

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	4,134	9,748	3,217	17,099	8
9	SNF/PED					9
10	ICF	7,386	12,921		20,307	10
11	ICF/DD					11
12	SC		10,467		10,467	12
13	DD 16 OR LESS					13
14	TOTALS	11,520	33,136	3,217	47,873	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.44%

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 2,936

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: 12/31/2015 Fiscal Year: 12/31/2015

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

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,286,979	75,758	31,260	1,393,997		1,393,997	(411,412)	982,585		1
2	Food Purchase		719,972		719,972		719,972	(252,100)	467,872		2
3	Housekeeping	319,231	92,148	23,509	434,888		434,888	(201,310)	233,578		3
4	Laundry	60,628	32,829	3,600	97,057		97,057	(40,091)	56,966		4
5	Heat and Other Utilities			411,020	411,020		411,020	(178,959)	232,061		5
6	Maintenance	317,397	66,224	359,653	743,274		743,274	(342,155)	401,119		6
7	Other (specify):*										7
8	TOTAL General Services	1,984,235	986,931	829,042	3,800,208		3,800,208	(1,426,027)	2,374,181		8
	B. Health Care and Programs										
9	Medical Director			33,272	33,272		33,272		33,272		9
10	Nursing and Medical Records	3,526,595	181,484		3,708,079		3,708,079		3,708,079		10
10a	Therapy	162,320			162,320		162,320		162,320		10a
11	Activities	370,183	22,815	1,186	394,184		394,184	(162,636)	231,548		11
12	Social Services	223,754	32,012	7,797	263,563		263,563	(113,521)	150,042		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,282,852	236,311	42,255	4,561,418		4,561,418	(276,157)	4,285,261		16
	C. General Administration										
17	Administrative	344,334			344,334		344,334		344,334		17
18	Directors Fees										18
19	Professional Services			171,584	171,584		171,584	(91,482)	80,102		19
20	Dues, Fees, Subscriptions & Promotions			87,313	87,313		87,313	(66,045)	21,268		20
21	Clerical & General Office Expenses	567,693	27,926	219,032	814,651		814,651	(420,940)	393,711		21
22	Employee Benefits & Payroll Taxes			2,503,978	2,503,978		2,503,978	(401,350)	2,102,628		22
23	Inservice Training & Education										23
24	Travel and Seminar			22,060	22,060		22,060		22,060		24
25	Other Admin. Staff Transportation			1,364	1,364		1,364	(1,023)	341		25
26	Insurance-Prop.Liab.Malpractice			278,022	278,022		278,022	(128,706)	149,316		26
27	Other (specify):*										27
28	TOTAL General Administration	912,027	27,926	3,283,353	4,223,306		4,223,306	(1,109,547)	3,113,759		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,179,114	1,251,168	4,154,650	12,584,932		12,584,932	(2,811,732)	9,773,200		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:

01/01/15

Ending:

12/31/15

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			1,130,003	1,130,003		1,130,003	(572,371)	557,632			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,102,911	1,102,911		1,102,911	(1,102,911)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			1,750	1,750		1,750		1,750			35
36	Other (specify):*			1,790,462	1,790,462		1,790,462	(1,754,604)	35,858			36
37	TOTAL Ownership			4,025,126	4,025,126		4,025,126	(3,429,886)	595,240			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		152,243	382,648	534,891		534,891		534,891			39
40	Barber and Beauty Shops	56,591	3,139		59,730		59,730	(59,386)	344			40
41	Coffee and Gift Shops		72,239		72,239		72,239	(68,175)	4,064			41
42	Provider Participation Fee			273,015	273,015		273,015		273,015			42
43	Other (specify):*	732,502	14,622	522,521	1,269,645		1,269,645	(1,269,645)	(0)			43
44	TOTAL Special Cost Centers	789,093	242,243	1,178,184	2,209,520		2,209,520	(1,397,206)	812,314			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,968,207	1,493,411	9,357,960	18,819,578		18,819,578	(7,638,823)	11,180,755			45

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

Central Baptist VillageID# 0007435Report Period Beginning: 01/01/15Ending: 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Additional R&M	\$ 66,382	06	1
2	Capitalized R&M	(2,569)	06	2
3	Gift Shop and Village Café Sales	(68,175)	41	3
4	Beauty and Barber Shop Sales	(59,386)	40	4
5	Chapel Fund Receipts	(7,925)	12	5
6	Endowment & Assist Fund Expenditures	(47,047)	20	6
7	Bank Charges	(5,441)	21	7
8	Investment Expenses	(27,093)	21	8
9	A. Genius, R. Genius, A. Frahm Trust Fee Expenses	(78,935)	43	9
10	Family Council Projects	(448)	43	10
11	TC Men's Club Expenditures	(833)	43	11
12	Unrealized Gains and Losses	(1,754,604)	36	12
13	Consignment Due	(200)	43	13
14	Community/Family Outreach	(1,024)	43	14
15	Marketing Salaries	(348,855)	43	15
16	Photography	(46)	43	16
17	Public Relations Expenses	(14,115)	43	17
18	LSN Satisfaction Surveys	(925)	43	18
19	Marketing Expenses	(25,023)	43	19
20	Direct Mail	(10,313)	43	20
21	Referrals - Resident/Employee	(4,233)	43	21
22	Consultants (Website)/Development Expenses	(17,071)	43	22
23	Office Supplies/Postage- Marketing	(10,685)	43	23
24	Subsidy Home Delivered Meals	(45,000)	43	24
25	Fitness Center Expense	(74,906)	43	25
26	Independent Living Salaries	(383,647)	43	26
27	Independent Living Expenses	(250,926)	43	27
28	Medical Supplies-IL	(2,460)	43	28
29	Non Care Depreciation	(104,146)	30	29
30	Non-Allowable Legal	(35,108)	19	30
31	Late Fee Revenue	(3,125)	21	31
32	Copy Income	(264)	21	32
33	Gift Certificate Revenue	(10)	21	33
34	IDPH AL License	(1,960)	20	34
35				35
36	ILU Expense: Dietary Expense	(411,412)	01	36
37	ILU Expense: Food	(242,530)	02	37
38	ILU Expense: Housekeeping	(201,310)	03	38
39	ILU Expense: Laundry	(40,091)	04	39
40	ILU Expense: Heat/Utilities	(178,959)	05	40
41	ILU Expense: Maintenance	(405,968)	06	41
42	ILU Expense: Activities	(162,636)	11	42
43	ILU Expense: Social Services	(105,596)	12	43
44	ILU Expense: Professional Fees	(56,374)	19	44
45	ILU Expense: Fees/Subscriptions/Promotions	(11,630)	20	45
46	ILU Expense: Clerical/Office	(296,484)	21	46
47	ILU Expense: Employee Benefits	(401,350)	22	47
48	ILU Expense: Insurance	(128,706)	26	48
49	Total	(5,963,162)		49

Central Baptist Village

Report Period Beginning: ID# 0007435
 Ending: 01/01/15
 12/31/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
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		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(to Sch V, col.7)	
1	Dietary	(411,412)											(411,412)	1
2	Food Purchase	(252,100)											(252,100)	2
3	Housekeeping	(201,310)											(201,310)	3
4	Laundry	(40,091)											(40,091)	4
5	Heat and Other Utilities	(178,959)											(178,959)	5
6	Maintenance	(342,155)											(342,155)	6
7	Other (specify):*													7
8	TOTAL General Services	(1,426,027)											(1,426,027)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities	(162,636)											(162,636)	11
12	Social Services	(113,521)											(113,521)	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(276,157)											(276,157)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(91,482)											(91,482)	19
20	Fees, Subscriptions & Promotions	(66,045)											(66,045)	20
21	Clerical & General Office Expenses	(420,940)											(420,940)	21
22	Employee Benefits & Payroll Taxes	(401,350)											(401,350)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation	(1,023)											(1,023)	25
26	Insurance-Prop.Liab.Malpractice	(128,706)											(128,706)	26
27	Other (specify):*													27
28	TOTAL General Administration	(1,109,547)											(1,109,547)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,811,732)											(2,811,732)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(572,371)											(572,371)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(1,102,911)											(1,102,911)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(1,754,604)											(1,754,604)	36
37	TOTAL Ownership	(3,429,886)											(3,429,886)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(59,386)											(59,386)	40
41	Coffee and Gift Shops	(68,175)											(68,175)	41
42	Provider Participation Fee													42
43	Other (specify):*	(1,269,645)											(1,269,645)	43
44	TOTAL Special Cost Centers	(1,397,206)											(1,397,206)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(7,638,823)											(7,638,823)	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: 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: 01/01/15

Ending: 12/31/15

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: 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:

01/01/15

Ending:

12/31/15

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: 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: 01/01/15 Ending: 12/31/15

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:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

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:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning: 01/01/15 Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending: 12/31/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	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	2007 Bond Series		X	Construction & Renovation			\$	\$ 20,455,000		\$ 1,102,884	1								
2											2								
3											3								
4											4								
5											5								
Working Capital																			
6											6								
7											7								
8											8								
9	TOTAL Facility Related						\$	\$ 20,455,000		\$ 1,102,884	9								
B. Non-Facility Related*																			
10	Interest on Security Deposits		X							27	10								
11	Interest Income		X							(1,102,911)	11								
12											12								
13											13								
14	TOTAL Non-Facility Related						\$	\$		\$ (1,102,884)	14								
15	TOTALS (line 9+line14)						\$	\$ 20,455,000		\$ 0	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None 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.)

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	2		3	4	5	6		7	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							\$	\$				\$	1					
2													2					
3													3					
4													4					
5													5					
6													6					
7	TOTAL Long-Term																	
	Working Capital																	
8							\$	\$				\$	8					
9													9					
10													10					
11													11					
12													12					
13													13					
14	TOTAL Working Capital																	
	B. Non-Facility Related*																	
15							\$	\$				\$	15					
16													16					
17													17					
18													18					
19													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.)

Facility Name & ID Number **Central Baptist Village**

0007435

Report Period Beginning:

01/01/15

Ending:

12/31/15

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.)		\$	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.)		\$	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
	2011	_____	9
	2012	_____	10
	2013	_____	11
	2014	_____	12

Facility Does Not Pay Real Estate Taxes

	FOR BHF USE ONLY		
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 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 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.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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.**

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning:

01/01/15 Ending:

12/31/15

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1986</u>	<u>\$ 78,131</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 78,131	3

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/15

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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		
	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	\$ 54,973	\$ 54,973	\$ 1,467,841	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1978		741,182		20	18,530	18,530	688,689	9
10	Various		1979		7,014		20			7,014	10
11	Various		1982		43,548		20	721	721	42,935	11
12	Various		1983		121,447		20			121,447	12
13	Various		1984		20,402		20			20,402	13
14	Various		1985		6,955		20			6,955	14
15	Various		1986		3,755		20			3,755	15
16	Various		1988		15,124		20			15,124	16
17	Various		1989		896,689		20	29,157	29,157	782,033	17
18	Various		1990		1,958,028		20	65,237	65,237	1,719,821	18
19	Various		1991		104,310		20	1,763	1,763	55,959	19
20	Various		1992		201,338		20	5,308	5,308	188,215	20
21	Various		1993		139,141		20	1,672	1,672	129,903	21
22	Various		1994		115,592		20			115,591	22
23	Various		1995		292,495		20	6,449	6,449	280,878	23
24	Various		1996		17,999		20	147	147	17,636	24
25	Various		1997		74,429		20	465	465	73,244	25
26	Various		1998		1,742,405		20	54,896	54,896	898,559	26
27	Various		1999		158,583		20	153	153	158,207	27
28	Various		2000		145,352		20	541	541	142,685	28
29	Various		2001		69,964		20	2,083	2,083	64,837	29
30	Various		2002		5,701,939		20	17,591	17,591	255,834	30
31	Various		2003		8,252		20	294	294	6,170	31
32	Various		2004		68,635		20	2,493	2,493	41,093	32
33	Various		2005		45,687		20	148	148	44,350	33
34	Various		2006		965,657		20	11,291	11,291	133,234	34
35	Various		2007		2,610,864		20	26,388	26,388	240,711	35
36	Various		2008		209,097		20	3,842	3,842	179,666	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2009	\$ 215,930	\$	20	\$ 16,197	\$ 16,197	\$ 178,323	37
38	Various	2010	243,526		20	11,907	11,907	71,441	38
39	Various	2011	400,532		20	20,027	20,027	100,133	39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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48									48
49									49
50									50
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54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
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>			1,025,857			(1,025,857)		69
70	TOTAL (lines 4 thru 69)		\$ 19,269,923	\$ 1,025,857		\$ 352,273	\$ (673,584)	\$ 8,252,685	70

**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:

01/01/15

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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		\$ 19,269,923	\$ 1,025,857		\$ 352,273	\$ (673,584)	\$ 8,252,685	1
2	Century Sprinkler (Sprinkler Replacement) (21,941)	2012	11,848		20	592	592	2,370	2
3	Gewalt Hamilton (Plumbing Project) (11,072)	2012	5,979		20	299	299	1,196	3
4	John'S Electric (Rewire Chiller Pumps)	2012	4,600		20	230	230	920	4
5	Keganivo Group (Plumbing Project) (5,128)	2012	2,770		20	138	138	554	5
6	Kovilic Construction (Concrete Project) (11,608)	2012	6,268		20	313	313	1,254	6
7	Kovilic Construction (Plumbing Project) (95,000)	2012	51,300		20	2,565	2,565	10,260	7
8	Kovilic Construction (Plumbing Project) (76,000)	2012	41,040		20	2,052	2,052	8,208	8
9	Kovilic Construction (Plumbing Project) (19,000)	2012	10,260		20	513	513	2,052	9
10	Mark'S Sewer (Sump Pump) (10,825)	2012	5,846		20	292	292	1,169	10
11	Nelson Harkins (Lower Level Construction) (3,633)	2012	1,962		20	98	98	392	11
12	Skender (Lower Level Construction) (17,974)	2012	9,706		20	485	485	1,941	12
13	Skender (Window Project) (31,774)	2012	7,506		20	375	375	1,501	13
14	Wma Consulting (Plumbing Project) (16,730)	2012	9,034		20	452	452	1,807	14
15	Westside Mechanical/Heat Exchangers	2013	3,875		20	194	194	581	15
16	Roc'S Plumbing/Replace Grease Pits	2013	11,800		20	590	590	1,770	16
17	Roc'S Plumbing/Maint Shop Sump Pump (4,000)	2013	2,160		20	108	108	324	17
18	Roc'S Plumbing/Replace Drains & Pipes	2013	6,169		20	308	308	925	18
19	Westside Mechanical/Heat Pumps (20,960)	2013	4,951		20	248	248	743	19
20	Black Hawk/Parking Lot Paving (5,725)	2013	3,092		20	155	155	464	20
21	Raupp Fence/Fence Project	2013	3,361		20	168	168	504	21
22	Bittner/Tuckpointing	2013	11,250		20	563	563	1,688	22
23	Roc'S Plumbing/Maint Shop Sump Replace (5,948)	2013	3,212		20	161	161	482	23
24	Raupp Fence Co/Fence Project	2013	7,014		20	351	351	1,052	24
25	Roc'S Plumbing/Drain Pipe Replace Maint Shop (2,983)	2013	1,611		20	81	81	242	25
26	Jp Mechanical/Motor Hot Water Heater	2013	4,581		20	229	229	687	26
27	Jp Mechanical/Circulator Pump (2,746)	2013	1,483		20	74	74	222	27
28	Johnstone Supply/Exhaust Fans (3,867)	2013	2,088		20	104	104	313	28
29	Jp Mechanical/Heat Pump Compressors (3,362)	2013	1,815		20	91	91	272	29
30	Ati/Phone System(185077.79)	2014	99,942		20	4,997	4,997	9,994	30
31	Jp Mechanical/Blower Motor(4500)	2014	2,430		20	122	122	243	31
32	Elevator Technicians/Np 1 , 2, & Dock Elevator Door Restrictors(3	2014	1,690		20	84	84	169	32
33	Roc'S Plumbing/Kitchen Piping New Cleanout(6080)	2014	3,283		20	164	164	328	33
34	TOTAL (lines 1 thru 33)		\$ 19,613,848	\$ 1,025,857		\$ 369,469	\$ (656,388)	\$ 8,307,312	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:

01/01/15

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 12B, Carried Forward		\$ 19,613,848	\$ 1,025,857		\$ 369,469	\$ (656,388)	\$ 8,307,312	1
2	Stanton Mechanical/Rtu 4 Replacement(21290)	2014	11,497		20	575	575	1,150	2
3	Roc'S Plumbing/Kitchen Piping New Cleanout(7260)	2014	3,920		20	196	196	392	3
4	Ecolab/Install Steamer Into Wall & Replace Gas Lines(2595.63)	2014	1,402		20	70	70	140	4
5	Stanton Mechanical/Domestic Water Line Replace(6560.77)	2014	3,543		20	177	177	354	5
6	Stanton Mechanical/Fire Damper Repair(6658)	2014	3,595		20	180	180	360	6
7	Rocs Plumbing/Replace Piping Np1 Basement(13500)	2014	7,290		20	365	365	729	7
8	Stanton Mechanical/Fire Damper Repair(6425)	2014	3,470		20	173	173	347	8
9	Fox Valley/Pressure Gauge Fire Pump Room(3455)	2014	1,866		20	93	93	187	9
10	Crg Company/Round Tubing To Rail In East & South/East(4550)	2014	2,457		20	123	123	246	10
11	Crg Company/Orange Ave Gate Replacement(2600)	2014	1,404		20	70	70	140	11
12	Stanton Mechanical/Heat Exchanger Board Room(3800)	2014	2,052		20	103	103	205	12
13	Direct Supply/Hvac Units For Res Rooms(36600)	2014	36,600		20	1,830	1,830	3,660	13
14	Roc'S Plumbing/Replace Rtz Valve(10500)	2014	10,500		20	525	525	1,050	14
15	Tyco/Np2 Elevator Card Reader(3058)	2014	3,058		20	153	153	306	15
16	Reconstruct Pavilion Patio Into Meditation Garden	2014	4,008		20	200	200	200	16
17	Install Service Elevator Sprinkler System	2014	6,043		20	302	302	302	17
18	Heat Pump Compressors	2014	5,039		20	252	252	252	18
19	Repaired Leak In Drop Ceiling In Front Entrance Of Np	2014	2,913		20	146	146	146	19
20	Hitchcock Design/Memory Garden (8,436.37)	2015	4,556		20	228	228	228	20
21	Stone Forest/Memory Garden Fountain (3,243.00)	2015	1,751		20	88	88	88	21
22	Hitchcock Design/Memory Garden (5,057.58)	2015	2,731		20	137	137	137	22
23	Crg Co/Chapel Restroom Update (4,250.00)	2015	2,295		20	115	115	115	23
24	Stone Forest/Memory Garden (4,743.00)	2015	2,561		20	128	128	128	24
25	Anderson Lock/Card Reader Employee Patio (3,475.32)	2015	1,877		20	94	94	94	25
26	Manas Torcom/Café Floor (4,673.00)	2015	2,523		20	126	126	126	26
27	Thornapple Landscapes/Memory Garden (51,030.78)	2015	27,557		20	1,378	1,378	1,378	27
28	Thornapple Landscapes/Memory Garden (36,712.09)	2015	19,825		20	991	991	991	28
29	Thornapple Landscapes/Memory Garden (60,918.74)	2015	32,896		20	1,645	1,645	1,645	29
30	Thornapple Landscapes/Memory Garden (16,517.96)	2015	8,920		20	446	446	446	30
31	Keganivo Group/Memory Garden (4,500.00)	2015	2,430		20	122	122	122	31
32	Dominick Fedele/Tree Work (4,950.00)	2015	2,673		20	134	134	134	32
33	De Marr Sealcoating/Sealcoat Parking Lot (13,459.96)	2015	7,268		20	363	363	363	33
34	TOTAL (lines 1 thru 33)		\$ 19,844,366	\$ 1,025,857		\$ 380,995	\$ (644,862)	\$ 8,323,471	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:

01/01/15

Ending:

12/31/15

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		\$ 19,844,366	\$ 1,025,857		\$ 380,995	\$ (644,862)	\$ 8,323,471	1
2	Stanton Mechanical/Hot Water Boiler (6,767.00)	2015	3,654		20	183	183	183	2
3	Crestwood/Gp Upgrade (4,290.00)	2015	2,317		20	116	116	116	3
4	Elevator Technicians/Elevators (2,500.00)	2015	1,350		20	68	68	68	4
5	Stanton Mechanical/Hot Water Boiler (16,200.00)	2015	8,748		20	437	437	437	5
6	Crestwood/Gp Upgrade (2,802.95)	2015	1,514		20	76	76	76	6
7	Roc'S Plumbing/Drain Pipes (Board Room) (8,875.00)	2015	4,793		20	240	240	240	7
8	Roc'S Plumbing/Pavilion Ejector Pumps	2015	5,800		20	290	290	290	8
9	Anderson Lock/Admin Door	2015	3,475		20	174	174	174	9
10	Anderson Lock/Np Entry Door	2015	3,475		20	174	174	174	10
11	Anderson Lock/Digital Keypads	2015	4,671		20	234	234	234	11
12	Roc'S Plumbing/Hot Water Storage Tanks	2015	10,000		20	500	500	500	12
13	Anderson Lock/Lower Level Door Closures	2015	2,860		20	143	143	143	13
14	Centimark/Roof Repair	2015	4,950		20	248	248	248	14
15	Keganivo Group/Np Resident Interactive Area	2015	7,841		20	392	392	392	15
16	Roc'S Plumbing/Hot Water Storage Tank	2015	22,843		20	1,142	1,142	1,142	16
17	Schamback/Interactive Area-Demo/Electric/Floor/Paint/Drywall	2015	54,835		20	2,742	2,742	2,742	17
18	Anderson Lock/Np Interactive Area	2015	2,545		20	127	127	127	18
19	Westside Mechanical/Heat Pumps (2,503.24)	2015	591		20	30	30	30	19
20	Manas Torcom/Unit Flooring (4,167.46)	2015	984		20	49	49	49	20
21	Emcor Services/Heat Pumps (20,180.00)	2015	4,767		20	238	238	238	21
22	Nurse Call System	2015	2,569		20	128	128	128	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)		\$ 19,998,948	\$ 1,025,857		\$ 388,724	\$ (637,133)	\$ 8,331,200	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	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		\$ 19,998,948	\$ 1,025,857		\$ 388,724	\$ (637,133)	\$ 8,331,200	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		\$ 19,998,948	\$ 1,025,857		\$ 388,724	\$ (637,133)	\$ 8,331,200	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	Building Company		\$	\$		\$	\$	\$	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.

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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$

**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	Related Party		\$	\$		\$	\$	\$	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.

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		\$	\$		\$	\$	\$	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.

Facility Name & ID Number Central Baptist Village

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Report Period Beginning:

01/01/15

Ending:

12/31/15

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	\$ 3,457,554	\$	\$ 152,982	\$ 152,982	10	\$ 1,229,548	71
72	Current Year Purchases	64,355		6,436	6,436	10	6,436	72
73	Fully Depreciated Assets	2,160,863				10	2,160,863	73
74								74
75	TOTALS	\$ 5,682,772	\$	\$ 159,418	\$ 159,418		\$ 3,396,846	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	\$ 181,217	76
77		Central States Bus Sales - 2008 Fc	2008	59,743				5	59,743	77
78		Small Pick Up Truck	2009	14,995		1,500	1,500	5	10,122	78
79										79
80	TOTALS			\$ 275,430	\$	\$ 9,491	\$ 9,491		\$ 251,081	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)	\$ 26,035,280	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,025,857	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 557,632	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (468,225)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,979,127	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	\$ 13,700,778	\$ 104,146	\$ 11,870,306	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 13,700,778	\$ 104,146	\$ 11,870,306	91

G. Construction-in-Progress

	Description	Cost	
92	IL Office Expansion	\$ 115,385	92
93			93
94			94
95		\$ 115,385	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 1,750 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

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. 2016 \$ _____

13. 2017 \$ _____

14. 2018 \$ _____

* 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.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 166,271	\$		\$ 166,271	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			48,218			48,218	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			167,435			167,435	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 prescripts				128,385		128,385	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>					724	23,858		24,582	13
14	TOTAL			\$		\$ 382,648	\$ 152,243		\$ 534,891	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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input 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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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.

Facility Name & ID Number Central Baptist Village# 0007435Report Period Beginning: 01/01/15Ending: 12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(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	\$ 2,228,664	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,737,278		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	146,295		6
7	Other Prepaid Expenses	22,125		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	3,366,055		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,500,417	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	31,469,149		12
13	Land	43,246,904		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)	(21,473,450)		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):	458,110		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 53,700,713	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 61,201,130	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 786,170	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	56,508		28
29	Short-Term Notes Payable	415,000		29
30	Accrued Salaries Payable	481,283		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	135,747		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	561,397		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,436,105	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	20,040,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule	119,260		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 20,159,260	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 22,595,365	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 38,605,765	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 61,201,130	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 36,950,322	1
2	Restatements (describe):		2
3	Rounding	3	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 36,950,325	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,655,440	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,655,440	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)	\$ 38,605,765	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning: 01/01/15

Ending:

12/31/15

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,987,299	1
2	Discounts and Allowances for all Levels	(1,227,713)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,759,586	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,102,004	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,102,004	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	68,643	12
13	Barber and Beauty Care	59,386	13
14	Non-Patient Meals	9,570	14
15	Telephone, Television and Radio	24,445	15
16	Rental of Facility Space		16
17	Sale of Drugs	160,080	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	9,320	19
20	Radiology and X-Ray	11,652	20
21	Other Medical Services	15,914	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 359,010	23
D. Non-Operating Revenue			
24	Contributions	95,925	24
25	Interest and Other Investment Income***	5,101,425	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,197,350	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	57,068	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 57,068	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,475,018	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,800,208	31
32	Health Care	4,561,418	32
33	General Administration	4,223,306	33
B. Capital Expense			
34	Ownership	4,025,126	34
C. Ancillary Expense			
35	Special Cost Centers	1,936,505	35
36	Provider Participation Fee	273,015	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,819,578	40
41	Income before Income Taxes (line 30 minus line 40)**	1,655,440	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,655,440	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,757,534	44
45	Private Pay - Net Inpatient Revenue	6,359,589	45
46	Medicare - Net Inpatient Revenue	552,343	46
47	Other-(specify) <u>Indepnd/Assisted Living/Hospice</u>	5,090,120	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,759,586	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:

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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	1,914	2,080	\$ 124,603	\$ 59.91	1
2	Assistant Director of Nursing	1,347	1,464	54,555	37.26	2
3	Registered Nurses	32,204	35,005	1,109,118	31.68	3
4	Licensed Practical Nurses	17,980	19,544	563,241	28.82	4
5	CNAs & Orderlies	110,468	120,074	1,642,422	13.68	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,493	5,970	162,320	27.19	8
9	Activity Director	1,913	2,080	55,572	26.72	9
10	Activity Assistants	26,295	28,582	314,611	11.01	10
11	Social Service Workers	8,059	8,760	160,660	18.34	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	83,360	90,609	1,286,979	14.20	15
16	Dishwashers					16
17	Maintenance Workers	15,161	16,480	317,397	19.26	17
18	Housekeepers	28,321	30,784	319,231	10.37	18
19	Laundry	5,667	6,160	60,628	9.84	19
20	Administrator	4,146	4,506	344,334	76.42	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,178	19,759	567,693	28.73	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	1,981	2,153	32,656	15.17	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	41,458	45,062	852,187	18.91	33
34	TOTAL (lines 1 - 33)	403,945	439,072	\$ 7,968,207 *	\$ 18.15	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	33,272	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,186	11-03	44
45	Social Service Consultant	Monthly	7,797	12-03	45
46	Other(specify)				46
47	<u>Morrison Management Fees</u>	Monthly	31,260	01-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 73,515		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

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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. Leading Age \$12,588
- (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. \$ 61,586 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. \$ 273,015
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. \$ 29,559 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 9,570
- (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: FR&R/Marcum 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. No
Attach invoices and a summary of services for all architect and appraisal fees.