

Facility Name & ID Number Bethesda Home & Retirem Ctr

0012229 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	<u>46</u>	Skilled (SNF)	<u>46</u>	<u>16,790</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>67</u>	Intermediate (ICF)	<u>67</u>	<u>24,455</u>	3
4		Intermediate/DD			4
5	<u>49</u>	Sheltered Care (SC)	<u>49</u>	<u>17,885</u>	5
6		ICF/DD 16 or Less			6
7	<u>162</u>	TOTALS	<u>162</u>	<u>59,130</u>	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	<u>1,595</u>	<u>5,448</u>	<u>4,118</u>	<u>11,161</u>	8
9	SNF/PED					9
10	ICF	<u>2,896</u>	<u>5,308</u>	<u>1,930</u>	<u>10,134</u>	10
11	ICF/DD					11
12	SC		<u>5,490</u>		<u>5,490</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>4,491</u>	<u>16,246</u>	<u>6,048</u>	<u>26,785</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.30%

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

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

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

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

Adult Day Care

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

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 1925

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 46 and days of care provided 1,947

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	313,751	43,140	272,590	629,481	629,481	(3,732)	625,749			1
2	Food Purchase		295,965		295,965	295,965	(53,019)	242,946			2
3	Housekeeping	151,152	79,011	53,451	283,614	283,614		283,614			3
4	Laundry	28,037	16,514		44,551	44,551		44,551			4
5	Heat and Other Utilities			159,154	159,154	159,154		159,154			5
6	Maintenance	106,623		248,657	355,280	355,280	(38,521)	316,759			6
7	Other (specify):*										7
8	TOTAL General Services	599,563	434,630	733,852	1,768,045	1,768,045	(95,272)	1,672,773			8
	B. Health Care and Programs										
9	Medical Director			8,875	8,875	8,875		8,875			9
10	Nursing and Medical Records	2,080,999	188,848	231,283	2,501,130	2,501,130		2,501,130			10
10a	Therapy										10a
11	Activities	125,478	24,331	19,660	169,469	169,469		169,469			11
12	Social Services	95,612		464	96,076	96,076		96,076			12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,302,089	213,179	260,282	2,775,550	2,775,550		2,775,550			16
	C. General Administration										
17	Administrative	136,814		15,317	152,131	152,131		152,131			17
18	Directors Fees										18
19	Professional Services			233,288	233,288	233,288	(25,550)	207,738			19
20	Dues, Fees, Subscriptions & Promotions			20,642	20,642	20,642	(1,730)	18,912			20
21	Clerical & General Office Expenses	445,217	49,542	94,877	589,636	589,636	(14,959)	574,677			21
22	Employee Benefits & Payroll Taxes			829,295	829,295	829,295		829,295			22
23	Inservice Training & Education			5,004	5,004	5,004		5,004			23
24	Travel and Seminar			4,807	4,807	4,807		4,807			24
25	Other Admin. Staff Transportation			539	539	539		539			25
26	Insurance-Prop.Liab.Malpractice			162,097	162,097	162,097		162,097			26
27	Other (specify):*										27
28	TOTAL General Administration	582,031	49,542	1,365,866	1,997,439	1,997,439	(42,239)	1,955,200			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,483,683	697,351	2,360,000	6,541,034	6,541,034	(137,511)	6,403,523			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 Bethesda Home & Retirem Ctr

#0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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			464,810	464,810		464,810	62,071	526,881			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			75,097	75,097		75,097	(30,433)	44,664			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			10,200	10,200		10,200		10,200			35
36	Other (specify):*											36
37	TOTAL Ownership			550,107	550,107		550,107	31,638	581,745			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		108,475	213,199	321,674		321,674		321,674			39
40	Barber and Beauty Shops			11,293	11,293		11,293	(11,293)				40
41	Coffee and Gift Shops			4,083	4,083		4,083	(4,083)				41
42	Provider Participation Fee			185,434	185,434		185,434		185,434			42
43	Other (specify):* Non-Allowable Co	160,126		269,612	429,738		429,738	(429,738)				43
44	TOTAL Special Cost Centers	160,126	108,475	683,621	952,222		952,222	(445,114)	507,108			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,643,809	805,826	3,593,728	8,043,363		8,043,363	(550,987)	7,492,376			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 Bethesda Home & Retirem Ctr

0012229

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,613)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,927)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	62,071	30		9
10	Interest and Other Investment Income	(30,433)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(560)	43		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	(5,416)	43		18
19	Entertainment	(3,849)	43		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	(117,112)	43		24
25	Fund Raising, Advertising and Promotional	(5,788)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(431,360)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (550,987)		\$	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))	\$ (550,987)		37

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

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

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

Bethesda Home & Retirem Ctr

ID# 0012229

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Marketing Expense	\$ (183,426)	43	1
2	Cable TV	(4,350)	43	2
3	Non-allowable legal fees	(25,550)	19	3
4	Offset gift shop revenue	(4,083)	41	4
5	Medicare X-Ray & Lab Services	(20,391)	43	5
6	Life Enrichment Outings & Dinners	(25,517)	43	6
7	Real estate taxes - rental houses	(4,919)	43	7
8	Offset miscellaneous income	(2,032)	21	8
9	Marketing Salary	(58,410)	43	9
10	Lobbying Offset	(1,730)	20	10
11	Barber/Beauty Offset	(11,293)	40	11
12	Food Revenue Offset	(47,406)	2	12
13	Non-Food Revenue Offset	(3,732)	1	13
14	Repairs and Maintenance	(38,521)	6	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(431,360)	49

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
N/A		N/A		N/A		

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	N/A						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		\$			\$	\$ * 0	14

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

Facility Name & ID Number Bethesda Home & Retirem Ctr # 0012229 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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 List	Board of Directors	Administrative	0.00					\$	N/A	1
2											2
3	Note: No board member provided services to the nursing home during the reporting period. No business entity owned by a board member conducted business										3
4	transactions with the nursing home during the reporting period.										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 Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

1/1/2015

Ending: 2/31/2015

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 N/A
 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		N/A							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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	MB Bank-Series 12 Rev Bonds		X	Renovations/Improvements	\$35,071.41	4/5/12	\$ 1,948,200	\$ 1,826,747	3/5/17	0.0309	\$ 19,410						
2																	
3																	
4																	
5																	
Working Capital																	
6	MB Financial Bank		X	Working Capital	Interest Monthl	4/30/12	200,000	410,000		Prime	14,413						
7																	
8																	
9	TOTAL Facility Related				\$35,071.41		\$ 2,148,200	\$ 2,236,747			\$ 33,823						
B. Non-Facility Related*																	
10											(30,433)						
11											41,274						
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ 10,841						
15	TOTALS (line 9+line14)						\$ 2,148,200	\$ 2,236,747			\$ 44,664						

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2014 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.)	2014			\$	2	
3. Under or (over) accrual (line 2 minus line 1).				\$	3	
4. Real Estate Tax accrual used for 2015 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.)			Allocated from Management Co.	\$	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:	2010	_____	8	FOR BHF USE ONLY		
	2011	_____	9			
	2012	_____	10			
	2013	_____	11			
	2014	_____	12			
Not for profit entity. Exempt from real estate tax.						
				13	FROM R. E. TAX STATEMENT FOR 2014 \$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Norwegian Lutheran Bethesda D/B/A Bethesda Home and Re COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0012229

CONTACT PERSON REGARDING THIS REPORT Paul Roberts

TELEPHONE (773) 836-3208 FAX #: (773) 622-8261

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>N/A-not for profit</u>	<u>N/A</u>	\$ <u> </u>	\$ <u> </u>
2.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
		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? N/A 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 67,403 B. General Construction Type: Exterior Brick Frame _____ Number of Stories Four

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).

Apartment Buildings - 13 Units

Land - Sayre Avenue (formerly rental houses)

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1919</u>	<u>\$ 11,392</u>	1
2					2
3	TOTALS			\$ 11,392	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		1925	1925	\$ 182,722	\$		\$	\$	\$ 182,722	4
5		1955	1955	657,001	10,108	65	10,108		608,995	5
6	162	1991	1991	2,123,475	42,470	50	42,470		1,059,384	6
7		1997	1997	263,809	13,190	20	13,190		227,560	7
8										8
Improvement Type**										
9	Various		1956	4,130		64			4,130	9
10	Various		1957	4,771					4,771	10
11	Various		1958	14,177	141	62	141		13,548	11
12	Various		1960	27,510					27,510	12
13	Various		1966	15,090					15,090	13
14	Various		1970	434					434	14
15	Various		1975	5,599					5,599	15
16	Various		1976	10,615					10,615	16
17	Various		1978	12,100					12,100	17
18	Various		1985	8,596					8,596	18
19	Various		1986	1,436,330	64,751	25	64,751		1,407,717	19
20	Various		1987	6,537	218	30	218		6,211	20
21	Various		1988	50,000		20			50,000	21
22	Various		1991	1,358,192	46,356	Various	46,356		1,120,677	22
23	Various		1992	180,765					180,765	23
24	Various		1993	125,270					125,270	24
25	Various		1994	4,298					4,298	25
26	Various		1995	132,332		Various			132,332	26
27	Various		1996	136,115	6,631	Various	6,631		133,508	27
28	Various		1997	123,231		Various			123,231	28
29	Various		1998	124,461		Various			124,461	29
30	Various		1999	215,640		Various			215,640	30
31	Various		2000	1,119,263	57,254	Various	57,254		872,736	31
32										32
33										33
34										34
35										35
36										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 Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Improvements - Office	2001	\$ 4,721	\$	5	\$	\$	\$ 4,721	37
38	Carpeting	2001	810		5			810	38
39	Stair Landing	2001	7,180		10			7,180	39
40	Door Replacement	2001	18,583		10			18,583	40
41	Stair Landing	2001	1,260	63	20	63		929	41
42	Fire Alarm Study	2001	5,000	250	20	250		3,625	42
43	4th Floor Door Replacement	2001	4,972	249	20	249		3,567	43
44	Center Bldg Nurses Station	2001	11,803		10			11,803	44
45	3N Nurse Call System	2001	2,109		10			2,109	45
46	Roof Repair	2001	6,830		10			6,830	46
47	Signage	2001	2,270		10			2,270	47
48	Roof Repair	2001	19,407		10			19,407	48
49	Faucets	2001	9,116		10			9,116	49
50	Ceiling Repair	2001	1,563		10			1,563	50
51	Telephone Wiring	2001	1,535		10			1,535	51
52	Concrete Landing	2001	8,900	297	30	297		4,454	52
53	Boiler Replacement	2001	900	30	30	30		450	53
54	Boiler Replacement	2001	4,053	135	30	135		2,014	54
55	Ceiling	2001	405	14	30	14		207	55
56	Boiler Project	2001	582	19	30	19		277	56
57	Viking Room Lighting	2001	2,191		10			2,191	57
58	Draperies	2001	1,155		10			1,155	58
59	Fire Alarm	2001	1,297		10			1,297	59
60	Walk-in Freezer	2001	942		10			942	60
61	Carpeting	2001	3,580		5			3,580	61
62	Draperies	2001	1,968		5			1,968	62
63	Floor Coverings	2001	4,595		5			4,595	63
64	Carpeting	2001	7,160		5			7,160	64
65	Draperies	2001	1,088		3			1,088	65
66	Carpeting	2001	2,770		5			2,770	66
67	Security Camera	2001	160		5			160	67
68	Security System	2001	13,500		5			13,500	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,494,868	\$ 242,176		\$ 242,176	\$	\$ 6,819,756	70

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

Facility Name & ID Number Bethesda Home & Retirement Ctr

0012229

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,494,868	\$ 242,176		\$ 242,176	\$	\$ 6,819,756	1
2	Faucets	2002	8,805		10			8,805	2
3	Plumbing Work	2002	810		5			810	3
4	Carpet/Vinyl Flooring	2002	2,095		5			2,095	4
5	Major Repairs	2002	1,558		5			1,558	5
6	Combination Locks	2002	5,092		5			5,092	6
7	Safety Gate	2002	1,383	141	10	141		1,383	7
8	Wall Rails	2002	1,387	136	10	136		1,387	8
9	Architect Fees	2002	643	67	10	67		643	9
10	Improvements-Activity Room	2002	54,789	5,478	10	5,478		54,789	10
11	Improvements-Activity Room	2002	811	82	10	82		811	11
12	1st Floor Flooring	2002	1,680		10			1,680	12
13	Flooring 1N	2002	11,650		5			11,650	13
14	Flooring 2N	2002	4,965		5			4,965	14
15	Electrical Work	2002	594	63	10	63		594	15
16	Brick Work	2002	1,020	102	10	102		1,020	16
17	Door Electrical Work	2002	510	51	10	51		510	17
18	Drywall and Hardware	2002	921	93	10	93		921	18
19	Ceiling Tile	2002	639	63	10	63		639	19
20	Access Control	2002	637	61	10	61		637	20
21	Access Control	2002	955	91	10	91		955	21
22	Dampers	2002	1,174	121	10	121		1,174	22
23	Freezer Repairs	2002	1,040	104	10	104		1,040	23
24	Elevator Repairs	2002	705	66	10	66		705	24
25	Sprinkler Repairs	2002	565	52	10	52		565	25
26	Freezer Repairs	2002	1,023	105	10	105		1,023	26
27	Freezer Repairs	2002	1,030	103	10	103		1,030	27
28	Landscaping	2003	62,514	4,168	15	4,168		51,752	28
29	Landscaping	2003	108	7	15	7		87	29
30	Landscaping	2003	40,940	2,729	15	2,729		33,886	30
31	Landscaping	2003	22,495	1,500	15	1,500		18,650	31
32	Auditorium Construction	2003	385,633	25,709	15	25,709		334,217	32
33	Fire Alarm	2003	58,250	3,883	15	3,883		47,567	33
34	TOTAL (lines 1 thru 33)		\$ 9,171,289	\$ 287,151		\$ 287,151	\$	\$ 7,412,396	34

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

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Report Period Beginning:

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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		\$ 9,171,289	\$ 287,151		\$ 287,151	\$	\$ 7,412,396	1
2	Construction Monitoring	2003	18,954	1,264	15	1,264		15,484	2
3	Fire Alarm	2003	344,942	22,996	15	22,996		289,817	3
4	Auditorium Sound System	2003	1,840		5			1,840	4
5	Chiller	2003	12,733	849	15	849		10,542	5
6	Chiller	2003	25,467	1,698	15	1,698		21,083	6
7	A/C's	2003	4,840		5			4,840	7
8	A/C's	2003	1,234		5			1,234	8
9	Parking Lot resurfacing	2003	1,542	154	10	154		1,540	9
10	Smoke Detectors	2003	599	59	10	59		599	10
11	Circulator Pump	2003	1,071	107	10	107		1,070	11
12	Valve Bodies & Actuators	2003	1,017	99	10	99		1,017	12
13	Elevator Door Lock	2003	521	52	10	52		520	13
14	Faucets	2003	551	55	10	55		550	14
15	Walk-in Freezer Repair	2003	1,093	109	10	109		1,090	15
16	Carpet/Vinyl Flooring	2003	1,610	161	10	161		1,610	16
17	Carpet/Vinyl Flooring	2003	1,405	136	10	136		1,405	17
18	Roof/Gutter Repair	2003	15,190	1,519	10	1,519		15,190	18
19									19
20	Insolar Windows	2004	17,900		10			17,900	20
21	Nexus Technologies	2004	2,340	156	15	156		1,872	21
22	Convergint Technologies	2004	3,250	217	15	217		2,604	22
23	Studio One	2004	9,876		10			9,876	23
24	Noland Sales - Carpeting	2004	37,170		6			37,170	24
25									25
26	Elevator Upgrade	2006	203,667	5,092	20	5,092		46,011	26
27	Hot Water Heater Repairs	2006	27,730		5			27,730	27
28	Repair of Water Booster Pumps	2006	13,557		5			13,557	28
29	Fire Alarm Upgrade	2006	2,600		5			2,600	29
30	Elevator Electrical Repair	2006	7,871	332	12	332		3,644	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,931,859	\$ 322,206		\$ 322,206	\$	\$ 7,944,791	34

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

Facility Name & ID Number Bethesda Home & Retirement Ctr

0012229

Report Period Beginning:

1/1/2015

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,931,859	\$ 322,206		\$ 322,206	\$	\$ 7,944,791	1
2	Major repairs to Boiler	2007	13,099	1,310	10	1,310		10,672	2
3	Re-key Administrative Wing	2007	3,607		5			3,607	3
4	Tuckpointing West and North Buildings	2007	4,500	450	10	450		3,675	4
5	Garbage Disposal	2007	4,303		5			4,303	5
6									6
7	Removed nursing station, cabinets, electrical and	2008	3,775		5			3,775	7
8	made into a common area								8
9									9
10	Flooring - Floors 1, 2 & 3	2009	92,142	7,678	6	7,678		92,142	10
11	Tuckpointing West Building	2009	6,150	615	10	615		3,998	11
12	Boiler replacement/repair	2009	6,322	421	15	421		2,737	12
13	Electrical panel work	2009	5,427	362	15	362		2,353	13
14	Mural and awning	2009	2,947	389	10	389		2,481	14
15	Parking lot paving	2009	3,675	245	15	245		1,593	15
16									16
17	Reclass R&M - Air conditioning repairs	2009	8,143	814	10	814		5,291	17
18									18
19	Boiler Replacement	2010	13,479	899	15	899		4,942	19
20									20
21	Brick Masonry	2011	17,975	1,198	15	1,198		5,791	21
22	Concrete Piers	2011	10,657	710	15	710		2,958	22
23	Dining room lights & electrical	2011	3,943	263	15	263		1,249	23
24	Electrical town square	2011	3,846	256	15	256		1,174	24
25	Elevator fire shield	2011	4,511	301	15	301		1,305	25
26	Fire Dampers	2011	19,756	1,317	15	1,317		5,731	26
27	Heating Bathrooms	2011	9,667	644	15	644		3,033	27
28	Kitchen Electrical	2011	6,295	420	15	420		2,038	28
29	Locker Room-carpentry, painting	2011	3,925	262	15	262		1,310	29
30	Piping Smoke Detectors	2011	4,105	274	15	274		1,187	30
31	Point of care electrical	2011	3,500	233	15	233		1,126	31
32	Pumps & Seals	2011	7,957	1,591	5	1,591		7,434	32
33	Restrooms -filing	2011	4,535	302	15	302		1,424	33
34	TOTAL (lines 1 thru 33)		\$ 10,200,100	\$ 343,160		\$ 343,160	\$	\$ 8,122,120	34

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

Facility Name & ID Number Bethesda Home & Retirement Ctr

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Report Period Beginning:

1/1/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,200,100	\$ 343,160		\$ 343,160	\$	\$ 8,122,120	1
2	Roof repair-flashing, tiles, slate	2011	39,088	2,606	15	2,606		11,493	2
3	Windows attic	2011	2,572	171	15	171		734	3
4									4
5	Damper shield plates	2012	5,143	343	15	343		1,913	5
6	Replace drain pipe over activities	2012	5,890	393	15	393		2,193	6
7	Elevator repairs	2012	2,687	179	15	179		924	7
8	Replace fire dampers	2012	8,428	562	15	562		2,667	8
9	New Roof/Masonry-North Building	2012	73,890	4,926	15	4,926		20,127	9
10	Air/Heat Registers	2012	37,691	2,513	15	2,513		9,274	10
11	Roof repairs-West & North Buildings	2012	11,420	761	15	761		2,031	11
12	Exhaust system-West Building	2012	63,021	4,201	15	4,201		11,206	12
13									13
14	Replace Garage Entry Door	2013	1,577	315	5	315		1,182	14
15	Repair/Remodel North Build Stairs	2013	3,228	215	15	215		699	15
16	Repairs to Heating System	2013	3,105	621	5	621		2,019	16
17	Repair/Remodel North Build Stairs	2013	4,012	802	5	802		2,407	17
18	Repair seal kit on Taco pump	2013	3,500	700	5	700		2,101	18
19	Install air vents/lines - pumps	2013	4,068	814	5	814		1,423	19
20	Kitchen Electrical Wiring	2013	12,050	2,410	5	2,410		6,628	20
21	Replace control board/ air handling	2013	9,553	1,911	5	1,911		2,883	21
22	Asphalt Repairs Parking Lot	2013	2,535					762	22
23									23
24	3rd floor shower room - north building	2014	6,800	680	10	680		1,020	24
25	2nd floor shower room - west building	2014	6,800	680	10	680		1,020	25
26	Tile & Materials 2W & 3N shower room	2014	5,397	540	10	540		810	26
27	Painting north stairwell, replace flow valve, replace seal kit, heatin	2014	7,847	785	10	785		1,177	27
28	Painting of north stairwell and west stairwell & remodel 2c sitting	2014	6,450	645	10	645		968	28
29	Repair seal kit on taco pump	2014	4,598	920	5	920		1,380	29
30	Pipe repairs from radiation	2014	3,508	702	5	702		1,053	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,534,958	\$ 372,554		\$ 372,554	\$	\$ 8,212,212	34

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

Facility Name & ID Number Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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 12E, Carried Forward		\$ 10,534,958	\$ 372,554		\$ 372,554	\$	\$ 8,212,212	1
2									2
3	Pump repairs for hot water and repair west building fan coils	2014	3,839	768	5	768		1,152	3
4	Removed existing and installed new flooring, cabinetry, lighting and paneling - 2 Central Sitting Room	2014	7,560	756	10	756		1,134	4
5									5
6	Removed existing and reinstall new flooring, cabinetry, lighting, trim, and added architectural room divide, counters and appliances - 2 Center Living room	2014	3,179	318	10	318		477	6
7									7
8									8
9	Removed existing Fluorescent lighting in public hallways and replaced with new LED bulbs and fixtures - 3 North	2014	2,972	297	10	297		446	9
10									10
11	Removed existing and reinstall new fixtures, wall and floor tile, trim, lighting and grab bars. Reinstall original sinks and toilets - 3 North Bathing Room	2014	3,844	384	10	384		576	11
12									12
13									13
14	Heating System Survey	2014	7,043	704	10	704		1,056	14
15	Removed and replaced flooring, window treatments, lighting, trim and added new cabinetry, counter, appliances and architectural divide - 2 North Family Room	2014	5,460	546	10	546		819	15
16									16
17									17
18	Removal of existing fluorescent lighting and replaced with LED lights and fixtures - 3 West	2014	4,057	1,352	3	1,352		2,028	18
19									19
20	Removed and replaced flooring, window treatments, lighting, trim and added new cabinetry, counter, appliances and architectural divide, ice machine - 2 North Family Room	2014	3,239	1,080	3	1,080		1,620	20
21									21
22									22
23	LED lights and fixtures - 2 West and 3 North Bathrooms	2014	2,973	991	3	991		1,487	23
24	Repair pipe connecting hot water tank to pumping system in 1st floor mechanical room	2014	5,296	1,059	5	1,059		1,589	24
25									25
26	Removed existing Fluorescent lighting in public hallways and replaced with new LED bulbs and fixtures - 2 Center	2014	8,305	2,768	3	2,768		4,152	26
27									27
28	Install Exit Signs on exterior of Town Square garden/courtyard and retrofit with LED	2014	6,200	2,067	3	2,067		3,100	28
29									29
30	Hot water pump replacement in mechanical room on 1st floor	2014	7,190	2,397	3	2,397		3,595	30
31	3 North Hallways patched and painted. Removal of fluorescent bulbs and installed LED lighting in sitting area and work room - 3 North	2014	4,102	1,367	3	1,367		2,051	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,610,217	\$ 389,409		\$ 389,409	\$	\$ 8,237,495	34

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

Facility Name & ID Number Bethesda Home & Retirement Ctr

0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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		\$ 10,610,217	\$ 389,409		\$ 389,409	\$	\$ 8,237,495	1
2	3 North Hallways and accounting office on first floor painted.	2014	6,813	2,271	3	2,271		3,407	2
3	Removal of flourscent lighting and install new LED lighting in								3
4	offices on first floor accounting offices								4
5	Removed and replaced boilers in the HVAC -	2014	24,500	1,633	15	1,633		2,450	5
6	Main Boiler Room 1st Floor								6
7	Removed and replaced boilers in the HVAC -	2014	49,000	3,267	15	3,267		4,900	7
8	Main Boiler Room 1st Floor								8
9	Tuckpointing West Building on the southeast corner 4th Floor	2014	6,665	444	15	444		666	9
10	Hallway access to Town Square on first floor North Building,	2014	7,019	468	15	468		702	10
11	Removed and replaced flooring, lighting, rebuild walls, removed and								11
12	replaced door to laundry room and install paneling.								12
13	Removed existing flourscent lighting in public hallways and replaced	2014	40,146	2,676	15	2,676		4,014	13
14	with new LED bulbs and fixtures - 1 North & Replaced hot water								14
15	heaters and storage tanks with new ducting and rooftop connections								15
16	in the first floor Mechanical Room								16
17									17
18									18
19	Boiler, replacement, basement - West building	2015	77,673	2,589	15	2,589		2,589	19
20	Chiller HVAC, replacement - Roof - West building	2015	72,273	2,409	15	2,409		2,409	20
21	Sitting and Bathing Areas	2015	60,193	2,006	15	2,006		2,006	21
22	-2 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								22
23	fixtures								23
24	-3 North Bathroom, re-tile floors, paint/tile/panel walls, new bath								24
25	fixtures								25
26	-3 West Bathroom, re-tile floors, paint/tile/panel walls, new bath								26
27	fixtures								27
28	- 2 North Beauty Salon - paint walls, electrical, washing stations								28
29	- 3 North Sitting Area - re-tile floors, paint/tile/panel walls, new								29
30	bath fixtures, move walls								30
31	Dining Room Renovation, 3 North Dining Room	2015	33,465	1,116	15	1,116		1,116	31
32	- Tile flooring, panel/paint walls, add serving counters & space								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,987,964	\$ 408,289		\$ 408,289	\$	\$ 8,261,755	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 12G, Carried Forward		\$ 10,987,964	\$ 408,289		\$ 408,289	\$	\$ 8,261,755	1
2	Town Square Access Hallway - Ground floor, North Building	2015	11,776	393	15	393		393	2
3	-Tile flooring, panel walls								3
4	Boiler Control Valves - Basement - West Building	2015	8,192	273	15	273		273	4
5	- Valve replace								5
6	Plumbing - Crawl space - North Building - Pipe replacement	2015	3,017	100	15	100		100	6
7									7
8	Reclass RM to BI	2015	38,521		15	1,284	1,284	1,284	8
9	- HVAC Reset Due to Power Outage - Roof Top HVAC								9
10	- PM Post Inspection Repairs								10
11	- Repairs to Heating Unit Room W223 - 2 West								11
12	- Maintenance Contract								12
13	-Repairs, Adjustments, Cleaning Work to HVAC - HVAC room								13
14	-Boiler Reheat Repairs - Boiler Room								14
15	-Boiler Control Repairs, Relay, Gaskets, Oil Filter - Boiler room								15
16	-Control Valve Replacement - Third Floor Mechanical Room								16
17	-Mount, Install New Wascomat Washing Machine - Laundry room								17
18	-AC- Post Inspection Repairs - Out of Freon/Relief Valve Leaking								18
19	Roof Top Unit HVAC								19
20	-Filters replaced on all RTUs, belt replaced, compressor repairs								20
21	Roof Top Unit HVAC								21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	To reconcile to financials			(60,787)			60,787		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,049,470	\$ 348,268		\$ 410,339	\$ 62,071	\$ 8,263,805	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	\$ 1,104,319	\$ 99,164	\$ 99,164	\$	3-10	\$ 1,015,488	71
72	Current Year Purchases	210,698	17,378	17,378		3-7	17,378	72
73	Fully Depreciated Assets	104,131					104,131	73
74								74
75	TOTALS	\$ 1,419,148	\$ 116,542	\$ 116,542	\$		\$ 1,136,997	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	Shuttle Van	1994	\$ 34,300	\$	\$	\$	5	\$ 34,300	76
77										77
78										78
79										79
80	TOTALS			\$ 34,300	\$	\$	\$		\$ 34,300	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)	\$ 12,514,310	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 464,810	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 526,881	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 62,071	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,435,102	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	East Building Renovation-Prior	\$ 1,478,812	\$ 28,870	\$ 466,721	86
87	Furnishings	6,074	1,215		87
88					88
89	Land - Sayre Avenue	1,883,678			89
90					90
91	TOTALS	\$ 3,368,564	\$ 30,085	\$ 466,721	91

G. Construction-in-Progress

	Description	Cost	
92	Strategic Planning	\$	92
93	Construction in Progress	1,813,807	93
94			94
95		\$ 1,813,807	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 Bethesda Home & Retirem Ctr

0012229

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	<u>/2016</u>	\$ _____
-----	--------------	----------

13.	<u>/2017</u>	\$ _____
-----	--------------	----------

14.	<u>/2018</u>	\$ _____
-----	--------------	----------

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 _____.

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 10,200 Description: Senior TV equipment lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* 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 Bethesda Home & Retirem Ctr # 0012229 Report Period Beginning: 1/1/2015 Ending: 12/31/2015
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>It is the policy of this facility to only hire certified nurses aides. 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(3)	hrs	\$	1,430	\$ 76,564	\$	1,430	\$ 76,564	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		625	24,987		625	24,987	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(2,3)	hrs		1,597	111,567	359	1,597	111,926	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescrpts				108,116		108,116	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	3,652	\$ 213,118	\$ 108,475	3,652	\$ 321,593	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 Bethesda Home & Retirem Ctr# 0012229Report Period Beginning: 1/1/2015Ending: 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ 372,193	\$ 372,193	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>202,532</u>)	813,227	813,227	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	28,348	28,348	5
6	Prepaid Insurance	14,133	14,133	6
7	Other Prepaid Expenses	56,946	56,946	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Irreconcilable Difference</u>	4	4	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,284,851	\$ 1,284,851	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	211,196	211,196	12
13	Land	13,589	11,392	13
14	Buildings, at Historical Cost	2,963,197	3,227,006	14
15	Leasehold Improvements, at Historical Cost	7,790,204	7,822,464	15
16	Equipment, at Historical Cost	1,355,931	1,453,448	16
17	Accumulated Depreciation (book methods)	(8,619,048)	(9,435,102)	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 (spec <u>See Sch 17A</u>)	6,881,936	6,881,936	22
23	Other(specify): <u>Bond Cost - NET</u>	87,149	87,149	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,684,154	\$ 10,259,489	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,969,005	\$ 11,544,340	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 236,614	\$ 236,614	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	182,058	182,058	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	284,602	284,602	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,989	11,989	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	2,470	2,470	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Sch 17A</u>	244,938	244,938	36
37	<u>Accrued Expenses</u>	169,429	169,429	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,132,100	\$ 1,132,100	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	410,000	410,000	39
40	Mortgage Payable			40
41	Bonds Payable	1,826,747	1,826,747	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,236,747	\$ 2,236,747	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,368,847	\$ 3,368,847	46
47	TOTAL EQUITY (page 18, line 24)	\$ 8,600,158	\$ 8,175,493	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,969,005	\$ 11,544,340	48

*(See instructions.)

Facility Name: Bethesda Home & Retirem Ctr
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2015

Schedule 17A

XV. Balance Sheet

Line 22 Long-Term Assets Other (specify):

Description	After	
	Operating	Consolidation
Land - Sayre Avenue	1,883,678	1,883,678
Construction in Progress	1,813,807	1,813,807
Notes Receivable	3,184,451	3,184,451
Total - Line 22	6,881,936	6,881,936

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
FLEX Medical Liability	(32)	(32)
FLEX Dependent Liability	70	70
Valic Retirement Plan 403b	5,000	5,000
Def Rev- AT&T Cell Tower Lease	45,036	45,036
Estimated Asbestos Obligation	130,000	130,000
Due to HFS - Medicaid Cr. Bal	64,864	64,864
Total - Line 36	244,938	244,938

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,868,271	1
2	Restatements (describe):		2
3	Prior period adjustment	(10,681)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,857,590	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,742,568	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)	\$ 2,742,568	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)	\$ 8,600,158	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	\$ 7,118,397	1	
2	Discounts and Allowances for all Levels	(1,597,993)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,520,404	3	
B. Ancillary Revenue				
4	Day Care	21,479	4	
5	Other Care for Outpatients		5	
6	Therapy	469,527	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 491,006	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	4,167	12	
13	Barber and Beauty Care	12,806	13	
14	Non-Patient Meals	5,613	14	
15	Telephone, Television and Radio	12,927	15	
16	Rental of Facility Space		16	
17	Sale of Drugs	108,353	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	8,764	19	
20	Radiology and X-Ray	9,276	20	
21	Other Medical Services	244,246	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 406,152	23	
D. Non-Operating Revenue				
24	Contributions	981,438	24	
25	Interest and Other Investment Income***	30,433	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,011,871	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	See Sch 19A	56,383	28	
28a	See Sch 19A	3,300,115	28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,356,498	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,785,931	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,768,045	31	
32	Health Care	2,775,550	32	
33	General Administration	1,997,439	33	
B. Capital Expense				
34	Ownership	550,107	34	
C. Ancillary Expense				
35	Special Cost Centers	766,788	35	
36	Provider Participation Fee	185,434	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,043,363	40	
41	Income before Income Taxes (line 30 minus line 40)**	2,742,568	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,742,568	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,616,615	44
45	Private Pay - Net Inpatient Revenue	2,481,987	45
46	Medicare - Net Inpatient Revenue	520,889	46
47	Other-(specify) <u>Sheltered Care Revenue</u>	718,108	47
48	Other-(specify) <u>Respite</u>	182,805	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,520,404	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ 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.

^ - This entity is a cash basis taxpayer"

Facility Name: Bethesda Home & Retirem Ctr
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2015

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
Miscellaneous Income	2,032
Grants	52,607
Vending Income	414
Other Servs/Supply - Medicare	60
Med Equip Income - IDPA ICF	1,270
Total - Line 28	<u><u>56,383</u></u>

XVII. Income Statement

Line 28a Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
Income - Joint Venture - HRA	3,337,978
Income - Joint Venture - RRG	(89,000)
Interco Food Revenue - Dietary	47,405
Interco Non-Food Rev - Dietary	3,732
Total - Line 28a	<u><u>3,300,115</u></u>

Facility Name & ID Number Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	2,475	2,872	\$ 128,024	\$ 44.58	1
2	Assistant Director of Nursing	2,401	2,872	100,147	34.87	2
3	Registered Nurses	13,940	15,345	509,524	33.20	3
4	Licensed Practical Nurses	12,615	14,094	377,110	26.76	4
5	CNAs & Orderlies	62,927	69,756	915,967	13.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,840	2,080	46,513	22.36	9
10	Activity Assistants	4,932	5,498	78,965	14.36	10
11	Social Service Workers	2,953	3,463	95,612	27.61	11
12	Dietician					12
13	Food Service Supervisor	21,635	24,569	313,751	12.77	13
14	Head Cook					14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	7,035	8,054	106,623	13.24	17
18	Housekeepers	11,302	12,616	151,152	11.98	18
19	Laundry	1,938	2,220	28,037	12.63	19
20	Administrator	1,740	2,080	136,814	65.78	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,594	16,728	445,217	26.62	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	2,509	2,846	50,227	17.65	31
32	Other Health C: <u>Marketing</u>	1,904	2,177	58,410	26.83	32
33	Other(specify) <u>Development</u>	3,333	3,823	101,716	26.61	33
34	TOTAL (lines 1 - 33)	170,073	191,093	\$ 3,643,809 *	\$ 19.07	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	Monthly	\$ 263,239	1(3)	35
36	Medical Director	Monthly	8,875	9(3)	36
37	Medical Records Consultant	Monthly	715	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,785	10(3)	39
40	Physical Therapy Consultant	Monthly	(119)	39(3)	40
41	Occupational Therapy Consultant	Monthly	200	39(3)	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	5,912	11(3)	44
45	Social Service Consultant	Monthly	464	12(3)	45
46	Other(specify) <u>Chaplain</u>	Monthly	12,000	11(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 297,071		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	137	\$ 8,064	10(3)	50
51	Licensed Practical Nurses	3,354	132,558	10(3)	51
52	Certified Nurse Assistants/Aides	3,603	84,161	10(3)	52
53	TOTAL (lines 50 - 52)	7,094	\$ 224,783		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	
Julie Boggess	Administrator	0	\$ 136,814	Workers' Compensation Insurance	\$ 124,498	IDPH License Fee	\$	
				Unemployment Compensation Insurance	6,868	Advertising: Employee Recruitment	5,245	
				FICA Taxes	267,291	Health Care Worker Background Check		
				Employee Health Insurance	346,973	(Indicate # of checks performed)		
				Employee Meals	11,709	Patient Background Checks	28 340	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	8,630	
				Employee Retirement	77,262	Miscellaneous Dues & Subscriptions	1,620	
				Employee Relations	(9,044)	LeadingAge & AAHSA Dues	4,807	
				Employee Life Insurance	3,738	Less: Lobbying Dues	(1,730)	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 136,814	TOTAL (agree to Schedule V, line 22, col.8)		\$ 18,912		
B. Administrative - Other							Less: Public Relations Expense ()	
Description			Amount				Non-allowable advertising ()	
Temp Employees - Admin			\$ 14,687				Yellow page advertising ()	
Board of Directors Expense			630				TOTAL (agree to Sch. V, line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 15,317				\$ 18,912	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
See Sch 21A			\$ 233,288	N/A			Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	4,807
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 233,288	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 4,807	

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Bethesda Home & Retirem Ctr
IDPH License ID Number: 0012229
Fiscal Year End: 12/31/2015

Schedule 21A

XIX. SUPPORT SCHEDULES

A. Professional Services

Vendor	Type	Amount
Ability Network Inc.	Computer Services	4,596
Amazon	Computer Services	899
BKD	Accounting	55,780
Careworx Inc.	Computer Services	628
CCC Technologies	Computer Services	19,443
Chuhak & Tecso, P.C.	Legal	13,534
Comcast Cable	Computer Services	1,177
COMS	Telephone & Security Camera Lease	18,000
Consulting Actuarial Group, Inc	401(k) Retirement Plan Aug 0815	1,000
Frost, Ruttenberg & Rothblatt	Accounting	158
GNXCOR Inc.	Computer Services - MaintenanceCare	812
Klein Dub & Holleb	Legal	21,861
RSM US LLP	Accounting	34,958
NFP Advisor Services LLC	401 K Fiduciary Oversight Fees	18,003
On Shift	Computer Services	2,430
Staples Advantage	Computer Services	380
Trustwave-Mailmax	Computer Services	997
Unemployment Consultants	U/C Consulting	2,025
Ungaretti & Harris	Legal	3,689
Verizon Wireless	Computer Services	5,837
Wescom Solutions, Inc.	Computer Services	27,048
Winzip	Computer Services	33
	Total (agree to Schedule V, line 19, column 3)	233,288
	Less: Non-Allowable Legal Fees	(25,550)

Total (agree to Schedule V, line 19, column 8) 207,738

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

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

Facility Name & ID Number Bethesda Home & Retirem Ctr

0012229

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LeadingAge - \$ 4,807
- (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? 3-7 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,111 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. 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. \$ 185,434
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 5,613
- (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? N/A
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- 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? N/A**
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: BKD, LLP
- (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.