

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220 Report Period Beginning: 7/1/2012 Ending: 6/30/2013

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	74	Intermediate/DD	74	27,010	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	74	TOTALS	74	27,010	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	25,655			25,655	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,655			25,655	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.98%

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)

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 10/1/71

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: 6/30/13 Fiscal Year: 6/30/13

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

Facility Name & ID Number Apostolic Christian Timber Ridge # 0016220 Report Period Beginning: 7/1/2012 Ending: 6/30/2013

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	270,982	17,737	5,346	294,065	9,131	303,196		303,196		1
2	Food Purchase		155,580		155,580		155,580		155,580		2
3	Housekeeping	74,005	6,750		80,755		80,755		80,755		3
4	Laundry	149,114	13,210		162,324	165	162,489		162,489		4
5	Heat and Other Utilities			103,070	103,070		103,070		103,070		5
6	Maintenance	76,558	19,422	36,631	132,611	1,996	134,607	(24,371)	110,236		6
7	Other (specify):*										7
8	TOTAL General Services	570,659	212,699	145,047	928,405	11,292	939,697	(24,371)	915,326		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,061,339	176,151	28,014	1,265,504	(53,471)	1,212,033	(11,958)	1,200,075		10
10a	Therapy	1,423,708	16,254	152,569	1,592,531	(7,320)	1,585,211		1,585,211		10a
11	Activities	249,279	4,527		253,806	3,102	256,908		256,908		11
12	Social Services	248,940	320	16,898	266,158	(1,343)	264,815		264,815		12
13	CNA Training	11,713	6,521		18,234	57,253	75,487		75,487		13
14	Program Transportation			70,116	70,116		70,116	(34,939)	35,177		14
15	Other (specify):* Day Training Program	89,953	2,701		92,654		92,654		92,654		15
16	TOTAL Health Care and Programs	3,084,932	206,474	267,597	3,559,003	(1,779)	3,557,224	(46,897)	3,510,327		16
	C. General Administration										
17	Administrative	137,664			137,664		137,664		137,664		17
18	Directors Fees										18
19	Professional Services			85,077	85,077		85,077		85,077		19
20	Dues, Fees, Subscriptions & Promotions			16,131	16,131		16,131	(4,557)	11,574		20
21	Clerical & General Office Expenses	197,281	20,311	13,777	231,369	722	232,091		232,091		21
22	Employee Benefits & Payroll Taxes			800,698	800,698	6,750	807,448	(18,049)	789,399		22
23	Inservice Training & Education			6,534	6,534		6,534		6,534		23
24	Travel and Seminar			3,779	3,779		3,779	(2,902)	877		24
25	Other Admin. Staff Transportation			599	599		599		599		25
26	Insurance-Prop.Liab.Malpractice			50,136	50,136		50,136	(10,533)	39,603		26
27	Other (specify):* See Pg 24			13,632	13,632	(21,738)	(8,106)	(100)	(8,206)		27
28	TOTAL General Administration	334,945	20,311	990,363	1,345,619	(14,266)	1,331,353	(36,141)	1,295,212		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,990,536	439,484	1,403,007	5,833,027	(4,753)	5,828,274	(107,409)	5,720,865		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			157,983	157,983		157,983	(9,652)	148,331		30
31	Amortization of Pre-Op. & Org.										31
32	Interest					54,732	54,732		54,732		32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			3,740	3,740		3,740		3,740		35
36	Other (specify):* Investment Expenses			138,668	138,668	(54,732)	83,936	(83,936)	(0)		36
37	TOTAL Ownership			300,391	300,391		300,391	(93,588)	206,803		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers					4,753	4,753		4,753		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			225,876	225,876		225,876		225,876		42
43	Other (specify):* Facility Bulletin			5,145	5,145		5,145		5,145		43
44	TOTAL Special Cost Centers			231,021	231,021	4,753	235,774		235,774		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,990,536	439,484	1,934,419	6,364,439		6,364,439	(200,997)	6,163,442		45

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

Facility Name & ID Number Apostolic Christian Timber Ridge

0016220

Report Period Beginning:

7/1/2012

Ending:

#####

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	\$ (24,371)	6	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(83,936)	36		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(100)	27		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(10,533)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(4,557)	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				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (123,497)		\$	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))	\$ (123,497)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	52

Apostolic Christian Timber Ridge

ID# 0016220

Report Period Beginning: 7/1/2012

Ending: 6/30/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Offset day draining transportation income	\$ (11,958)	10	1
2	Offset day draining transportation income	(34,939)	14	2
3	Out-of-state Travel (Administrative Staff)	(737)	24	3
4	Depreciation of non-care vehicles	(9,652)	30	4
5	Offset medically necessary transportation income	0	38	5
6	Benefits allocated to day programming	(18,049)	22	6
7	Out-of-state Travel (Board of Directors)	(2,165)	24	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(77,500)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apostolic Christian Timber Ridge# 0016220

Report Period Beginning:

7/1/2012

Ending:

6/30/13

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(24,371)	0	0	0	0	0	0	0	0	0	0	(24,371)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(24,371)	0	(24,371)	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	(11,958)	0	0	0	0	0	0	0	0	0	0	(11,958)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(34,939)	0	0	0	0	0	0	0	0	0	0	(34,939)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(46,897)	0	(46,897)	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(4,557)	0	0	0	0	0	0	0	0	0	0	(4,557)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(18,049)	0	0	0	0	0	0	0	0	0	0	(18,049)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,902)	0	0	0	0	0	0	0	0	0	0	(2,902)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(10,533)	0	0	0	0	0	0	0	0	0	0	(10,533)	26
27	Other (specify):*	(100)	0	0	0	0	0	0	0	0	0	0	(100)	27
28	TOTAL General Administration	(36,141)	0	(36,141)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(107,409)	0	(107,409)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Apos Christian Timber Ridge# 0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(9,652)	0	0	0	0	0	0	0	0	0	0	(9,652)	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	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(83,936)	0	0	0	0	0	0	0	0	0	0	(83,936)	36
37	TOTAL Ownership	(93,588)	0	(93,588)	37									
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(200,997)	0	(200,997)	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 Home for the Handicapped, Inc.</u>		<u>Oakwood Estate</u>	<u>Morton</u>	<u>Community</u>	<u>Morton</u>	<u>Residential</u>
		<u>Linden Estate</u>	<u>Morton</u>	<u>Residential</u>		<u>Services for the</u>
				<u>Services</u>		<u>Developmentally</u>
						<u>Disabled</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		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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	Virgil Metzger	BOD						1
2	Roger Aberle	BOD						2
3	Paul Kelson	BOD						3
4	Dennis Mott	BOD						4
5	Ron Hodel	BOD						5
6	Roger Beutel	BOD						6
7	Bryan Stoller	BOD						7
8	Cleve Klopfenstein	BOD						8
9	Ed Leman	BOD						9
10	Tim Steffen	BOD						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

Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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	Virgil Metzger	Director	Director	0.00	233	0.5		Travel	\$ 536	line 24; col.3	1
2	Roger Aberle	Director	Director	0.00	578	0.5		Travel	1,329	line 24; col.3	2
3	Paul Kelson	Director	Director	0.00	90	0.5		Travel	208	line 24; col.3	3
4	Dennis Mott	Vice-Chairman	Director	0.00	172	0.5		Travel	398	line 24; col.3	4
5	Ron Hodel	Chairman	Director	0.00		0.5					5
6	Roger Beutel	Sec/ Treasurer	Director	0.00		0.5					6
7	Bryan Stoller	Director	Director	0.00	58	0.5		Travel	133	line 24; col.3	7
8	Cleve Klopfenstein	Director	Director	0.00		0.5					8
9	Ed Leman	Director	Director	0.00		0.5					9
10	Tim Steffen	Director	Director	0.00	191	0.5		Travel	438	line 24; col.3	10
11											11
12											12
13								TOTAL	\$ 3,042		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Apos Christian Timber Ridge # 0016220 Report Period Beginning: 7/1/12 Ending: 6/30/13

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

Facility Name & ID Number

Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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
A. Directly Facility Related																		
Long-Term																		
1						\$	\$			\$	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6	Morgan Stanley (PLA)		x	State payment delays	Interest	10/2008	4,667,000		None	2.2620	54,732	6						
7												7						
8												8						
9	TOTAL Facility Related						\$ 4,667,000	\$			\$ 54,732	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 4,667,000	\$			\$ 54,732	15						

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

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

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220 Report Period Beginning:

7/1/12 Ending:

6/30/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,135 B. General Construction Type: Exterior Brick Frame Fireproof construction 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).

Oakwood Estate (IDPA #0033712) is located adjacent to this property.

Type of business: Nursing Home (ICF/DD-16)

Square footage: Land - 91,781 sq ft; Building - 7,140 sq ft

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	LTC Facility	1,345,699	1969	\$ 54,397	1
2					2
3	TOTALS	1,345,699		\$ 54,397	3

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	37		1972	\$ 647,557	\$	40	\$	\$	\$ 647,557	4
5	37		1978	1,006,746	25,169	40	25,169		902,279	5
6										6
7										7
8										8
Improvement Type**										
9	3--Original Storage Building		1979	47,854	1,196	40	1,196		41,631	9
10	4--Second Floor Storage		1981	4,660	117	40	117		3,787	10
11	5--Balcony Storage		1981	1,265	32	40	32		1,038	11
12	6--Tub & Water Heater		1982	21,495	537	40	537		16,928	12
13	19--New Addition Phase 2		1982	8,046	201	40	201		6,405	13
14	7--Additional Storage Building Phase 1		1983	126	3	40	3		96	14
15	21--Activity Room/ TVs		1983	9,724	243	40	243		7,502	15
16	8--Additional Storage Building Phase 2		1984	6,477	162	40	162		4,838	16
17	22--Front Entrance		1985	842	21	40	21		610	17
18	9--Electrical Upgrade		1985	24,285	607	40	607		17,541	18
19	23--Security System & Energy Saver		1986	9,877	247	40	247		6,890	19
20	24--Courtyard Foyer		1987	26,990	675	40	675		18,165	20
21	10--Garage Extension		1988	22,885	572	40	572		14,589	21
22	25--Nursing Foyer		1988	27,441	686	40	686		17,793	22
23	26--Upkeep (Windows,Furnace,Fixtures)		1989	48,259	1,206	40	1,206		30,105	23
24	27--North End & East Wing		1990	60,923	1,523	40	1,523		36,504	24
25	1--3 stall garage		1991	11,832	296	40	296		6,798	25
26	28--1988 Additions		1992	14,999	375	40	375		8,248	26
27	29--1989 Additions		1994	31,810	795	40	795		15,928	27
28	30--1990 Additions		1995	32,834	821	40	821		15,632	28
29	31--1991 Additions		1996	6,371	159	40	159		2,877	29
30	32--1992 Additions		1997	23,216	580	40	580		9,910	30
31	33--1994 Additions		1998	667	37	15	37		667	31
32	34--1995 Additions		1998	6,263	157	40	157		2,519	32
33	35--1996 Additions		1999	17,738	443	40	443		6,698	33
34	36--1997 Additions		2000	1,882	47	40	47		636	34
35	2--Garage Door for Van		2000	3,100	78	40	78		1,047	35
36	37--1998 Additions		2000	1,773	44	40	44		598	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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	38--1999 Additions	1999	\$ 17,738	\$ 443	40	\$ 443	\$	\$ 6,698	37
38	39--Air Conditioner	2000	1,882	47	40	47		636	38
39	40--Heat Pump	2000	3,100	78	40	78		1,047	39
40	41--Automatic Rear Door	2000	1,773	44	40	44		598	40
41	42--Power Panels/Generator	2000	14,000	350	40	350		4,725	41
42	43--Office Window to Lobby	2000	1,057	26	40	26		356	42
43	44--Exhaust Fan in Womens N Bathroom	2000	580	14	40	14		195	43
44	45--Dining Room Remodeling	2000	10,565	264	40	264		3,566	44
45	46--Fire Alarm Relay	2000	2,400	60	40	60		810	45
46	47--Remodel Bathrooms	2000	22,147	554	40	554		7,475	46
47	48--Water Coolers at both ends	2000	2,701	68	40	68		912	47
48	49--Roof Repairs	2000	1,133	28	40	28		382	48
49	471--Garage Lights	2001	1,400	93	15	93		1,167	49
50	472--OT/PT Decorating	2001	1,111	74	15	74		926	50
51	473--Slab Jacking	2001	1,312	87	15	87		1,093	51
52	474--Roof Replacement	2001	21,380	1,425	15	1,425		17,817	52
53	475--Roof Replacement	2001	16,779	1,119	15	1,119		13,983	53
54	476--Lobby Carpet and Redecorating	2001	11,774	785	15	785		9,811	54
55	477--Dining Room Remodeling	2001	3,308	221	15	221		2,756	55
56	478--Additional QMRP office (by activities)	2001	2,393	160	15	160		1,994	56
57	479--Pipe Insulation	2001	2,613	174	15	174		2,178	57
58	480--North Resident Renovation	2001	4,632	309	15	309		3,860	58
59	481--Activity Room Remodeling	2001	1,903	127	15	127		1,586	59
60	482--Sourth Whirlpool Room	2001	2,676	178	15	178		2,230	60
61	483--Hand Rails	2001	2,844	190	15	190		2,370	61
62	484--South Living Remodeling	2001	5,107	340	15	340		4,256	62
63	537--Garage Door	2002	594	40	15	40		455	63
64	538--Key pad entry for south end	2002	2,500	167	15	167		1,917	64
65	540--Water heater plumbing	2002	706	47	15	47		541	65
66	541--Water heaters	2002	8,482	565	15	565		6,503	66
67	542--Lighting - small office in lobby	2002	545	36	15	36		418	67
68	545--Air conditioner - south living room	2002	3,196	213	15	213		2,450	68
69	575--Roof on large garage	2003	8,941	596	15	596		6,259	69
70	TOTAL (lines 4 thru 69)		\$ 2,311,209	\$ 45,951		\$ 45,951	\$	\$ 1,957,786	70

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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 12A, Carried Forward		\$ 2,311,209	\$ 45,951		\$ 45,951	\$	\$ 1,957,786	1
2	576--Garage door on small garage	2003	647	43	15	43		453	2
3	613--Plumb and insulate water lines	2004	7,274	485	15	485		4,607	3
4	614--Flooring for Corridors	2004	23,007	1,534	15	1,534		14,571	4
5	616--Air Conditioner	2004	1,259	84	15	84		797	5
6	617--Courtyard Carpet	2004	981	65	15	65		621	6
7	618--Heat Pump & Blower	2004	4,885	326	15	326		3,094	7
8	619--Electrical for Fuel tanks	2004	1,686	112	15	112		1,068	8
9	620--Heat pump	2004	3,980	265	15	265		2,521	9
10	621--Foot valve for Hopper	2004	637	42	15	42		403	10
11	622--Bathroom partitions	2004	3,176	212	15	212		2,012	11
12	623--Air conditioner south wing	2004	1,181	79	15	79		748	12
13	276--Fully Depreciated Assets	1971	104,543		20			104,543	13
14	277--Gravel Driveway	1974	1,220		20			1,220	14
15	278--Gravel Driveway	1974	500		20			500	15
16	279--Chain Link Fence	1976	3,440		20			3,440	16
17	280--Road Prep for New addition	1976	5,769		20			5,769	17
18	281--Bar-B-Que Pit	1981	277		20			277	18
19	282--Electric & Water to Picnic Area	1981	783		20			783	19
20	283--Chain Link Fence	1982	38		20			38	20
21	284--Chain Link Fence	1983	5,843		20			5,843	21
22	285--Ornamental Fence	1985	565		20			565	22
23	286--South Patio	1985	1,008		20			1,008	23
24	287--Resurfacing Driveway	1986	22,000		20			22,000	24
25	288--Irrigation System & Landscaping	1990	2,585		20			2,585	25
26	289--South Patio Sod & Lighting	1990	1,408		20			1,408	26
27	290--Pole Light	1993	975		20			975	27
28	291--Asphalt Parking Lot & Driveway	1993	5,530		20			5,530	28
29	292--Landscape Courtyard	1993	3,954		20			3,954	29
30	293--Sewer Repair	1994	6,700	335	20	335		6,700	30
31	294--Tile Drain	1995	721	36	20	36		685	31
32	295--Asphalt Patching	1995	1,290	65	20	65		1,203	32
33	296--Excavate & Asphalt Drive	1997	15,136	757	20	757		12,865	33
34	TOTAL (lines 1 thru 33)		\$ 2,544,207	\$ 50,391		\$ 50,391	\$	\$ 2,170,572	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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		\$ 2,544,207	\$ 50,391		\$ 50,391	\$	\$ 2,170,572	1
2	297--Asphalt South Drive	1998	39,261	1,963	20	1,963		31,409	2
3	298--Install Parking Lot Light Poles	1999	4,000	200	20	200		2,900	3
4	299--Repair Asphalt	1999	3,500	175	20	175		2,538	4
5	511--Blacktop Ramp at Rear Entrance	2001	770		10			770	5
6	512--Landscape Drive Entrance	2001	1,447	96	15	96		1,206	6
7	513--Landscape around Timber Ridge	2001	1,230	82	15	82		1,025	7
8	564--Sidewalk/entry apron	2002	11,816	788	15	788		9,059	8
9	647--Catch Basin & Tile @ South Drive	2004	3,344	223	15	223		2,118	9
10	648--Garage Door Opener	2005	720	48	15	48		408	10
11	649--Canopy Lighting	2005	788	53	15	53		446	11
12	650--MPR Remodel	2005	14,256	950	15	950		8,079	12
13	651--North Living Room Floor	2005	4,649	310	15	310		2,634	13
14	652--North Snack Room Remodeling	2005	1,452	97	15	97		823	14
15	653--Office Remodeling	2005	1,447	96	15	96		820	15
16	654--South Snack Room Refrigerator	2005	469		7			469	16
17	655--South Snack Room Remodeling	2005	9,127	608	15	608		5,172	17
18	656--Speech Room Floor	2005	641	43	15	43		363	18
19	680--Driveway Repavement	2005	50,323	3,355	15	3,355		28,516	19
20	681--Concrete to Picnic Area	2005	9,858	657	15	657		5,586	20
21	682--Concrete Pad for Dumpster	2005	806	54	15	54		457	21
22	692--Concrete leveling	2006	2,830	189	15	189		1,415	22
23	693--Sprinkler heads - bathroom closet	2006	1,082	72	15	72		541	23
24	695--Cabinets and Countertops	2006	680	45	15	45		340	24
25	706--Phone system	2006	1,756	117	15	117		878	25
26	707--Electronic Door repairs	2006	3,245	216	15	216		1,623	26
27	770--Concrete	2006	920	61	15	61		460	27
28	716--Bathroom remodel - 500 wing	2006	13,305	887	15	887		6,653	28
29	721--Laundry room remodel	2006	5,261	351	15	351		2,631	29
30	724--Door locks-South End	2006	687	46	15	46		343	30
31	735--North sick room	2006	3,557	237	15	237		1,778	31
32	740--Kitchen piping	2006	875	58	15	58		438	32
33	755--OT/PT office renovation	2006	287	19	15	19		143	33
34	TOTAL (lines 1 thru 33)		\$ 2,738,596	\$ 62,487		\$ 62,487	\$	\$ 2,292,613	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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 12C, Carried Forward		\$ 2,738,596	\$ 62,487		\$ 62,487	\$	\$ 2,292,613	1
2	697--Iron Fence for Rear Courtyard	2006	22,888	1,526	15	1,526		11,444	2
3	759--New driveway at Bus Garage	2004	5,130	342	15	342		2,565	3
4	762--North Courtyard Landscaping	2004	910	61	15	61		455	4
5	943--Roof Project	2004	18,642	1,243	15	1,243		4,971	5
6	801--Garage Doors - 4	2004	5,000	333	15	333		2,167	6
7	804--Bus Garage Renovations	2004	6,500	433	15	433		2,817	7
8	791--North Snack Room Remodeling	2004	5,476	365	15	365		2,373	8
9	796--Office Moves	2004	2,556	170	15	170		1,108	9
10	809--PT Outlet	2004	658	44	15	44		285	10
11	811--Floor and Cabinets N. Treatment	2004	22,292	1,486	15	1,486		9,660	11
12	814--North Treatment Room - Plumbing	2004	1,825	122	15	122		791	12
13	821--Office Move	1971	11,808	787	15	787		5,117	13
14	826--Damper - Heat and Air Conditioning	1974	61	4	15	4		27	14
15	831--Donated - New Concrete Sidewalk	1974	1,385	92	15	92		600	15
16	832--Landscaping - Donations	1976	600	40	15	40		260	16
17	833--2 Donated Wheelchairs and Dynavox	1976	1,000	67	15	67		433	17
18	836--Contributions - Landscaping - Time and Labor	1981	2,010	134	15	134		871	18
19	837--Contributions - Labor for N. Treatment Room	1981	39	3	15	3		17	19
20	786--Courtyard Landscaping	1982	9,283	619	15	619		4,023	20
21	790--Front Courtyard - Sidewalk	1983	1,950	130	15	130		845	21
22	824--Light Poles	1985	954	64	15	64		413	22
23	841--OT/PT Remodeling	1985	8,992	599	15	599		3,597	23
24	842--MPR Courtyard Door	1986	11,354	757	15	757		4,541	24
25	843--TR roof	1990	25,075	1,672	15	1,672		10,030	25
26	844--North Med Room remodeling	1990	2,613	174	15	174		1,045	26
27	845--Hallway remodeling	1993	2,233	149	15	149		893	27
28	846--South living room redecoration	1993	1,767	118	15	118		707	28
29	872--200 Wing Roof	1993	33,690	2,246	15	2,246		11,230	29
30	873--Air Conditioner (Roof Top)	1994	3,962	566	7	566		2,830	30
31	757--M. room sound system	1995	2,611	174	15	174		1,306	31
32	874--Audio Visual Equipment	1995	7,084	1,012	7	1,012		5,060	32
33	945--Heat Tape Material	1997	2,400	343	7	343		1,371	33
34	TOTAL (lines 1 thru 33)		\$ 2,961,344	\$ 78,362		\$ 78,362	\$	\$ 2,386,465	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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 12D, Carried Forward		\$ 2,961,344	\$ 78,362		\$ 78,362	\$	\$ 2,386,465	1
2	875--Hallway remodeling	2009	47,652	3,177	15	3,177		15,884	2
3	876--Laundry Water Heater	2009	4,895	699	7	699		3,496	3
4	877--Lighting Project	2009	24,448	3,493	7	3,493		17,463	4
5	878--MPR Windows	2009	7,632	509	15	509		2,544	5
6	879--North Med Room remodeling	2009	1,237	82	15	82		412	6
7	881--Sprinkler Main Valve Replacement	2009	6,750	337	20	337		1,687	7
8	924--Repair Asphalt in Front Drive	2009	4,361	291	15	291		1,163	8
9	12--1972 Additions	1972	157		40			157	9
10	13--1973 Additions	1973	1,051	7	40	7		1,051	10
11	14--1973 Additions	1973	1,326	9	40	9		1,326	11
12	964--Kitchen/Laundry Arrea Roof Replacement	2010	13,742	916	15	916		3,664	12
13	976--500 Wing Roof Replacement	2011	15,095	1,006	15	1,006		3,019	13
14	982--Kitchen Roof	2011	13,742	916	15	916		2,748	14
15	985--Roof repairs with HVAC units	2011	2,478	165	15	165		496	15
16	987--100 Wing Roof Replacement	2011	14,540	969	15	969		2,908	16
17	990--North end Rooftop HVAC units	2011	34,170	2,278	15	2,278		6,834	17
18	880--Roof-Central Suppl, Dining, South Nursing	2009	22,000	1,467	15	1,467		5,867	18
19	1003--400 and 600 Wings Roof	2012	33,795	845	40	845		1,690	19
20	1004--Tempstar condenser	2012	2,500	167	15	167		333	20
21	1016--MPR - Offices	2013	5,578	372	15	372		372	21
22	1018--Floor Covering (food prep, hall, storage)	2013	4,563	652	7	652		652	22
23	1021--Rheem furnace and a/c	2013	6,964	464	15	464		464	23
24	1022--Rheem Furnace and Gas Piping	2013	8,747	583	15	583		583	24
25	714--Bathroom remodeling 400 wing	2006	9,659	644	15	644		4,829	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,248,426	\$ 98,410		\$ 98,410	\$	\$ 2,466,107	34

**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	\$ 512,206	\$ 60,888	\$ 60,888	\$	10	\$ 340,312	71
72	Current Year Purchases	43,770	7,973	7,973		2	7,973	72
73	Fully Depreciated Assets	818,694	9,140	9,140		9	818,694	73
74	Disposed Assets							74
75	TOTALS	\$ 1,374,670	\$ 78,001	\$ 78,001	\$		\$ 1,166,979	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 4,677,493	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 176,411	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 176,411	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,633,086	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	Fully depreciated vehicles	\$ 108,164	\$	\$ 108,164	86
87	Capitalized repairs	32,888	6,562	30,849	87
88	Vehicle Equipment	6,835	129	6,835	88
89	Vehicles	183,101	2,961	178,659	89
90	Disposed Assets				90
91	TOTALS	\$ 330,988	\$ 9,652	\$ 324,507	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: N/A

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: \$ 3,240 Description: Oxygen Concentrators \$3,240

(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	<u>N/A</u>		\$ _____	\$ _____	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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	1,003	3,637		4,640
3	Classroom Wages (a)	374	11,339		11,713
4	Clinical Wages (b)	187	22,678		22,865
5	In-House Trainer Wages (c)	310	37,549		37,859
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 1,874	\$ 75,203	\$	\$ 77,077
10	SUM OF line 9, col. 1 and 2 (e)	\$ 77,077			

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	29
2. From other facilities (f)	15
DROP-OUTS	
1. From this facility	8
2. From other facilities (f)	1
TOTAL TRAINED	53

- (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.

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning: 7/1/12

Ending:

6/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/13

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 189,899	\$ 192,899	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,282,266	1,855,742	3
4	Supply Inventory (priced at)	19,489	20,456	4
5	Short-Term Investments	2,570,622	2,570,622	5
6	Prepaid Insurance	31,000	31,000	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	413,014	413,205	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,506,290	\$ 5,083,924	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	54,397	543,233	13
14	Buildings, at Historical Cost	2,875,215	6,067,299	14
15	Leasehold Improvements, at Historical Cost	357,774	582,977	15
16	Equipment, at Historical Cost	1,710,296	2,512,092	16
17	Accumulated Depreciation (book methods)	(3,935,487)	(5,755,647)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		46,121	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(46,121)	20
21	Restricted Funds	10,642,015	10,642,015	21
22	Other Long-Term Assets (spe Cash Value of Life Ins	36,270	36,270	22
23	Other(specify): <u>Investment in other facilities</u>	7,523,109	7,523,109	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,263,589	\$ 22,151,348	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,769,879	\$ 27,235,272	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 261,963	\$ 281,505	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	262,434	414,411	30
31	Accrued Taxes Payable (excluding real estate taxes)	(50,649)	50,241	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	115,020	225,000	34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Rounding</u>	3	(3)	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 588,771	\$ 971,154	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	<u>Capital Lease</u>	15,351	15,351	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,351	\$ 15,351	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 604,122	\$ 986,505	46
47	TOTAL EQUITY(page 18, line 24)	\$ 23,165,757	\$ 26,248,767	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,769,879	\$ 27,235,272	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 21,556,645	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 21,556,645	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,609,112	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)	\$ 1,609,112	17
	B. Transfers (Itemize):		
18	Investment from other facilities		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)	\$ 23,165,757	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning: 7/1/12

Ending:

6/30/13

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	\$ 3,888,785	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,888,785	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	80,920	10
11	CNA Training Reimbursements	78,349	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 159,269	23
D. Non-Operating Revenue			
24	Contributions	2,599,234	24
25	Interest and Other Investment Income***	891,786	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,491,020	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See attached schedule</u>	434,477	28
28a	<u>Cost to Market Gain on Investments</u>		28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 434,477	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,973,551	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	928,405	31
32	Health Care	3,559,003	32
33	General Administration	1,345,619	33
B. Capital Expense			
34	Ownership	300,391	34
C. Ancillary Expense			
35	Special Cost Centers	5,145	35
36	Provider Participation Fee	225,876	36
D. Other Expenses (specify):			
37	<u>Rounding Errors</u>		37
38	<u>Cost to Market Loss on Investments</u>		38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,364,439	40
41	Income before Income Taxes (line 30 minus line 40)**	1,609,112	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,609,112	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,888,785	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 3,888,785	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

7/1/12

Ending:

6/30/13

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	1,834	2,083	\$ 71,132	\$ 34.15	1
2	Assistant Director of Nursing	3,134	3,397	108,575	31.96	2
3	Registered Nurses	14,769	16,336	425,264	26.03	3
4	Licensed Practical Nurses	15,220	17,174	395,324	23.02	4
5	CNAs & Orderlies	0	0	0		5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,902	2,171	43,062	19.84	9
10	Activity Assistants	17,166	18,433	205,519	11.15	10
11	Social Service Workers	1,888	2,096	46,872	22.36	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	1,337	1,587	39,850	25.11	13
14	Head Cook	1,847	1,988	23,002	11.57	14
15	Cook Helpers/Assistants	18,079	20,867	218,406	10.47	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	3,711	4,422	76,934	17.40	17
18	Housekeepers	7,978	8,514	95,754	11.25	18
19	Laundry	9,253	10,296	126,621	12.30	19
20	Administrator	1,587	1,835	91,194	49.70	20
21	Assistant Administrator	802	1,052	46,470	44.17	21
22	Other Administrative	2,404	2,919	64,954	22.25	22
23	Office Manager	0	0	0		23
24	Clerical	5,288	6,027	115,583	19.18	24
25	Vocational Instruction	2,566	3,086	75,342	24.41	25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	5,493	6,159	102,521	16.65	28
29	Resident Services Coordinator	1,836	2,074	54,389	26.22	29
30	Habilitation Aides (DD Homes)	89,369	97,824	1,151,875	11.77	30
31	Medical Records	3,799	4,260	71,308	16.74	31
32	Other Health Care(specify)	13,140	14,654	248,138	16.93	32
33	Other(specify)	5,530	6,418	92,447	14.40	33
34	TOTAL (lines 1 - 33)	229,932	255,672	\$ 3,990,536 *	\$ 15.61	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	120	\$ 5,346	1-3	35
36	Medical Director	Flat Fee	1,400	9-3	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	0		38
39	Pharmacist Consultant	72	4,658	10-3	39
40	Physical Therapy Consultant	28	1,802	10-3	40
41	Occupational Therapy Consultant	44	2,884	10a-3	41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	134	9,184	10a-3	43
44	Activity Consultant	0	0		44
45	Social Service Consultant	0	0		45
46	Other(specify) <u>Psychologist Consulta</u>	37	2,926	12-3	46
47	<u>Dental Consultant</u>	0	0		47
48	<u>Psychiatrist Consultant</u>	15	3,308	12-3	48
49	TOTAL (lines 35 - 48)	449	\$ 31,507		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	16	\$ 552	10-3	50
51	Licensed Practical Nurses	680	21,404	10-3	51
52	Certified Nurse Assistants/Aides	7,499	147,884	10a-3	52
53	TOTAL (lines 50 - 52)	8,194	\$ 169,841		53

Facility Name & ID Number Apos Christian Timber Ridge# 0016220

Report Period Beginning:

7/1/12Ending: 6/30/13**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. Illinois Health Care Association - \$3,881
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 13
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 61,453 Line 10
- (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. N/A
- (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. \$ 225,876
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? 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. \$ 566 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No, they have been adjusted out.
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? 90%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 80,920
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Koch Consultants, LTD.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees