala	CNA	8/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 300
Tabitha Smith	CNA						
Sarah Woods	CNA						
Karen McMullin	Housekeeper	9/4/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 75
Nancy Nieto	CNA	10/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 175
Michelle Hoebbel	Cook/Dietary Aide						
All Staff		10/27/2012	Elgin	IL	Fire Ext Demo	Fox Valley Fire & Safety	\$ 375
Beth Bickler	CNA	11/1/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 375
Wendy Ojeda	CNA						
Joanne Eder	Dietary Aide						
Lucas Hayes	CNA						
All Staff		11/8/2012	Elgin	IL	Orientation Booklets	Channing Bete Co	\$ 118
Tiffany Weiby	LPN	11/26/2012	Elgin	IL	Name Plate	Balsis Awards & Engraving	\$ 31
Martha Gathman	RN						
Tonya Sauer	RN						
Marcia Smith	CNA	12/3/2012	Elgin	IL	Physical	Provena St. Joseph Hopt	\$ 375
Martha Gathman	RN						
Peter Wojtal	Dietary Aide						
All Staff		12/21/2012	Elgin	IL	Drug Testing	Insight Drug Abuse Testing	\$ 201
EMPLOYEE TRAINING TOTAL:							\$ 3,238
GRAND TOTAL:							\$ 32,718