

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning: 01/01/14 Ending: 12/31/14

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	120	Skilled (SNF)	120	43,800	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	30	Sheltered Care (SC)	30	10,950	5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	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	4,322	8,762	4,461	17,545	8
9	SNF/PED					9
10	ICF	7,723	11,614		19,337	10
11	ICF/DD					11
12	SC		10,050		10,050	12
13	DD 16 OR LESS					13
14	TOTALS	12,045	30,426	4,461	46,932	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.72%

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 on Wheels

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 11/19/1978

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/19/1978 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 68 and days of care provided 3,287

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	1,163,885	59,658	30,588	1,254,131		1,254,131	(364,354)	889,777		1
2	Food Purchase		705,432		705,432		705,432	(240,060)	465,372		2
3	Housekeeping	270,981	83,822	23,004	377,807		377,807	(174,887)	202,920		3
4	Laundry	86,506	44,729	600	131,835		131,835	(54,758)	77,077		4
5	Heat and Other Utilities			390,301	390,301		390,301	(193,382)	196,919		5
6	Maintenance	324,513	61,365	357,279	743,157		743,157	(319,383)	423,774		6
7	Other (specify):*										7
8	TOTAL General Services	1,845,885	955,006	801,772	3,602,663		3,602,663	(1,346,824)	2,255,839		8
	B. Health Care and Programs										
9	Medical Director			32,460	32,460		32,460		32,460		9
10	Nursing and Medical Records	3,322,298	159,528		3,481,826		3,481,826		3,481,826		10
10a	Therapy	151,650		5,466	157,116		157,116		157,116		10a
11	Activities	379,787	22,848	684	403,319		403,319	(167,520)	235,799		11
12	Social Services	190,978	29,656	13,662	234,296		234,296	(102,228)	132,068		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,044,713	212,032	52,272	4,309,017		4,309,017	(269,748)	4,039,269		16
	C. General Administration										
17	Administrative	317,888			317,888		317,888		317,888		17
18	Directors Fees										18
19	Professional Services			192,789	192,789		192,789	(90,643)	102,146		19
20	Dues, Fees, Subscriptions & Promotions			82,967	82,967		82,967	(62,300)	20,667		20
21	Clerical & General Office Expenses	534,139	23,641	165,530	723,310		723,310	(332,784)	390,526		21
22	Employee Benefits & Payroll Taxes			2,232,194	2,232,194		2,232,194	(387,177)	1,845,017		22
23	Inservice Training & Education										23
24	Travel and Seminar			20,369	20,369		20,369	(745)	19,624		24
25	Other Admin. Staff Transportation			3,156	3,156		3,156	(2,744)	412		25
26	Insurance-Prop.Liab.Malpractice			272,674	272,674		272,674	(150,874)	121,800		26
27	Other (specify):*										27
28	TOTAL General Administration	852,027	23,641	2,969,679	3,845,347		3,845,347	(1,027,267)	2,818,080		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,742,625	1,190,679	3,823,723	11,757,027		11,757,027	(2,643,839)	9,113,188		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

Central Baptist Village

#0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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			1,093,406	1,093,406		1,093,406	(549,920)	543,486			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,121,414	1,121,414		1,121,414	(816,709)	304,705			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			1,510	1,510		1,510		1,510			35
36	Other (specify):*			78,387	78,387		78,387	(42,114)	36,273			36
37	TOTAL Ownership			2,294,717	2,294,717		2,294,717	(1,408,743)	885,974			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		141,607	458,292	599,899		599,899		599,899			39
40	Barber and Beauty Shops	52,909	2,909		55,818		55,818	(55,818)	(0)			40
41	Coffee and Gift Shops		51,979	63	52,042		52,042	(52,044)	(2)			41
42	Provider Participation Fee			269,567	269,567		269,567		269,567			42
43	Other (specify):*	681,133	15,847	552,189	1,249,169		1,249,169	(1,249,169)	0			43
44	TOTAL Special Cost Centers	734,042	212,342	1,280,111	2,226,495		2,226,495	(1,357,031)	869,464			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,476,667	1,403,021	7,398,551	16,278,239		16,278,239	(5,409,612)	10,868,627			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 Central Baptist Village

0007435

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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	(11,278)	02		4
5	Telephone, TV & Radio in Resident Rooms	(23,644)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(416,345)	30		9
10	Interest and Other Investment Income	(554,098)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		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				18
19	Entertainment	(2,744)	25		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	(22,515)	21		24
25	Fund Raising, Advertising and Promotional	(5,957)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(948)	20		28
29	Other-Attach Schedule	(4,372,083)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (5,409,612)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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))	\$ (5,409,612)		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

Central Baptist Village

ID#	0007435
Report Period Beginning:	01/01/14
Ending:	12/31/14

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Capitalized R&M	\$ (2,913)	06	1
2	Additional R&M	48,812	06	2
3	Gift Shop & Village Café Sales	(52,044)	41	3
4	Beauty & Barber Shop Sales	(55,818)	40	4
5	Resident Council Expenditures	(65)	20	5
6	Miscellaneous Income - Insurance	(45,885)	26	6
7	Income from Sale of Assets	(600)	21	7
8	Chapel Fund Receipts	(8,403)	12	8
9	Unrealized Gains & Losses	(42,114)	36	9
10	Consignment Due	(315)	43	10
11	Community Outreach	(745)	43	11
12	Independent Living Salaries	(355,612)	43	12
13	Independent Living Expenses	(253,547)	43	13
14	Marketing Salary & Bonus	(325,521)	43	14
15	Photography Expense	(2,897)	43	15
16	Public Relations Expenses	(24,445)	43	16
17	LSN Satisfaction Surveys	(5)	43	17
18	Marketing Expenses	(87,841)	43	18
19	Bank Charges	(4,931)	21	19
20	A. Genius, R. Genius, A. Frahm Trust Fee Expenses	(78,298)	43	20
21	Endowment & Assist Fun Expenditures	(38,667)	20	21
22	Family Council Projects	(1,023)	43	22
23	TC Men's Club Expenditures	(163)	43	23
24	Subsidy Home Delivered Meals	(45,000)	43	24
25	Fitness Center Expense	(73,756)	43	25
26	Investment Expenses	(27,296)	21	26
27	Non Care Depreciation	(133,575)	30	27
28	IDPH AL License	(1,971)	20	28
29	Annual Report Fee	(10)	20	29
30	Out of State Seminar & Non Allowable Seminar	(745)	24	30
31	Non Allowable Legal	(18,074)	19	31
32				32

33	ILU Expense: Dietary Expense	(364,354)	01	33
34	ILU Expense: Food	(228,782)	02	34
35	ILU Expense: Housekeeping	(174,887)	03	35
36	ILU Expense: Laundry	(54,758)	04	36
37	ILU Expense: Heat/Utilities	(169,738)	05	37
38	ILU Expense: Maintenance	(365,282)	06	38
39	ILU Expense: Activities	(167,520)	11	39
40	ILU Expense: Social Services	(93,825)	12	40
41	ILU Expense: Professional Fees	(72,568)	19	41
42	ILU Expense: Fees/Subscriptions/Promotions	(14,682)	20	42
43	ILU Expense: Clerical/Office	(277,442)	21	43
44	ILU Expense: Employee Benefits	(387,177)	22	44
45	ILU Expense: Insurance	(104,989)	26	45
46	ILU Expense: Interest	(262,611)	32	46
47				47
48				48
49	Total	(4,372,083)		49

Central Baptist Village

ID# 0007435

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	(364,354)											(364,354)	1
2	Food Purchase	(240,060)											(240,060)	2
3	Housekeeping	(174,887)											(174,887)	3
4	Laundry	(54,758)											(54,758)	4
5	Heat and Other Utilities	(193,382)											(193,382)	5
6	Maintenance	(319,383)											(319,383)	6
7	Other (specify):*													7
8	TOTAL General Services	(1,346,824)											(1,346,824)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities	(167,520)											(167,520)	11
12	Social Services	(102,228)											(102,228)	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(269,748)											(269,748)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(90,643)											(90,643)	19
20	Fees, Subscriptions & Promotions	(62,300)											(62,300)	20
21	Clerical & General Office Expenses	(332,784)											(332,784)	21
22	Employee Benefits & Payroll Taxes	(387,177)											(387,177)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(745)											(745)	24
25	Other Admin. Staff Transportation	(2,744)											(2,744)	25
26	Insurance-Prop.Liab.Malpractice	(150,874)											(150,874)	26
27	Other (specify):*													27
28	TOTAL General Administration	(1,027,267)											(1,027,267)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,643,839)											(2,643,839)	29

STATE OF ILLINOIS

Facility Name & ID Number Central Baptist Village# 0007435

Report Period Beginning:

01/01/14

Ending:

Summary B

12/31/14

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	(549,920)											(549,920)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(816,709)											(816,709)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(42,114)											(42,114)	36
37	TOTAL Ownership	(1,408,743)											(1,408,743)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(55,818)											(55,818)	40
41	Coffee and Gift Shops	(52,044)											(52,044)	41
42	Provider Participation Fee													42
43	Other (specify):*	(1,249,169)											(1,249,169)	43
44	TOTAL Special Cost Centers	(1,357,031)											(1,357,031)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(5,409,612)											(5,409,612)	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
None		None		None		

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.

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

VII. RELATED PARTIES

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

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

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

VII. RELATED PARTIES

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

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

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	See Attached Board of Directors								\$	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 Central Baptist Village

0007435 Report Period Beginning: 01/01/14 Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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Name of Related Organization _____
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B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 _____
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 Phone Number () _____
 Fax Number () _____

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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							\$	\$			\$					
2																
3																
4																
5																
6																
7	TOTAL Long-Term															
	Working Capital															
8							\$	\$			\$					
9																
10																
11																
12																
13																
14	TOTAL Working Capital															
	B. Non-Facility Related*															
15							\$	\$			\$					
16																
17																
18																
19																
20	TOTAL Non-Facility Related															

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2013 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 2014 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:	2009	_____	8	FOR BHF USE ONLY		
	2010	_____	9			
	2011	_____	10			
	2012	_____	11			
	2013	_____	12			
Facility Does Not Pay Real Estate Taxes				13	FROM R. E. TAX STATEMENT FOR 2013 \$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Central Baptist Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007435

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(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.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
2.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
3.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
4.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
5.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
6.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
7.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
8.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
9.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
10.	<hr style="border-top: 1px solid black;"/>	<hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>	\$ <hr style="border-top: 1px solid black;"/>
		TOTALS	\$ <hr style="border-top: 3px double black;"/>	\$ <hr style="border-top: 3px double black;"/>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.**

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <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? YES NO

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning:

01/01/14 Ending:

12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 90,707 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 2

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).

Retirement Center

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	<u>Facility</u>		<u>1986</u>	<u>\$ 78,131</u>	1
2					2
3	TOTALS			\$ 78,131	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	150	1984	1978	\$ 1,924,051	\$	35	\$ 48,580	\$ 48,580	\$ 1,412,868	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1978	741,182		20	18,530	18,530	670,159	9
10	Various		1979	7,014		20			7,014	10
11	Various		1982	43,548		20	721	721	42,214	11
12	Various		1983	121,447		20			121,447	12
13	Various		1984	20,402		20			21,042	13
14	Various		1985	6,955		20			6,955	14
15	Various		1986	3,755		20			2,614	15
16	Various		1988	15,124		20			15,124	16
17	Various		1989	896,689		20	29,157	29,157	752,876	17
18	Various		1990	1,958,028		20	65,237	65,237	1,654,584	18
19	Various		1991	104,310		20	1,763	1,763	54,196	19
20	Various		1992	201,338		20	5,308	5,308	182,907	20
21	Various		1993	139,141		20	1,672	1,672	128,231	21
22	Various		1994	115,592		20			108,306	22
23	Various		1995	292,495		20	6,449	6,449	274,429	23
24	Various		1996	17,999		20	147	147	17,489	24
25	Various		1997	74,429		20	465	465	72,779	25
26	Various		1998	1,742,405		20	54,896	54,896	843,664	26
27	Various		1999	158,583		20	153	153	158,054	27
28	Various		2000	145,352		20	541	541	142,144	28
29	Various		2001	69,964		20	2,083	2,083	62,754	29
30	Various		2002	5,701,939		20	17,591	17,591	238,242	30
31	Various		2003	8,252		20	294	294	5,876	31
32	Various		2004	68,635		20	2,493	2,493	38,600	32
33	Various		2005	45,687		20	148	148	44,202	33
34	Various		2006	965,657		20	11,887	11,887	121,943	34
35	Various		2007	2,610,864		20	26,388	26,388	214,323	35
36	Various		2008	209,097		20	3,842	3,842	175,824	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 Central Baptist Village

XI. OWNERSHIP COSTS (continued)

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

1	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 Various	2009	\$ 215,930	\$	20	\$ 24,954	\$ 24,954	\$ 162,126	37
38 Various	2010	243,526		20	11,907	11,907	59,534	38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
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62								62
63								63
64								64
65								65
66								66
67 <u>Related Building Company (Pages 12F & 12G)</u>								67
68 <u>Related Party Allocations (Pages 12H & 12I)</u>								68
69 <u>Financial Statement Depreciation</u>			959,830			(959,830)		69
70 TOTAL (lines 4 thru 69)		\$ 18,869,391	\$ 959,830		\$ 335,206	\$ (624,624)	\$ 7,812,520	70

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

Facility Name & ID Number Central Baptist 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 12A, Carried Forward		\$ 18,869,391	\$ 959,830		\$ 335,206	\$ (624,624)	\$ 7,812,520	1
2	Thermo Solutions (York Admin Rooftop Unit) (10,925)	2011	6,236		20	312	312	1,247	2
3	John'S Electric (Dishroom Wall Project) (9,497)	2011	5,128		20	256	256	1,026	3
4	Manas Torcom (Floor In Dish Room) (6,750)	2011	3,645		20	182	182	729	4
5	Edward Don (3 Compartment Sink) (3,947)	2011	2,131		20	107	107	426	5
6	Best Bet Remodelers (Dishroom Wall Project) (7,090)	2011	3,829		20	191	191	766	6
7	Mark'S Sewer & Plumbing (Dishroom Wall Project) (5,000)	2011	2,700		20	135	135	540	7
8	Damgaard (Landscaping From 2010) (9,159)	2011	4,946		20	247	247	989	8
9	Automatic Mech Services (Spray Pump Motor) (5,456)	2011	2,946		20	147	147	589	9
10	Perkins Eastman (Lower Level Construction) (16,628)	2011	8,979		20	449	449	1,796	10
11	Edward Don (Walk In Freezer Install) (8,540)	2011	4,612		20	231	231	922	11
12	Edward Don (Walk In Freezer) (27,943)	2011	15,089		20	754	754	3,018	12
13	John'S Electric (Electric On Walk In Frig/Freeze) (4,350)	2011	2,349		20	117	117	470	13
14	Skender Construction (Lower Level Construction) (215,186)	2011	116,201		20	5,810	5,810	23,240	14
15	Perkins Eastman (Lower Level Construction) (6,291)	2011	3,397		20	170	170	679	15
16	Skender (Lower Level Construction) (275,872)	2011	148,971		20	7,449	7,449	29,794	16
17	Perkins Eastman (Lower Level Construction) (4,985)	2011	2,692		20	135	135	538	17
18	Wma Consulting (Plumbing Project) (3,100)	2011	1,674		20	84	84	335	18
19	Perkins Eastman (Lower Level Construction) (14,044)	2011	7,584		20	379	379	1,517	19
20	Wma Consulting (Plumbing Project) (3,400)	2011	1,836		20	92	92	367	20
21	Keganivo (Plumbing Project) (2,550)	2011	1,377		20	69	69	275	21
22	Perkins Eastman (Window Project) (6,396)	2011	1,511		20	76	76	302	22
23	Perkins Eastman (Windows) (3,576)	2011	845		20	42	42	169	23
24	Quast Consulting (Window Project) (3,780)	2011	893		20	45	45	179	24
25	Thermo Solutions (York Kitchen Rooftop Unit) (11,547)	2011	11,548		20	577	577	2,310	25
26	Hd Supply (Ac Units For Np) (4,536)	2011	4,536		20	227	227	907	26
27	City Service Electric (Add On Power To Generator) (9,849)	2011	9,849		20	492	492	1,970	27
28	Manas Torcom (Kitchen Floor Terrace) (5,294)	2011	5,294		20	265	265	1,059	28
29	Insolar Window Treatments (Furniture Terrace) (4,361)	2011	4,361		20	218	218	872	29
30	Ra Kaplan (20K Btu Heat Pumps For Terrace) (9,480)	2011	9,480		20	474	474	1,896	30
31	Thermo Solutions (Rooftop Exhaust Fans For Terrace) (3,114)	2011	3,114		20	156	156	623	31
32	Wall Repairs	2011	2,780		20	139	139	556	32
33	Century Sprinkler (Sprinkler Replacement) (21,941)	2012	11,848		20	592	592	1,777	33
34	TOTAL (lines 1 thru 33)		\$ 19,281,771	\$ 959,830		\$ 355,825	\$ (604,005)	\$ 7,894,403	34

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

Facility Name & ID Number Central Baptist 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		\$ 19,281,771	\$ 959,830		\$ 355,825	\$ (604,005)	\$ 7,894,403	1
2	Gewalt Hamilton (Plumbing Project) (11,072)	2012	5,979		20	299	299	897	2
3	John'S Electric (Rewire Chiller Pumps)	2012	4,600		20	230	230	690	3
4	Keganivo Group (Plumbing Project) (5,128)	2012	2,770		20	138	138	415	4
5	Kovilic Construction (Concrete Project) (11,608)	2012	6,268		20	313	313	940	5
6	Kovilic Construction (Plumbing Project) (95,000)	2012	51,300		20	2,565	2,565	7,695	6
7	Kovilic Construction (Plumbing Project) (76,000)	2012	41,040		20	2,052	2,052	6,156	7
8	Kovilic Construction (Plumbing Project) (19,000)	2012	10,260		20	513	513	1,539	8
9	Mark'S Sewer (Sump Pump) (10,825)	2012	5,846		20	292	292	877	9
10	Nelson Harkins (Lower Level Construction) (3,633)	2012	1,962		20	98	98	294	10
11	Skender (Lower Level Construction) (17,974)	2012	9,706		20	485	485	1,456	11
12	Skender (Window Project) (31,774)	2012	7,506		20	375	375	1,126	12
13	Wma Consulting (Plumbing Project) (16,730)	2012	9,034		20	452	452	1,355	13
14	Westside Mechanical/Heat Exchangers	2013	3,875		20	194	194	388	14
15	Roc'S Plumbing/Replace Grease Pits	2013	11,800		20	590	590	1,180	15
16	Roc'S Plumbing/Maint Shop Sump Pump (4,000)	2013	2,160		20	108	108	216	16
17	Roc'S Plumbing/Replace Drains & Pipes	2013	6,169		20	308	308	617	17
18	Westside Mechanical/Heat Pumps (20,960)	2013	4,951		20	248	248	495	18
19	Black Hawk/Parking Lot Paving (5,725)	2013	3,092		20	155	155	309	19
20	Raupp Fence/Fence Project	2013	3,361		20	168	168	336	20
21	Bittner/Tuckpointing	2013	11,250		20	563	563	1,125	21
22	Roc'S Plumbing/Maint Shop Sump Replace (5,948)	2013	3,212		20	161	161	321	22
23	Raupp Fence Co/Fence Project	2013	7,014		20	351	351	701	23
24	Roc'S Plumbing/Drain Pipe Replace Maint Shop (2,983)	2013	1,611		20	81	81	161	24
25	Jp Mechanical/Motor Hot Water Heater	2013	4,581		20	229	229	458	25
26	Jp Mechanical/Circulator Pump (2,746)	2013	1,483		20	74	74	148	26
27	Johnstone Supply/Exhaust Fans (3,867)	2013	2,088		20	104	104	209	27
28	Jp Mechanical/Heat Pump Compressors (3,362)	2013	1,815		20	91	91	182	28
29	Ati/Phone System(185077.79)	2014	99,942		20	4,997	4,997	4,997	29
30	Jp Mechanical/Blower Motor(4500)	2014	2,430		20	122	122	122	30
31	Elevator Technicians/Np 1, 2, & Dock Elevator Door Restrictors(3	2014	1,690		20	84	84	84	31
32	Roc'S Plumbing/Kitchen Piping New Cleanout(6080)	2014	3,283		20	164	164	164	32
33	Stanton Mechanical/Rtu 4 Replacement(21290)	2014	11,497		20	575	575	575	33
34	TOTAL (lines 1 thru 33)		\$ 19,625,344	\$ 959,830		\$ 373,004	\$ (586,827)	\$ 7,930,632	34

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

Facility Name & ID Number Central Baptist 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		\$ 19,625,344	\$ 959,830		\$ 373,004	\$ (586,827)	\$ 7,930,632	1
2	Roc'S Plumbing/Kitchen Piping New Cleanout(7260)	2014	3,920		20	196	196	196	2
3	Ecolab/Install Steamer Into Wall & Replace Gas Lines(2595.63)	2014	1,402		20	70	70	70	3
4	Stanton Mechanical/Domestic Water Line Replace(6560.77)	2014	3,543		20	177	177	177	4
5	Stanton Mechanical/Fire Damper Repair(6658)	2014	3,595		20	180	180	180	5
6	Rocs Plumbing/Replace Piping Np1 Basement(13500)	2014	7,290		20	365	365	365	6
7	Stanton Mechanical/Fire Damper Repair(6425)	2014	3,470		20	173	173	173	7
8	Fox Valley/Pressure Gauge Fire Pump Room(3455)	2014	1,866		20	93	93	93	8
9	Crg Company/Round Tubing To Rail In East & South/East(4550)	2014	2,457		20	123	123	123	9
10	Crg Company/Orange Ave Gate Replacement(2600)	2014	1,404		20	70	70	70	10
11	Stanton Mechanical/Heat Exchanger Board Room(3800)	2014	2,052		20	103	103	103	11
12	Direct Supply/Hvac Units For Res Rooms(36600)	2014	36,600		20	1,830	1,830	1,830	12
13	Roc'S Plumbing/Replace Rtz Valve(10500)	2014	10,500		20	525	525	525	13
14	Tyco/Np2 Elevator Card Reader(3058)	2014	3,058		20	153	153	153	14
15	Reconstruct Pavilion Patio Into Meditation Garden	2014	4,008		20	200	200	200	15
16	Install Service Elevator Sprinkler System	2014	6,043		20	302	302	302	16
17	Heat Pump Compressors	2014	5,039		20	252	252	252	17
18	Repaired Leak In Drop Ceiling In Front Entrance Of Np	2014	2,913		20	146	146	146	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 19,724,503	\$ 959,830		\$ 377,962	\$ (581,869)	\$ 7,935,590	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 19,724,503	\$ 959,830		\$ 377,962	\$ (581,869)	\$ 7,935,590	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
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 19,724,503	\$ 959,830		\$ 377,962	\$ (581,869)	\$ 7,935,590	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								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	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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 12F, Carried Forward								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Central Baptist Village

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Information								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	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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 12H, Carried Forward		\$	\$		\$	\$	\$	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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	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	\$ 3,402,429	\$	\$ 146,623	\$ 146,623	10	\$ 1,106,775	71
72	Current Year Purchases	94,104		9,410	9,410	10	9,410	72
73	Fully Depreciated Assets	2,121,883				10	2,121,883	73
74								74
75	TOTALS	\$ 5,618,416	\$	\$ 156,033	\$ 156,033		\$ 3,238,069	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		See Attached Schedule	1900	\$ 200,692	\$	\$ 7,991	\$ 7,991	5	\$ 173,226	76
77		Central States Bus Sales - 2008 F	2008	59,743				5	59,743	77
78		Small Pick Up Truck	2009	14,995		1,500	1,500	5	8,622	78
79										79
80	TOTALS			\$ 275,430	\$	\$ 9,491	\$ 9,491		\$ 241,591	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)	\$ 25,696,481	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 959,830	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 543,485	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (416,345)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,415,249	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	See Attached	\$ 13,435,701	\$ 133,575	\$ 11,736,731	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 13,435,701	\$ 133,575	\$ 11,736,731	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.

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning: 01/01/14

Ending: 12/31/14

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

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ 1,510

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.

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/14 Ending: 12/31/14
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	211,511	\$		\$	211,511	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				43,769				43,769	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				201,044				201,044	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					112,938			112,938	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>						1,968	28,669			30,637	13
14	TOTAL			\$		\$	458,292	\$	141,607	\$	599,899	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 Central Baptist Village# 0007435Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14

(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	\$ 853,713	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,892,625		3
4	Supply Inventory (priced at)	627		4
5	Short-Term Investments			5
6	Prepaid Insurance	141,695		6
7	Other Prepaid Expenses	11,107		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	15,525		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,915,292	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	34,047,600		12
13	Land	42,511,928		13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(20,101,307)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	370,373		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 56,828,594	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 59,743,886	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 513,346	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	148,514		28
29	Short-Term Notes Payable	395,000		29
30	Accrued Salaries Payable	472,928		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	138,168		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	541,727		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,209,683	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	20,455,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	128,881		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 20,583,881	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 22,793,564	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 36,950,322	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 59,743,886	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 36,923,097	1
2	Restatements (describe):		2
3	Rounding	2	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 36,923,099	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	27,223	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)	\$ 27,223	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)	\$ 36,950,322	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	\$ 14,386,287	1
2	Discounts and Allowances for all Levels	(1,178,635)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,207,652	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,075,714	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,075,714	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	74,154	12
13	Barber and Beauty Care	61,491	13
14	Non-Patient Meals	11,278	14
15	Telephone, Television and Radio	25,138	15
16	Rental of Facility Space		16
17	Sale of Drugs	171,345	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,781	19
20	Radiology and X-Ray	13,542	20
21	Other Medical Services	18,876	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 384,605	23
D. Non-Operating Revenue			
24	Contributions	41,330	24
25	Interest and Other Investment Income***	1,147,298	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,188,628	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	448,863	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 448,863	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,305,462	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,602,663	31
32	Health Care	4,309,017	32
33	General Administration	3,845,347	33
B. Capital Expense			
34	Ownership	2,294,717	34
C. Ancillary Expense			
35	Special Cost Centers	1,956,928	35
36	Provider Participation Fee	269,567	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,278,239	40
41	Income before Income Taxes (line 30 minus line 40)**	27,223	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 27,223	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,905,783	44
45	Private Pay - Net Inpatient Revenue	5,611,639	45
46	Medicare - Net Inpatient Revenue	734,024	46
47	Other-(specify) <u>AL/IL</u>	4,960,275	47
48	Other-(specify) <u>Hospice</u>	(4,069)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,207,652	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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 Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	1,979	2,080	\$ 116,380	\$ 55.95	1
2	Assistant Director of Nursing	1,608	1,680	60,221	35.85	2
3	Registered Nurses	26,466	32,679	1,093,591	33.46	3
4	Licensed Practical Nurses	14,194	18,969	530,509	27.97	4
5	CNAs & Orderlies	108,877	112,067	1,497,124	13.36	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,242	4,935	151,650	30.73	8
9	Activity Director	2,080	2,080	52,225	25.11	9
10	Activity Assistants	23,291	25,666	327,562	12.76	10
11	Social Service Workers	8,179	9,088	127,572	14.04	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	74,705	80,328	1,163,885	14.49	15
16	Dishwashers					16
17	Maintenance Workers	21,904	21,904	324,513	14.82	17
18	Housekeepers	21,944	21,944	270,981	12.35	18
19	Laundry	8,751	9,511	86,506	9.10	19
20	Administrator	3,828	4,160	317,888	76.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,863	20,298	534,139	26.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,611	1,719	24,473	14.24	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	40,746	40,746	797,449	19.57	33
34	TOTAL (lines 1 - 33)	382,268	409,854	\$ 7,476,668 *	\$ 18.24	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	\$		35	
36	Medical Director	Monthly	32,460	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	Monthly	5,466	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	684	11-03	44
45	Social Service Consultant	Monthly	13,662	12-03	45
46	Other(specify)				46
47	<u>Morrison Management Fees</u>	Monthly	30,588	01-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 82,860		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	
Dawn Zimmerman Mondschein	Administrator	0	\$ 120,676	Workers' Compensation Insurance	\$ 241,246	IDPH License Fee	\$ 1,945	
Charles Newton	CEO	0	197,212	Unemployment Compensation Insurance	10,056	Advertising: Employee Recruitment	1,358	
				FICA Taxes	509,593	Health Care Worker Background Check		
				Employee Health Insurance	1,176,008	(Indicate # of checks performed <u>1105</u>)	11,049	
				Employee Meals	44,107	Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues, Fees & Subscriptions	20,996	
				Semi-Variable Fringe Benefits	164,660	ILU Allocation	(14,682)	
				Christmas Expense	16,341			
				Other Employee Benefits	1,156			
				Retirement Plan	58,237	Less: Public Relations Expense	()	
				Employee Relations/Awards	10,790	Non-allowable advertising	()	
				ILU Allocation	(387,177)	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		TOTAL (agree to Sch. V,		
(List each licensed administrator separately.)			\$ 317,888	line 22, col.8)		line 20, col. 8)		
				\$ 1,845,017		\$ 20,666		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Seminar Expense	19,623
(Attach a copy of any management service agreement)								
C. Professional Services							Entertainment Expense ()	
Vendor/Payee	Type		Amount				(agree to Sch. V,	
Frost, Ruttenberg & Rothblatt	Accounting		\$ 51,714				line 24, col. 8)	
Berens Tate	Accounting		906				\$ 19,623	
ADP	Payroll Processing		36,473					
VirTeck	IT Consultants		10,000					
Crestwood Associates	IT Consultants		463					
Advantage Consulting	Medicare Billing Services		32,180					
See Attached	Legal		61,053					
TOTAL (agree to Schedule V, line 19, column 3)								
(For legal fee disclosure, see page 39 of instructions)			\$ 192,788					

* 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	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/14

Ending:

12/31/14

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN/Leading Age: \$12,081
- (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? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 59,455 Line 10 - 02
- (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. \$ 269,567
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 44,107 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 11,278
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Frost, Ruttenberg & Rothblatt
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.