

Facility Name & ID Number Washington Christian Village

0026955 Report Period Beginning: July 1, 2012 Ending: June 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	122	Skilled (SNF)	122	44,530	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	122	TOTALS	122	44,530	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	16,642	8,850	9,795	35,287	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,642	8,850	9,795	35,287	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.24%

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

None (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, Lawn, & Maint. Care, Housekeeping & Laundry Services for IL 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 4/1/1982

J. Was the facility purchased or leased after January 1, 1978?

YES Date 4/1/1982 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 122 and days of care provided 7,050

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 6/30/2013 Fiscal Year: 6/30/2013

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

Facility Name & ID Number

Washington Christian Village

0026955

Report Period Beginning:

July 1, 2012

Ending:

June 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	123,501	4,612	264,936	393,049	393,049		393,049			1
2	Food Purchase		110,185		110,185	110,185	(848)	109,337			2
3	Housekeeping	67,036	11,240	63,217	141,493	141,493		141,493			3
4	Laundry	15,989	7,549	42,042	65,580	65,580		65,580			4
5	Heat and Other Utilities			126,921	126,921	126,921	1,249	128,170			5
6	Maintenance	60,334	10,318	33,486	104,138	104,138	3,717	107,855			6
7	Other (specify):*										7
8	TOTAL General Services	266,860	143,904	530,602	941,366	941,366	4,118	945,484			8
	B. Health Care and Programs										
9	Medical Director			38,667	38,667	38,667		38,667			9
10	Nursing and Medical Records	2,771,558	181,661	18,681	2,971,900	2,971,900	(4,085)	2,967,815			10
10a	Therapy		1,990	879,948	881,938	881,938		881,938			10a
11	Activities	80,926	3,014	745	84,685	84,685		84,685			11
12	Social Services	124,999	889	1,431	127,319	127,319		127,319			12
13	CNA Training										13
14	Program Transportation			10,146	10,146	10,146		10,146			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,977,483	187,554	949,618	4,114,655	4,114,655	(4,085)	4,110,570			16
	C. General Administration										
17	Administrative	92,798	1,346	521,981	616,125	616,125	(439,723)	176,402			17
18	Directors Fees										18
19	Professional Services			41,282	41,282	41,282	30,445	71,727			19
20	Dues, Fees, Subscriptions & Promotions			23,856	23,856	23,856		23,856			20
21	Clerical & General Office Expenses	106,284	7,816	177,742	291,842	291,842	109,412	401,254			21
22	Employee Benefits & Payroll Taxes			526,648	526,648	526,648	37,222	563,870			22
23	Inservice Training & Education										23
24	Travel and Seminar			9,340	9,340	9,340	14,959	24,299			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			87,722	87,722	87,722	7,892	95,614			26
27	Other (specify):* Marketing	112,305	564	25,646	138,515	138,515	(138,515)				27
28	TOTAL General Administration	311,387	9,726	1,414,217	1,735,330	1,735,330	(378,308)	1,357,022			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,555,730	341,184	2,894,437	6,791,351	6,791,351	(378,275)	6,413,076			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.

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			300,620	300,620	300,620	29,027	329,647				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			279,630	279,630	279,630	(103,072)	176,558				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			21,834	21,834	21,834		21,834				35
36	Other (specify):* FIN 47 Accretion			1,223	1,223	1,223		1,223				36
37	TOTAL Ownership			603,307	603,307	603,307	(74,045)	529,262				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			364,743	364,743	364,743	(24,529)	340,214				39
40	Barber and Beauty Shops	15,782	379		16,161	16,161		16,161				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			237,246	237,246	237,246		237,246				42
43	Other (specify):* Apt/Congregate			78,956	78,956	78,956	(78,956)					43
44	TOTAL Special Cost Centers	15,782	379	680,945	697,106	697,106	(103,485)	593,621				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,571,512	341,563	4,178,689	8,091,764	8,091,764	(555,805)	7,535,959				45

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

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	(70,478)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(44,251)	32		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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(110,287)	21		24
25	Fund Raising, Advertising and Promotional	(138,515)	27		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	(71,333)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (434,864)		\$	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)	812,608	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 812,608		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 377,744		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

Washington Christian Village

ID# 0026955

Report Period Beginning: July 1, 2012

Ending: June 30, 2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Vending	\$ (848)	2	1
2	Late Fees, Finance Charges	(104)	21	2
3	Miscellaneous	(50)	17	3
4	Apt/Congregate	(78,956)	43	4
5	Charity Care	(5,890)	21	5
6	Discounts	(2,910)	10	6
7	Bad Debt Expense	(1,175)	10	7
8	Fines & Penalties	18,600	21	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		(71,333)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Washington Christian Village# 0026955

Report Period Beginning:

July 1, 2012

Ending:

June 30, 2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(848)	0	0	0	0	0	0	0	0	0	0	(848)	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	1,249	0	0	0	0	0	0	0	0	0	1,249	5
6	Maintenance	0	3,717	0	0	0	0	0	0	0	0	0	3,717	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(848)	4,966	0	4,118	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	(4,085)	0	0	0	0	0	0	0	0	0	0	(4,085)	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	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	(4,085)	0	0	0	0	0	0	0	0	0	0	(4,085)	16
	C. General Administration													
17	Administrative	(50)	(439,673)	0	0	0	0	0	0	0	0	0	(439,723)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	30,445	0	0	0	0	0	0	0	0	0	30,445	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(97,681)	207,093	0	0	0	0	0	0	0	0	0	109,412	21
22	Employee Benefits & Payroll Taxes	0	37,222	0	0	0	0	0	0	0	0	0	37,222	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	14,959	0	0	0	0	0	0	0	0	0	14,959	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	7,892	0	0	0	0	0	0	0	0	0	7,892	26
27	Other (specify):*	(138,515)	0	0	0	0	0	0	0	0	0	0	(138,515)	27
28	TOTAL General Administration	(236,246)	(142,062)	0	(378,308)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(241,179)	(137,096)	0	(378,275)	29								

STATE OF ILLINOIS

Facility Name & ID Number Washington Christian Village# 0026955

Report Period Beginning:

July 1, 2012 Ending:

Summary B

June 30, 2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	29,027	0	0	0	0	0	0	0	0	0	29,027	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(114,729)	11,657	0	0	0	0	0	0	0	0	0	(103,072)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(114,729)	40,684	0	(74,045)	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	(24,529)	0	0	0	0	0	0	0	0	0	(24,529)	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):*	(78,956)	0	0	0	0	0	0	0	0	0	0	(78,956)	43
44	TOTAL Special Cost Centers	(78,956)	(24,529)	0	(103,485)	44								
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(434,864)	(120,941)	0	(555,805)	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
See attached listing of Board of Directors						

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5 Utilities	\$	Midwest Christian Villages, Inc. dba: Christian Homes, Inc.	100.00%	\$ 1,249	\$ 1,249	1
2	V	6 Maintenance				3,717	3,717	2
3	V	17 Administration	521,981			82,308	(439,673)	3
4	V	19 Professional Services				30,445	30,445	4
5	V	21 Clerical				172,474	172,474	5
6	V	22 Employee Benefits				37,222	37,222	6
7	V	24 Travel and Seminar				14,959	14,959	7
8	V	26 Insurance				7,892	7,892	8
9	V	30 Depreciation				29,027	29,027	9
10	V	32 Interest				11,657	11,657	10
11	V	21 Other Administrative Expenses				34,619	34,619	11
12	V	39 Pharmacy Services	290,627	Senior Care Pharmacy		266,098	(24,529)	12
13	V							13
14	Total		\$ 812,608			\$ 691,667	\$ * (120,941)	14

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	This workpaper is not applicable										1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13							TOTAL	\$			13

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

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

Facility Name & ID Number Washington Christian Village

0026955

Report Period Beginning:

July 1, 2012

Ending:

ne 30, 2013

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	This workpaper is not applicable				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Washington Christian Village

0026955

Report Period Beginning:

July 1, 2012 Ending:

June 30, 2013

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**					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	Bond Fund	X		Refinance Debt	\$28,682.00	Various	\$ 4,409,251	\$ 3,309,644	6/30/2032	0.0572	\$ 142,895					
2	Illinois Finance Authority		X	Refinance Debt		7/1/10	1,500,000	1,475,400	5/15/2027	0.0600	92,484					
3																
4																
5																
Working Capital																
6																
7																
8																
9	TOTAL Facility Related				\$28,682.00		\$ 5,909,251	\$ 4,785,044			\$ 235,379					
B. Non-Facility Related*																
10	Duplex										44,251					
11																
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$ 44,251					
15	TOTALS (line 9+line14)						\$ 5,909,251	\$ 4,785,044			\$ 279,630					

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

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

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

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

B. Real Estate Taxes

		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 2012 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 2013 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:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	_____	12			
				13	FROM R. E. TAX STATEMENT FOR 2012 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Washington Christian Village COUNTY Tazewell

FACILITY IDPH LICENSE NUMBER 0026955

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 2012 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 2012.

(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. <u>02-02-14-300-021</u>	<u>1110 New Castle Rd</u>	\$ <u>17,712.00</u>	\$ _____
2. <u>02-02-14-308-001</u>	<u>1104 Kingsbury Rd</u>	\$ <u>8,102.00</u>	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>25,814.00</u></u>	\$ <u><u> </u></u>

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? X 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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: 37,956 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

Apartments

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>38,484</u>	<u>1982</u>	<u>\$ 50,000</u>	1
2	<u>Home Office Allocation</u>			<u>6,019</u>	2
3	TOTALS	<u>38,484</u>		<u>\$ 56,019</u>	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	122	1982		\$ 1,203,052	\$ 34,373	35	\$ 34,373	\$	\$ 1,074,153	4
5										5
6										6
7										7
8	Home Office Allocation			58,977	6,697		6,697		38,928	8
	Improvement Type**									
9	1982 Fixed Assets	1982		33,861	396	Various	396		32,278	9
10	1983 Fixed Assets	1983		36,292	985	Various	985		31,858	10
11	1984 Fixed Assets	1984		3,947	7	Various	7		3,910	11
12	1985 Fixed Assets	1985		365,442	10,330	Various	10,330		298,069	12
13	1986 Fixed Assets	1986		4,603	-	Various	-		4,603	13
14	1988 Fixed Assets	1988		12,281	106	Various	106		11,249	14
15	1989 Fixed Assets	1989		15,977	-	Various	-		15,977	15
16	1991 Fixed Assets	1991		2,395	-	Various	-		2,395	16
17	1992 Fixed Assets	1992		9,161	-	Various	-		9,161	17
18	1993 Fixed Assets	1993		10,785	-	Various	-		10,785	18
19	1994 Fixed Assets	1994		4,103	-	Various	-		4,103	19
20	1995 Fixed Assets	1995		7,345	-	Various	-		7,345	20
21	1996 Fixed Assets	1996		66,268	3,134	Various	3,134		58,172	21
22	1997 Fixed Assets	1997		35,000	722	Various	722		35,000	22
23	1998 Fixed Assets	1998		1,307	-	Various	-		1,307	23
24	1999 Fixed Assets	1999		1,750	-	Various	-		1,750	24
25	2000 Fixed Assets	2000		5,748	-	Various	-		5,748	25
26	2001 Fixed Assets	2001		52,160	3,252	Various	3,252		43,168	26
27	2002 Fixed Assets	2002		153,223	9,148	Various	9,148		115,174	27
28	2003 Fixed Assets	2003		39,958	2,566	Various	2,566		28,170	28
29	2004 Fixed Assets	2004		17,271	1,506	Various	1,506		15,815	29
30	2005 Fixed Assets	2005		126,210	12,148	Various	12,148		106,929	30
31	2006 Fixed Assets	2006		331,185	18,629	Various	18,629		134,439	31
32	2007 Fixed Assets	2007		198,094	11,481	Various	11,481		66,710	32
33	2008 Fixed Assets	2008		76,797	7,680	Various	7,680		39,164	33
34	Kitchen Floor & Remodel	1/1/2009		37,874	3,787	10	3,787		17,043	34
35	100 gallon water heater - natural gas	1/1/2009		6,298	630	10	630		2,834	35
36	Replacement Windows - NW wing	1/1/2009		12,025	1,203	10	1,203		5,411	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

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	Car r i e r Roof Top AC Uni t s - Di n i n g Roo	2/ 1/ 2009	\$ 27,975	\$ 2,798	10	\$ 2,798	\$ 12,356	\$ 12,356	37
38	Sout heast Cor r i dor Cool i n g Syst em	2/ 1/ 2009	35,600	3,560	10	3,560	15,723	15,723	38
39	2 Cabi net uni t heat er s - Nor t h wi n g	2/ 1/ 2009	7,000	700	10	700	3,092	3,092	39
40	Upgr ade t o Door Al ar ms	2/ 1/ 2009	2,465	247	10	247	1,089	1,089	40
41	Chapel r emodel i n g	6/ 1/ 2009	39,238	3,924	10	3,924	16,022	16,022	41
42	Nor t h Room Renovat i on	6/ 30/ 2009	65,912	6,591	10	6,591	26,914	26,914	42
43	SW AC	7/ 8/ 2009	2,665	267	10	267	1,066	1,066	43
44	Pat i o conver si on t o Chapel	8/ 31/ 2009	750	75	10	75	294	294	44
45	Car / Bus Por t	3/ 31/ 2010	6,555	656	10	656	2,185	2,185	45
46	SNF Wi ndow Repl acement	4/ 20/ 2010	17,590	1,759	10	1,759	5,717	5,717	46
47	New Fl oor i n g - EE Lounge & Fr ont Ent r y	6/ 21/ 2010	12,526	1,253	10	1,253	3,862	3,862	47
48	Par ki n g Lot & Dr i ve Resur face	6/ 30/ 2010	35,400	3,540	10	3,540	10,915	10,915	48
49	Repl ace Fr ont Si dewal k & Appr oach	7/ 1/ 2010	3,195	320	10	320	959	959	49
50	AC f or Busi ness & Admi n Of f i ce	7/ 31/ 2010	5,590	559	10	559	1,677	1,677	50
51	Bi f ol d Cl oset Door s - Resi dent Rms	7/ 31/ 2010	348	35	10	35	104	104	51
52	Pai nt & Suppl i es SW Di n i n g Room	7/ 31/ 2010	901	90	10	90	270	270	52
53	SW Di n i n g Rm Fl oor	7/ 31/ 2010	4,885	488	10	488	1,465	1,465	53
54	Radi at or Cover s - Resi dent Rooms	7/ 31/ 2010	4,218	422	10	422	1,265	1,265	54
55	Sw Di n i n g Rm Remodel	7/ 31/ 2010	4,250	425	10	425	1,275	1,275	55
56	Ther apy Gym Remodel	7/ 31/ 2010	125,416	12,542	10	12,542	37,625	37,625	56
57	Fr ont Door Remodel	7/ 31/ 2010	4,895	490	10	490	1,469	1,469	57
58	2 El ect r i c Ci r cui t s - Ser ver Rm	7/ 31/ 2010	325	33	10	33	98	98	58
59	Doubl e Si de Fr ont Si gn	7/ 31/ 2010	7,417	742	10	742	2,225	2,225	59
60	Landscapi n g Fr ont & Ther apy Pat i os	8/ 26/ 2010	17,815	1,782	10	1,782	5,196	5,196	60
61	Fr ont Door s	9/ 30/ 2010	11,098	1,110	10	1,110	3,145	3,145	61
62	Fr ont Door Al ar mi n g Syst em	10/ 15/ 2010	1,845	185	10	185	507	507	62
63	Seal coat East Par ki n g Lot	11/ 2/ 2010	3,950	395	10	395	1,053	1,053	63
64	Wi ndow f or Conf er ence Room	11/ 11/ 2010	572	57	10	57	153	153	64
65	Ser vi ce & Conf er ence Room Door s	12/ 9/ 2010	6,439	644	10	644	1,663	1,663	65
66	At t i c I nsul l at i on f or fr ont hal l way	1/ 1/ 2011	503	50	10	50	126	126	66
67	New wi r i n g f or 24 por t VI OP	1/ 26/ 2011	1,240	124	10	124	310	310	67
68	B&G hot wat er ci r cul at i n g pump & ki t	1/ 31/ 2011	3,635	364	10	364	909	909	68
69	60 gal . 120K BTU wat er heat er	2/ 14/ 2011	6,448	645	10	645	1,558	1,558	69
70	TOTAL (lines 4 thru 69)		\$ 3,398,051	\$ 175,645		\$ 175,645	\$ 162,286	\$ 2,383,934	70

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

Facility Name & ID Number Washington Christian Village

0026955

Report Period Beginning:

July 1, 2012 Ending: June 30, 2013

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		\$ 3,398,051	\$ 175,645		\$ 175,645	\$	\$ 2,383,934	1
2	Resident room painting	3/15/2011	2,404	240	10	240		561	2
3	Wiring for SW rooms TVS	3/25/2011	1,899	190	10	190		443	3
4	Roof where NE wing meets NW wing	4/1/2011	2,952	295	10	295		664	4
5	Topography of west apt land	4/6/2011	3,340	334	10	334		752	5
6	Ceramic floor EE rest rooms	4/11/2011	3,003	300	10	300		676	6
7	Prime & Paint Interior Doors	4/14/2011	3,538	354	10	354		796	7
8	Prime Paint Doors Frames NW Hall way	4/24/2011	6,861	686	10	686		1,544	8
9	Faucet No Clean Utility Rm	4/27/2011	92	9	10	9		21	9
10	Channels for Acti vity Room	4/28/2011	9	1	10	1		2	10
11	Sink w faucet SE Nurse Station	4/28/2011	99	10	10	10		22	11
12	Repair & Paint No Nurse Station	5/17/2011	541	54	10	54		117	12
13	12x30 Wall Cabinet No Nurse Station	5/17/2011	108	11	10	11		23	13
14	24x30 Wall Cabinet No Nurse Station	5/17/2011	247	25	10	25		54	14
15	Prep & Paint, Laundry Rm, Hall way Door	5/17/2011	1,286	129	10	129		279	15
16	Prep & Paint Laundry Rm, Hall way	5/17/2011	600	60	10	60		130	16
17	Counter tops - No Nurse Station	5/27/2011	69	7	10	7		15	17
18	24" Base Cabinet s SE Nurse Station	5/27/2011	445	44	10	44		96	18
19	Acti vity Room - Pi ping	5/31/2011	1,470	147	10	147		318	19
20	Radiator Covers	6/3/2011	8,050	805	10	805		1,677	20
21	Prep & Paint Center Hall	6/4/2011	1,460	146	10	146		304	21
22	Prep & Paint Doors NE Lounge	6/5/2011	321	32	10	32		67	22
23	Prep & Paint Walls NE Lounge	6/5/2011	400	40	10	40		83	23
24	Prep & Paint NE & NW Hall ways	6/6/2011	3,250	325	10	325		677	24
25	Prime & Paint Doors, Frames Center Hall	6/6/2011	3,330	333	10	333		694	25
26	Prep & Paint Shower Room	6/6/2011	550	55	10	55		115	26
27	Prep, Paint SW Exterior Door	6/6/2011	107	11	10	11		22	27
28	Prep & paint Door Frames SE Nurse Station	6/14/2011	80	8	10	8		17	28
29	Remodel 5 offices, Baseboard, chair rail	6/14/2011	6,541	654	10	654		1,363	29
30	Ceiling tile, 48" light Fixture Soc Se	6/16/2011	165	17	10	17		34	30
31	Prep & paint SE Nurse Station	6/21/2011	600	60	10	60		125	31
32	Vanities, Faucets Employee bathrooms	6/21/2011	720	72	10	72		150	32
33	Sink w faucet Acti vity Room	6/22/2011	130	13	10	13		27	33
34	TOTAL (lines 1 thru 33)		\$ 3,452,717	\$ 181,112		\$ 181,112	\$	\$ 2,395,802	34

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

Facility Name & ID Number Washington Christian Village

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 12B, Carried Forward		\$ 3,452,717	\$ 181,112		\$ 181,112	\$	\$ 2,395,802	1
2	Pr ep. Pai nt Admi n, DON, Busi ness	6/ 23/ 2011	2,550	255	10	255		531	2
3	Seal , Var ni sh Cl oses Door s	6/ 27/ 2011	1,819	182	10	182		379	3
4	Cabi net s - Nor th Nur se St at i on	6/ 28/ 2011	7,864	786	10	786		1,638	4
5	Cabi net s - Sout h Nur se St at i on	6/ 28/ 2011	1,610	161	10	161		335	5
6	Li ght s, Fans, Heat er Cent er Hal l Showe	6/ 28/ 2011	1,881	188	10	188		392	6
7	Count er t op Soci a Ser #2 Of f i ce	6/ 28/ 2011	46	5	10	5		10	7
8	15' Wal l Dement i al Di ni ng Ar ea	6/ 29/ 2011	4,457	446	10	446		929	8
9	St eel Door Admi n Of f i ce	6/ 29/ 2011	1,850	185	10	185		385	9
10	Ref ur bi sh 18 Resi dent Rm & Bat hr ooms	6/ 29/ 2011	26,211	2,621	10	2,621		5,461	10
11	Act i vi t y Room - Pai nt i ng	6/ 30/ 2011	1,500	150	10	150		313	11
12	Pai nt 31 door s & f r ames SE Hal l	6/ 30/ 2011	3,318	332	10	332		691	12
13	Pai nt 34 door s & f r ames SW Hal l	6/ 30/ 2011	3,639	364	10	364		758	13
14	Remove Wal l paper & Pai nt Resi dent Room	6/ 30/ 2011	10,194	1,019	10	1,019		2,124	14
15	Remove Wal l paper & Pai nt SW Hal l	6/ 30/ 2011	1,160	116	10	116		242	15
16	Remove wal l paper & pai nt SE Hal l	6/ 30/ 2011	1,160	116	10	116		242	16
17	Pai nt Bat hr ooms 107, 110, 141, 147, 14	6/ 30/ 2011	1,200	120	10	120		250	17
18	Cul t er ed Mar bl e Top 12 SE Uni t s	6/ 30/ 2011	2,750	275	10	275		573	18
19	Vani t y & Top Rm 135	6/ 30/ 2011	401	40	10	40		84	19
20	Rm 105 & 108 Vani t y t op, apr on & l egs	6/ 30/ 2011	1,320	132	10	132		275	20
21	Rm 107 & 110 Vani t y t op, apr on & l egs	6/ 30/ 2011	1,542	154	10	154		321	21
22	Cove Base Al l Ar eas	6/ 30/ 2011	9,601	960	10	960		2,000	22
23	Fl oor i ng 10 Resi dent Bat hr ooms	6/ 30/ 2011	5,622	562	10	562		1,171	23
24	Car pet Power bond Cor r i dor s	6/ 30/ 2011	29,254	2,925	10	2,925		6,095	24
25	Car pet Br oadl oam Ri ver St one Of f i ces	6/ 30/ 2011	5,435	544	10	544		1,132	25
26	Rm 148 Pai nt Wal l s Bor der r emoval	6/ 30/ 2011	426	43	10	43		89	26
27	Car pet f or 19 Resi dent Rooms	6/ 30/ 2011	24,111	2,411	10	2,411		5,023	27
28	Di ni ng Room - Ar mst r ong Vi nyl Fl oor i ng	6/ 30/ 2011	24,981	2,498	10	2,498		5,204	28
29	Bui l d sof f i t ar ound exposed pi pi ng	6/ 30/ 2011	4,230	423	10	423		881	29
30	Fl oor Pr epar at i on - Ar dex ski m coat	6/ 30/ 2011	15,000	1,500	10	1,500		3,125	30
31	Fi r e Spr i nkl er r el ocat ed	6/ 30/ 2011	3,254	325	10	325		678	31
32	Remove wal l paper 12 r esi dent r ooms	6/ 30/ 2011	1,200	120	10	120		250	32
33	New t oi l et s Resi dent r ms 140, 138, 108, 1	6/ 30/ 2011	2,060	206	10	206		429	33
34	TOTAL (lines 1 thru 33)		\$ 3,654,364	\$ 201,277		\$ 201,277	\$	\$ 2,437,812	34

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

Facility Name & ID Number Washington Christian Village

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 12C, Carried Forward		\$ 3,654,364	\$ 201,277		\$ 201,277	\$	\$ 2,437,812	1
2	Tile - Bath of front center hall	6/30/2011	3,322	332	10	332		692	2
3	Carpet RAC Office	6/30/2011	509	51	10	51		106	3
4	Trim throughout building	6/30/2011	430	43	10	43		90	4
5	Wood for shelves - SE Nurse Station	6/30/2011	106	11	10	11		22	5
6	Suspended Ceiling - Admin & DON Office	6/30/2011	1,352	135	10	135		282	6
7	Counter tops - SW Nurse Station	6/30/2011	208	21	10	21		43	7
8	Sprinkler Heads - Admin & DON Offices	6/30/2011	438	44	10	44		91	8
9	Cabinets - SW Nurse Station	6/30/2011	876	88	10	88		182	9
10	Project Paint - Sherwin Williams	6/30/2011	855	86	10	86		178	10
11	Remodel Central Hall Shower Rm	6/30/2011	1,886	189	10	189		393	11
12	Lights 48" - DON Office	6/30/2011	88	9	10	9		18	12
13	Lights 48" - Admin Office	6/30/2011	679	68	10	68		141	13
14	Faux Wood Vinyl Floor	6/30/2011	11,591	1,159	10	1,159		2,415	14
15	Counters - Activity Room	7/1/2011	2,528	253	10	253		506	15
16	Plumbing - Counters Activity Room	7/1/2011	354	35	10	35		71	16
17	Courtyard Landscaping (Fountain, Trees)	8/12/2011	4,100	410	10	410		786	17
18	Window tinting Front of Building & Reh	8/17/2011	2,845	285	10	285		545	18
19	7.5 ton Carrier 13 seer SW Corridor	12/28/2011	29,495	2,950	10	2,950		4,670	19
20	NE Corridor air distribution system,	2/2/2012	36,115	1,806	20	1,806		2,558	20
21	Connect RTU to BAS System Central Relay	5/14/2012	875	88	10	88		102	21
22	Patio Concrete Pad 30' x12'	5/24/2012	2,520	168	15	168		196	22
23	Gazebo Concrete Pad 12' x12'	5/24/2012	900	60	15	60		70	23
24	Sidewalks to Gazebo & Landscaping	5/24/2012	900	60	15	60		70	24
25	R&R Shower Floor Southwest Hall	7/23/2012	3,552	178	20	178		178	25
26	2 Fire Doors & Block Wall Generator Rm	2/12/2013	5,140	107	20	107		107	26
27	Boiler Pump & Sleave Bearings	2/28/2013	2,303	96	10	96		96	27
28	Over Bed Lights	5/1/2013	17,239	287	10	287		287	28
29	12x12 Gazebo Chapel Courtyard	6/26/2013	6,731	37	15	37		37	29
30	100' White Vinyl Fencing Chapel Courtyard	6/26/2013	3,870	22	15	22		22	30
31	Reclass to equipment (see attached)		(4,500)	(450)		(450)		(2,700)	31
32	Less: Disallowed Build & Land Imp		(201,031)						32
33	Rounding		1	1		1		1	33
34	TOTAL (lines 1 thru 33)		\$ 3,590,640	\$ 209,902		\$ 209,902	\$	\$ 2,450,067	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	\$ 485,911	\$ 73,275	\$ 73,275	\$		\$ 278,649	71
72	Current Year Purchases	110,528	5,955	5,955			5,955	72
73	Fully Depreciated Assets	129,686	7,669	7,669			129,686	73
74	Home Office Allocation	241,468	19,864	19,864			131,243	74
75	TOTALS	\$ 967,593	\$ 106,763	\$ 106,763	\$		\$ 545,533	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	Patient Transportation	2009 Ford Van	2009	\$ 42,068	\$ 10,517	\$ 10,517	\$	4	\$ 40,315	76
77										77
78										78
79	Home Office Allocation			21,706	2,465	2,465			8,733	79
80	TOTALS			\$ 63,774	\$ 12,982	\$ 12,982	\$		\$ 49,048	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)	\$ 4,678,026	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 329,647	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 329,647	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)	\$ 3,044,648	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	Land	\$ 120,656	\$	\$	86
87	Duplex	680,999	7,308	511,483	87
88					88
89	Disallowed Building & Land Impr.	201,031			89
90					90
91	TOTALS	\$ 1,002,686	\$ 7,308	\$ 511,483	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	\$ 141,083	92
93	CIP	119,208	93
94			94
95		\$ 260,291	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.

Facility Name & ID Number Washington Christian Village

0026955

Report Period Beginning: July 1, 2012

Ending: June 30, 2013

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

13. _____/2015 \$ _____

14. _____/2016 \$ _____

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: \$ 21,834 Description: See attached schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* 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.

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8		
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)						
			Units	Cost			Units	Cost									
1	Licensed Occupational Therapist	10A-3	hrs	\$	7,275	\$	343,781	\$	7,275	\$	343,781						1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		1,843		95,680		1,843		95,680						2
3	Licensed Recreational Therapist		hrs														3
4	Licensed Physical Therapist	10A-3	hrs		11,546		440,487		11,546		440,487						4
5	Physician Care		visits														5
6	Dental Care		visits														6
7	Work Related Program		hrs														7
8	Habilitation		hrs														8
9	Pharmacy		# of prescripts														9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs														10
11	Academic Education		hrs														11
12	Other (specify):																12
13	Other (specify):																13
14	TOTAL			\$	20,664	\$	879,948	\$	20,664	\$	879,948						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.

Facility Name & ID Number Washington Christian Village# 0026955Report Period Beginning: July 1, 2012Ending: June 30, 2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2013 (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	\$ 4,763,214	\$	1
2	Cash-Patient Deposits	24,561		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>342,676</u>)	1,163,231		3
4	Supply Inventory (priced at)	7,600		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,719		6
7	Other Prepaid Expenses	20,436		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Accrued Interest/ Other AR</u>	14,122		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,001,883	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	170,656		13
14	Buildings, at Historical Cost	4,265,110		14
15	Leasehold Improvements, at Historical Cost	150,927		15
16	Equipment, at Historical Cost	765,849		16
17	Accumulated Depreciation (book methods)	(3,377,227)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	110,274		21
22	Other Long-Term Assets (specify):	119,333		22
23	Other(specify): <u>Note Receivable</u>	1,842,199		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,047,121	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,049,004	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 214,856	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,561		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	322,276		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	12,907		32
33	Accrued Interest Payable	11,569		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Other Accrued Expenses</u>	185,683		36
37	<u>Current Portion Refundable Ent Fees</u>	6,900		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 778,752	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	4,785,044		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Deferred Entrance Fees/Other Liab</u>	18,465		43
44	<u>Apt & Congregate</u>	14,932		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,818,441	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,597,193	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 4,451,811	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,049,004	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,790,788	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,790,788	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	661,023	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)	\$ 661,023	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)	\$ 4,451,811	24 *

* This must agree with page 17, line 47.

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	\$ 8,072,250	1	
2	Discounts and Allowances for all Levels	(3,870,548)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,201,702	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	3,622,800	6	
7	Oxygen	18,997	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,641,797	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	12,730	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	580,618	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	48,245	19	
20	Radiology and X-Ray	12,362	20	
21	Other Medical Services	24,954	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 678,909	23	
D. Non-Operating Revenue				
24	Contributions	64,927	24	
25	Interest and Other Investment Income***	70,478	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 135,405	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>Retirement Center (Apt/Duplex)</u>	90,357	28	
28a	<u>Miscellaneous</u>	4,617	28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 94,974	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,752,787	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	941,366	31	
32	Health Care	4,114,655	32	
33	General Administration	1,735,330	33	
B. Capital Expense				
34	Ownership	603,307	34	
C. Ancillary Expense				
35	Special Cost Centers	459,860	35	
36	Provider Participation Fee	237,246	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,091,764	40	
41	Income before Income Taxes (line 30 minus line 40)**	661,023	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 661,023	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,166,106	44
45	Private Pay - Net Inpatient Revenue	1,857,031	45
46	Medicare - Net Inpatient Revenue	(44,960)	46
47	Other-(specify) <u>HMO/Nurse Practitioner/Outpatient</u>	223,525	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,201,702	49

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

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

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

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

Facility Name & ID Number Washington Christian Village

0026955

Report Period Beginning: July 1, 2012

Ending: June 30, 2013

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	3,414	4,031	\$ 163,427	\$ 40.55	1
2	Assistant Director of Nursing	1,905	2,073	60,860	29.35	2
3	Registered Nurses	21,180	22,990	603,799	26.26	3
4	Licensed Practical Nurses	18,572	20,560	449,770	21.88	4
5	CNAs & Orderlies	93,056	100,983	1,314,679	13.02	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	1,857	2,074	32,309	15.58	9
10	Activity Assistants	4,608	4,992	47,669	9.55	10
11	Social Service Workers	6,553	7,353	125,947	17.13	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	10,279	10,814	123,501	11.42	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	3,538	3,912	60,334	15.42	17
18	Housekeepers	5,906	6,082	67,036	11.02	18
19	Laundry	1,299	1,390	15,989	11.50	19
20	Administrator	1,905	2,265	93,482	41.28	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	1,659	2,020	44,815	22.19	23
24	Clerical	3,600	4,100	60,786	14.83	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	4,472	4,909	67,289	13.71	31
32	Other Health Care(specify)	3,953	4,290	111,734	26.05	32
33	Other(specify)	4,815	5,182	128,087	24.72	33
34	TOTAL (lines 1 - 33)	192,568	210,019	\$ 3,571,512 *	\$ 17.01	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	37	\$ 2,009	35
36	Medical Director	104	38,667	36
37	Medical Records Consultant	24	1,560	37
38	Nurse Consultant			38
39	Pharmacist Consultant	55	3,548	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	17	1,431	45
46	Other(specify)			46
47	FR&R Healthcare Consulting	1	40	47
48				48
49	TOTAL (lines 35 - 48)	238	\$ 47,255	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

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	
Stacy Brenton	Administrator	0	\$ 92,798	Workers' Compensation Insurance	\$ 34,764	IDPH License Fee	\$	
				Unemployment Compensation Insurance	10,074	Advertising: Employee Recruitment		
				FICA Taxes	257,429	Health Care Worker Background Check		
				Employee Health Insurance	188,100	(Indicate # of checks performed _____)		
				Employee Meals		Patient Background Checks	5,814	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	2,869	
				Employee Physicals	11,966	Dues	12,888	
				Employee Uniforms	2,348	Subscriptions	2,284	
				Employee Expense	12,467	Petty Cash - NOVA		
				457 Plan Expense	9,500			
				Home Office Allocation	37,222			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 92,798	TOTAL (agree to Schedule V, line 22, col.8)	\$ 563,870	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 23,856	
(List each licensed administrator separately.)								
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
Management Fee			\$ 521,981	N/A		\$	Out-of-State Travel	\$ 2,341
							In-State Travel	4,889
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 521,981				Seminar Expense	2,110
(Attach a copy of any management service agreement)							Home Office Allocation	14,959
							Entertainment Expense	()
C. Professional Services				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
Vendor/Payee	Type		Amount			\$		\$ 24,299
My Innerview	Survey		\$ 1,445					
Polaris Group	Survey		10,246					
Ferry & Associates Architects	Architectural Services		5,590					
Davis & Campbell			19,070					
Polsinelli Shughart, PC			4,932					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 41,282					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**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	This workpaper is not applicable	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
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18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Washington Christian Village# 0026955Report Period Beginning: July 1, 2012 Ending: June 30, 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? Yes
If YES, give association name and amount. LSN \$7,464
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 39,259 Line 10-3
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 237,246
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 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? Yes If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 17,266
- c. What percent of all travel expense relates to transportation of nurses and patients? .20
- 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?
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: CliftonLarsonAllen LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.