

Facility Name & ID Number Apos Christian Timber Ridge

0016220 Report Period Beginning: 07/01/2017 Ending: 06/30/2018

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	74	Intermediate/DD	74	27,010	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less		0	6
7	74	TOTALS	74	27,010	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	25,974			25,974	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,974			25,974	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.16%

D. How many bed reserve days during this year were paid by the Department?
320 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

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

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

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

I. On what date did you start providing long term care at this location?
Date started 10/1/71

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/18 Fiscal Year: 06/30/2018

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

Facility Name & ID Number Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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	310,432	20,399	7,480	338,311	(280)	338,031		338,031		1
2	Food Purchase		202,879		202,879		202,879		202,879		2
3	Housekeeping	131,317	38,091		169,408		169,408		169,408		3
4	Laundry	110,632	21,812		132,444		132,444		132,444		4
5	Heat and Other Utilities			89,139	89,139		89,139		89,139		5
6	Maintenance	110,272	23,606	52,701	186,579	(384)	186,195	(17,256)	168,939		6
7	Other (specify):*										7
8	TOTAL General Services	662,653	306,787	149,320	1,118,760	(664)	1,118,096	(17,256)	1,100,840		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	2,903,699	267,838	29,089	3,200,626	(23,718)	3,176,908	(11,691)	3,165,217		10
10a	Therapy	212,579	10,171	3,694	226,444	(883)	225,561		225,561		10a
11	Activities	325,357	7,240		332,597	(202)	332,395		332,395		11
12	Social Services	243,773	8,193	19,082	271,048	(1,344)	269,704		269,704		12
13	CNA Training		8,898		8,898	26,905	35,803		35,803		13
14	Program Transportation			54,261	54,261		54,261	14,698	68,959		14
15	Other (specify):*	133,154	895	97,452	231,501	(94)	231,407		231,407		15
16	TOTAL Health Care and Programs	3,818,562	303,235	203,578	4,325,375	664	4,326,039	3,007	4,329,046		16
	C. General Administration										
17	Administrative	135,781			135,781		135,781		135,781		17
18	Directors Fees										18
19	Professional Services			49,761	49,761		49,761		49,761		19
20	Dues, Fees, Subscriptions & Promotions			32,784	32,784		32,784	(16,152)	16,632		20
21	Clerical & General Office Expenses	195,590	14,761	57,950	268,301		268,301		268,301		21
22	Employee Benefits & Payroll Taxes			877,221	877,221		877,221	(24,271)	852,950		22
23	Inservice Training & Education			4,419	4,419		4,419		4,419		23
24	Travel and Seminar			2,827	2,827		2,827	(2,671)	156		24
25	Other Admin. Staff Transportation			2,108	2,108		2,108		2,108		25
26	Insurance-Prop.Liab.Malpractice			46,402	46,402		46,402	(6,061)	40,341		26
27	Other (specify):*			23,995	23,995	(4,780)	19,215		19,215		27
28	TOTAL General Administration	331,371	14,761	1,097,467	1,443,599	(4,780)	1,438,819	(49,155)	1,389,664		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,812,586	624,783	1,450,365	6,887,734	(4,780)	6,882,954	(63,404)	6,819,550		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

Apos Christian Timber Ridge

#0016220

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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			234,636	234,636		234,636	(50,841)	183,795			30
31	Amortization of Pre-Op. & Org.											31
32	Interest					34,766	34,766	(34,766)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,514	2,514		2,514		2,514			35
36	Other (specify):*			144,308	144,308	(34,766)	109,542	(109,542)				36
37	TOTAL Ownership			381,458	381,458		381,458	(195,149)	186,309			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					4,780	4,780		4,780			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			273,353	273,353		273,353		273,353			42
43	Other (specify):*			7,136	7,136		7,136		7,136			43
44	TOTAL Special Cost Centers			280,489	280,489	4,780	285,269		285,269			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,812,586	624,783	2,112,312	7,549,681		7,549,681	(258,553)	7,291,128			45

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

Apos Christian Timber Ridge

ID# 0016220

Report Period Beginning: 07/01/2017

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Offset day training transportation income	\$ (11,691)	10	1
2	Offset day training transportation income	14,698	14	2
3	Out-of-state Travel (Administrative Staff)	(718)	24	3
4	Depreciation of non-care vehicles	(50,841)	30	4
5	Offset medically necessary transportation income	0	38	5
6	Benefits allocated to day programming	(24,271)	22	6
7	Out-of-state Travel (Board of Directors)	(1,953)	24	7
8	Interest Expense	(34,766)	32	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(109,542)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Apos Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	(17,256)	0	0	0	0	0	0	0	0	0	0	(17,256)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(17,256)	0	(17,256)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(11,691)	0	0	0	0	0	0	0	0	0	0	(11,691)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	14,698	0	0	0	0	0	0	0	0	0	0	14,698	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	3,007	0	3,007	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(16,152)	0	0	0	0	0	0	0	0	0	0	(16,152)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	(24,271)	0	0	0	0	0	0	0	0	0	0	(24,271)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(2,671)	0	0	0	0	0	0	0	0	0	0	(2,671)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(6,061)	0	0	0	0	0	0	0	0	0	0	(6,061)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(49,155)	0	(49,155)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(63,404)	0	(63,404)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Apos Christian Timber Ridge# 0016220

Report Period Beginning:

07/01/2017 Ending:06/30/2018

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	(50,841)	0	0	0	0	0	0	0	0	0	0	(50,841)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(34,766)	0	0	0	0	0	0	0	0	0	0	(34,766)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(109,542)	0	0	0	0	0	0	0	0	0	0	(109,542)	36
37	TOTAL Ownership	(195,149)	0	(195,149)	37									
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(258,553)	0	(258,553)	45									

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Apostolic Christian LifePoints, Inc.</u>	<u>100%</u>	<u>Oakwood Estate #0033712</u>	<u>Morton</u>	<u>Apostolic Christian</u>	<u>Morton</u>	<u>CILA Residential</u>
		<u>Linden Estate #0039305</u>	<u>Morton</u>	<u>CILA Services</u>		<u>Services for the</u>
						<u>Developmental</u>
						<u>& Intellectual</u>
						<u>Disabled</u>

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Virgil Metzger	Director	Director	0.00	237	0.5		Travel	\$ 463	line24 col 3	1
2	Ben Knochel	Director	Director	0.00	0	0.5			0		2
3	Paul Kelson	Vice President	Director	0.00	0	0.5			0		3
4	Roger Beutel	Sec/Treasurer	Director	0.00	0	0.5			0		4
5	Bryan Stoller	Director	Director	0.00	0	0.5			0		5
6	Kathy Woodruff	Director	Director	0.00	492	0.5		Travel	1,299	line24 col 3	6
7	Ed Leman	President	Director	0.00	0	0.5			0		7
8	Royce Scheiler	Director	Director	0.00	0	0.5			0		8
9	Kent Schmidgall	Director	Director	0.00	70	0.5		Travel	191	line24 col 3	9
10	Wendy Witzig	Director	Director	0.00	0	0.5			0		10
11											11
12											12
13								TOTAL	\$ 1,953		13

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

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

Facility Name & ID Number Apos Christian Timber Ridge # 0016220 Report Period Beginning: 07/01/2017 Ending: 6/30/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number

Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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		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						
Working Capital																		
6	Morgan Stanley (PLA/LAL)		x	State Payment Delays	Interest	10/2008	4,667,000		None	3.0000	34,766	6						
7												7						
8												8						
9	TOTAL Facility Related						\$ 4,667,000	\$			\$ 34,766	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$	14						
15	TOTALS (line 9+line14)						\$ 4,667,000	\$			\$ 34,766	15						

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

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

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

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 2017 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 2018 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:	2013	8
	2014	9
	2015	10
	2016	11
	2017	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Apos Christian Timber Ridge COUNTY Tazewell

FACILITY IDPH LICENSE NUMBER 0016220

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

	(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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017 Ending:

06/30/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,135 B. General Construction Type: Exterior Brick Frame Fireproof Constructor Number of Stories 1

C. Does the Operating Entity? [x] (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? [x] (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).

Empty lines for listing other business entities.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [] YES [x] NO

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: LTC Facility, 821,980, 1969, \$ 33,227, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 821,980, (blank), \$ 33,227, 3.

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	37			1972	\$ 647,557	\$	40	\$	\$	\$ 647,557	4
5	37			1977	1,006,746	4,068	40	4,068		1,006,746	5
6											6
7											7
8											8
	Improvement Type**										
9	3--Original Storage Building			1974	8,047		40			8,047	9
10	4--Second Floor Storage			1975	281		40			281	10
11	5--Balcony Storage			1976	289		40			289	11
12	6--Tub & Water Heater			1976	448		40			448	12
13	19--New Addition Phase 2			1979	47,854	1,196	40	1,196		47,613	13
14	7--Additional Storage Building Phase 1			1981	4,660	117	40	117		4,369	14
15	1194--Timber Ridge Front Driveway Drawings			2016	3,100	124	25	124		248	15
16	8--Additional Storage Building Phase 2			1982	21,495	537	40	537		19,615	16
17	22--Front Entrance			1982	8,046	201	40	201		7,411	17
18	9--Electrical Upgrade			1983	126	3	40	3		112	18
19	1204--Drive and Parking lot			2017	486,791	16,226	30	16,226		32,453	19
20	24--Courtyard Foyer			1984	6,477	162	40	162		5,647	20
21	10--Garage Extension			1985	842	21	40	21		715	21
22	25--Nursing Foyer			1985	24,285	607	40	607		20,577	22
23	26--Upkeep (Windows,Furnace,Fixtures)			1986	9,877	247	40	247		8,125	23
24	27--North End & East Wing			1987	26,990	675	40	675		21,539	24
25	1--3 stall garage			1988	22,885	572	40	572		17,449	25
26	28--1988 Additions			1988	27,441	686	40	686		21,223	26
27	29--1989 Additions			1989	48,259	1,206	40	1,206		36,137	27
28	30--1990 Additions			1990	60,923	1,523	40	1,523		44,119	28
29	31--1991 Additions			1991	11,832	296	40	296		8,277	29
30	32--1992 Additions			1992	14,999	375	40	375		10,123	30
31	33--1994 Additions			1994	31,810	795	40	795		19,904	31
32	34--1995 Additions			1995	32,834	821	40	821		19,737	32
33	35--1996 Additions			1996	6,371	159	40	159		3,673	33
34	36--1997 Additions			1997	23,216	580	40	580		12,812	34
35	2--Garage Door for Van			1998	667		15			667	35
36	37--1998 Additions			1998	6,263	157	40	157		3,302	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	38--1999 Additions	1999	\$ 17,738	\$ 443	40	\$ 443	\$	\$ 8,916	37
38	39--Air Conditioner	2000	1,882	47	40	47		871	38
39	40--Heat Pump	2000	3,100	78	40	78		1,434	39
40	41--Automatic Rear Door	2000	1,773	44	40	44		820	40
41	42--Power Panels/Generator	2000	14,000	350	40	350		6,475	41
42	43--Office Window to Lobby	2000	1,057	26	40	26		489	42
43	44--Exhaust Fan in Womens N Bathroom	2000	580	14	40	14		268	43
44	45--Dining Room Remodeling	2000	10,565	264	40	264		4,886	44
45	46--Fire Alarm Relay	2000	2,400	60	40	60		1,110	45
46	47--Remodel Bathrooms	2000	22,147	554	40	554		10,243	46
47	48--Water Coolers at both ends	2000	2,701	68	40	68		1,249	47
48	1214--Lobby Offices Remodeling	2017	40,524	2,702	15	2,702		4,008	48
49	471--Garage Lights	2001	1,400		15			1,400	49
50	472--OT/PT Decorating	2001	1,111		15			1,111	50
51	473--Slab Jacking	2001	1,312		15			1,312	51
52	474--Roof Replacement	2001	21,380		15			21,380	52
53	475--Roof Replacement	2001	16,779		15			16,779	53
54	476--Lobby Carpet and Redecorating	2001	11,774		15			11,774	54
55	477--Dining Room Remodeling	2001	3,308		15			3,308	55
56	478--Additional OMRP office (by activities)	2001	2,393		15			2,393	56
57	479--Pipe Insulation	2001	2,613		15			2,613	57
58	480--North Resident Renovation	2001	4,632		15			4,632	58
59	481--Activity Room Remodeling	2001	1,903		15			1,903	59
60	482--Sourth Whirlpool Room	2001	2,676		15			2,676	60
61	483--Hand Rails	2001	2,844		15			2,844	61
62	484--South Living Remodeling	2001	5,107		15			5,107	62
63	537--Garage Door	2002	594		15			594	63
64	538--Key pad entry for south end	2002	2,500		15			2,500	64
65	540--Water heater plumbing	2002	706		15			706	65
66	541--Water heaters	2002	8,482		15			8,482	66
67	1224--Front office - Redecorate	2017	220	15	15	15		29	67
68	545--Air conditioner - south living room	2002	3,196		15			3,196	68
69	575--Roof on large garage	2003	8,941	298	15	298		8,941	69
70	TOTAL (lines 4 thru 69)		\$ 2,813,749	\$ 36,317		\$ 36,317	\$	\$ 2,173,664	70

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,813,749	\$ 36,317		\$ 36,317	\$	\$ 2,173,664	1
2	576--Garage door on small garage	2003	647	22	15	22		647	2
3	613--Plumb and insulate water lines	2004	7,274	485	15	485		7,032	3
4	614--Flooring for Corridors	2004	23,007	1,534	15	1,534		22,240	4
5	616--Air Conditioner	2004	1,259	84	15	84		1,217	5
6	1227--Parking Lot Lighting	2017	43,695	2,913	15	2,913		5,826	6
7	618--Heat Pump & Blower	2004	4,885	326	15	326		4,722	7
8	619--Electrical for Fuel tanks	2004	1,686	112	15	112		1,630	8
9	620--Heat pump	2004	3,980	265	15	265		3,847	9
10	621--Foot valve for Hopper	2004	637	42	15	42		615	10
11	622--Bathroom partitions	2004	3,176	212	15	212		3,070	11
12	623--Air conditioner south wing	2004	1,181	79	15	79		1,142	12
13	1242--New Windows for office	2018	38,331	2,555	15	2,555		2,555	13
14	1244--Architectural Project DHS Building Drawings	2018	5,782	385	15	385		385	14
15	1248--Garage Roof	2018	17,781	1,185	15	1,185		1,185	15
16	279--Chain Link Fence	1976	3,440		20			3,440	16
17	1160--TR CUH9350524 Chromalox 5KW Ceiling Htr	2015	7,194	480	15	480		1,918	17
18	281--Bar-B-Que Pit	1981	277		20			277	18
19	282--Electric & Water to Picnic Area	1981	783		20			783	19
20	283--Chain Link Fence	1982	38		20			38	20
21	284--Chain Link Fence	1983	5,843		20			5,843	21
22	285--Ornamental Fence	1985	565		20			565	22
23	286--South Patio	1985	1,008		20			1,008	23
24	1261--Survey for driveway replacement	2018	2,830	142	20	142		142	24
25	1208--Flooring 400, 500, 600 halls	2017	39,271	2,618	15	2,618		5,236	25
26	289--South Patio Sod & Lighting	1990	1,408		20			1,408	26
27	1264--QIDP Offices SM. MPR	2018	13,114	1,873	7	1,873		1,873	27
28	1272--Stainless Steel cabinets/top	2018	4,178	279	15	279		279	28
29	1214a--Furniture/equip for lobby and lobby offices	2018	26,033	1,736	15	1,736		1,758	29
30	293--Sewer Repair	1994	6,700		20			6,700	30
31	294--Tile Drain	1995	721		20			721	31
32	1276--New TR Adm and RSD remodel	2018	6,016	401	15	401		401	32
33	1279--Rear Driveway Lighting	2018	38,512	1,926	20	1,926		1,926	33
34	TOTAL (lines 1 thru 33)		\$ 3,125,001	\$ 55,971		\$ 55,971	\$	\$ 2,264,093	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

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		\$ 3,125,001	\$ 55,971		\$ 55,971	\$	\$ 2,264,093	1
2	297--Asphalt South Drive	1998	39,261		20			39,261	2
3	1168--Soiled Util,Housekpg,Dr Exam rms floorcover	2015	3,226	215	15	215		860	3
4	691--Picnic area landscaping	2006	1,660	111	15	111		1,383	4
5	511--Blacktop Ramp at Rear Entrance	2001	770		10			770	5
6	512--Landscape Drive Entrance	2001	1,447		15			1,447	6
7	513--Landscape around Timber Ridge	2001	1,230		15			1,230	7
8	564--Sidewalk/entry apron	2002	11,816		15			11,816	8
9	647--Catch Basin & Tile @ South Drive	2004	3,344	223	15	223		3,232	9
10	648--Garage Door Opener	2005	720	48	15	48		648	10
11	649--Canopy Lighting	2005	788	53	15	53		709	11
12	650--MPR Remodel	2005	14,256	950	15	950		12,831	12
13	651--North Living Room Floor	2005	4,649	310	15	310		4,184	13
14	652--North Snack Room Remodeling	2005	1,452	97	15	97		1,307	14
15	653--Office Remodeling	2005	1,447	96	15	96		1,303	15
16	654--South Snack Room Refrigerator	2005	469		7			469	16
17	655--South Snack Room Remodeling	2005	9,127	608	15	608		8,214	17
18	656--Speech Room Floor	2005	641	43	15	43		576	18
19	680--Driveway Repavement	2005	50,323		15			41,936	19
20	681--Concrete to Picnic Area	2005	9,858	657	15	657		8,872	20
21	682--Concrete Pad for Dumpster	2005	806	54	15	54		725	21
22	692--Concrete leveling	2006	1,170	78	15	78		975	22
23	693--Sprinkler heads - bathroom closet	2006	1,082	72	15	72		902	23
24	695--Cabinets and Countertops	2006	680	45	15	45		567	24
25	767--Concrete	2006	18,800	1,253	15	1,253		15,667	25
26	707--Electronic Door repairs	2006	3,245	216	15	216		2,704	26
27	770--Concrete	2006	920	61	15	61		767	27
28	716--Bathroom remodel - 500 wing (south)	2006	13,305	887	15	887		11,088	28
29	721--Laundry room remodel	2006	5,261	351	15	351		4,385	29
30	724--Door locks-South End	2006	687	46	15	46		572	30
31	735--North sick room	2006	3,557	237	15	237		2,964	31
32	740--Kitchen piping	2006	875	58	15	58		729	32
33	755--Kami's office	2006	287	19	15	19		239	33
34	TOTAL (lines 1 thru 33)		\$ 3,332,160	\$ 62,759		\$ 62,759	\$	\$ 2,447,425	34

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

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		\$ 3,332,160	\$ 62,759		\$ 62,759	\$	\$ 2,447,425	1
2	697--Iron Fence for Rear Courtyard	2006	4,088	273	15	273		3,407	2
3	759--New driveway at Bus Garage	2006	5,130	342	15	342		4,275	3
4	762--North Courtyard Landscaping	2006	910	61	15	61		758	4
5	943--Roof Project	2010	18,642	1,243	15	1,243		11,185	5
6	801--Garage Doors - 4	2007	5,000	333	15	333		3,833	6
7	804--Bus Garage Renovations	2007	6,500	433	15	433		4,983	7
8	791--North Snack Room Remodeling	2007	5,476	365	15	365		4,198	8
9	796--Office Moves	2007	2,556	170	15	170		1,960	9
10	809--PT Outlet	2007	658	44	15	44		505	10
11	811--Floor and Cabinets	2007	22,292	1,486	15	1,486		17,091	11
12	814--North Treatment Room - Plumbing	2007	1,825	122	15	122		1,399	12
13	821--Office Move	2007	11,808	787	15	787		9,053	13
14	826--Damper - Heat and Air Conditioning	2007	61	4	15	4		47	14
15	831--Donated - New Concrete Sidewalk	2007	1,385	92	15	92		1,062	15
16	832--Landscaping - Donations	2007	600	40	15	40		460	16
17	1186--Concrete area in front of bus garage	2016	7,080	472	15	472		1,416	17
18	836--Contributions - Landscaping - Time and Labor	2007	2,010	134	15	134		1,541	18
19	837--Contributions - Labor for N. Treatment Room	2007	39	3	15	3		30	19
20	786--Courtyard Landscaping	2007	9,283	619	15	619		7,117	20
21	790--Front Courtyard - Sidewalk	2007	1,950	130	15	130		1,495	21
22	1161--TR MPR Ceiling	2015	5,539	369	15	369		1,477	22
23	841--OT/PT Remodeling	2008	8,992	599	15	599		6,594	23
24	842--MPR Courtyard Door	2008	11,354	757	15	757		8,326	24
25	843--TR roof	2008	25,075	1,672	15	1,672		18,388	25
26	844--North Med Room remodeling	2008	2,613	174	15	174		1,916	26
27	845--Hallway remodeling	2008	2,233	149	15	149		1,637	27
28	846--South living room redecoration	2008	1,767	118	15	118		1,296	28
29	872--200 Wing Roof	2009	33,690	2,246	15	2,246		22,460	29
30	873--Air Conditioner (Roof Top)	2009	3,962		7			3,962	30
31	1216--New outlets for resident rooms	2017	5,341	356	15	356		712	31
32	1229--Window Treatment - Solar	2017	9,648	965	10	965		1,930	32
33	945--Heat Tape Material	2010	2,400		7			2,400	33
34	TOTAL (lines 1 thru 33)		\$ 3,552,067	\$ 77,317		\$ 77,317	\$	\$ 2,594,338	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	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		\$ 3,552,067	\$ 77,317		\$ 77,317	\$	\$ 2,594,338	1
2	875--Hallway remodeling	2009	47,652	3,177	15	3,177		31,768	2
3	876--Laundry Water Heater	2009	4,895		7			4,895	3
4	877--Lighting Project	2009	24,448		7			24,448	4
5	878--MPR Windows	2009	7,632	509	15	509		5,088	5
6	879--North Med Room remodeling	2009	1,237	82	15	82		824	6
7	881--Sprinkler Main Valve Replacement	2009	6,750	337	20	337		3,375	7
8	1230--TR - LS Building Products- New Roof	2017	5,550	222	25	222		444	8
9	12--1972 Additions	1972	157		40			157	9
10	13--1973 Additions	1973	1,051		40			1,051	10
11	14--1973 Additions	1973	1,326		40			1,326	11
12	964--Kitchen/Laundry Area Roof Replacement	2010	13,742	916	15	916		8,245	12
13	976--500 Wing Roof Replacement	2011	15,095	1,006	15	1,006		8,051	13
14	982--Kitchen Roof	2011	13,742	916	15	916		7,329	14
15	985--Roof repairs with HVAC units	2011	2,478	165	15	165		1,321	15
16	987--100 Wing Roof Replacement	2011	14,540	969	15	969		7,755	16
17	990--North end Rooftop HVAC units	2011	34,170	2,278	15	2,278		18,224	17
18	880--Roof-Central Suppl, Dining, South Nursing	2009	22,000	1,467	15	1,467		13,200	18
19	1003--400 and 600 Wings Roof	2012	33,795	845	40	845		5,914	19
20	1004--Tempstar condenser	2012	2,500	167	15	167		1,167	20
21	1016--MPR - Offices	2013	5,578	372	15	372		2,231	21
22	1018--Floor Covering (food prep, hall, storage)	2013	4,563	652	7	652		3,911	22
23	1021--Rheem furnace and a/c	2013	6,964	464	15	464		2,786	23
24	1022--Rheem Furnace and Gas Piping	2014	8,747	583	15	583		3,499	24
25	714--Bathroom remodeling 400 wing (South)	2006	9,659	644	15	644		8,049	25
26	1087--IT Wiring for office changes	2014	2,729	273	10	273		1,365	26
27	1096--Landscaping - Brick Edging	2014	11,107	740	15	740		3,702	27
28	1097--Main Hallway Flooring	2014	30,000	2,000	15	2,000		10,000	28
29	1104--MPR Offices	2014	5,850	195	30	195		975	29
30	1109--Roof for MPR	2014	13,349	667	20	667		3,337	30
31	1110--Roof for MPR - Rerun gas lines	2014	2,285	152	15	152		762	31
32	1237--TR - Kaiser Electrical - Interior LED Lighting Upgrade	2017	88,050	5,870	15	5,870		11,740	32
33	1119--Nurse Stations - Design, Cabinets, Installed	2015	46,816	3,121	15	3,121		12,484	33
34	TOTAL (lines 1 thru 33)		\$ 4,040,524	\$ 106,106		\$ 106,106	\$	\$ 2,803,761	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	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		\$ 4,040,524	\$ 106,106		\$ 106,106	\$	\$ 2,803,761	1
2	1120--Stainless Steel Door Plates	2015	5,720	381	15	381		1,525	2
3	1121--TR Main Hallways & 18 TR Resident Rooms	2015	42,898	2,860	15	2,860		11,439	3
4	1152--Ceiling tiles--replacement	2015	2,819	188	15	188		752	4
5	1154--RTU System--Roof Top Unit w/Economizer	2015	8,024	535	15	535		2,140	5
6	1158--TR Handrails	2015	9,451	630	15	630		2,520	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)		\$ 4,109,436	\$ 110,700		\$ 110,700	\$	\$ 2,822,137	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		\$ 4,109,436	\$ 110,700		\$ 110,700	\$	\$ 2,822,137	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		\$ 4,109,436	\$ 110,700		\$ 110,700	\$	\$ 2,822,137	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	\$ 561,751	\$ 55,203	\$ 55,203	\$	12	\$ 241,298	71
72	Current Year Purchases	71,539	8,951	8,951		10	8,951	72
73	Fully Depreciated Assets	772,816	8,938	8,938		8	772,816	73
74	Disposed Assets	2,852				7	2,852	74
75	TOTALS	\$ 1,408,958	\$ 73,092	\$ 73,092	\$		\$ 1,025,917	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,551,621	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 183,792	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 183,792	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,848,054	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Fully depreciated vehicles	\$ 151,212	\$ 1,842	\$ 151,212	86
87	Capitalized repairs	19,450	3,548	6,709	87
88	Vehicle Equipment	55,770	4,860	20,988	88
89	Vehicles	285,492	40,591	129,075	89
90	Disposed Assets				90
91	TOTALS	\$ 511,924	\$ 50,841	\$ 307,984	91

G. Construction-in-Progress

	Description	Cost	
92	1270--Courtyard Awnings	\$ 40,921	92
93	1277--North Bathroom Remodel	108,991	93
94			94
95		\$ 149,912	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 Apos Christian Timber Ridge

0016220

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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: \$ 2,500 Description: Oygen Concentrators - \$2,500

(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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	702	3,278		3,980
3	Classroom Wages (a)	1,020	6,120		7,140
4	Clinical Wages (b)	510	12,240		12,750
5	In-House Trainer Wages (c)	690	16,557		17,247
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 2,922	\$ 38,195	\$	\$ 41,117
10	SUM OF line 9, col. 1 and 2 (e)	\$ 41,117			

C. CONTRACTUAL INCOME

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

\$ 66,243

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	14
2. From other facilities (f)	21
DROP-OUTS	
1. From this facility	3
2. From other facilities (f)	14
TOTAL TRAINED	52

- (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	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		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$		\$	\$		\$	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 Apos Christian Timber Ridge# 0016220Report Period Beginning: 07/01/2017Ending: 06/30/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 207,862	\$ 209,612	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	928,519	1,501,780	3
4	Supply Inventory (priced at 24,035)	24,035	25,002	4
5	Short-Term Investments	6,616,946	6,616,946	5
6	Prepaid Insurance		36,676	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,223	1,223	8
9	Other(specify):	924,905	927,457	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,703,490	\$ 9,318,696	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	33,227	550,863	13
14	Buildings, at Historical Cost	3,399,705	8,360,074	14
15	Leasehold Improvements, at Historical Cost	1,244,299	1,533,563	15
16	Equipment, at Historical Cost	1,951,982	2,931,931	16
17	Accumulated Depreciation (book methods)	(4,090,243)	(6,738,723)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		46,121	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(46,121)	20
21	Restricted Funds	11,880,431	11,880,431	21
22	Other Long-Term Assets (specify):	131,626	131,626	22
23	Other(specify): <u>Investment in other facilities</u>	13,200,006	13,200,006	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 27,751,033	\$ 31,849,771	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 36,454,523	\$ 41,168,467	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 292,727	\$ 361,000	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	437,646	756,141	30
31	Accrued Taxes Payable (excluding real estate taxes)		1,038	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	110,274	403,110	34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Rounding</u>			36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 840,647	\$ 1,521,289	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Captail Lease</u>			43
44	<u>Investment from other facilities</u>		13,200,006	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 13,200,006	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 840,647	\$ 14,721,295	46
47	TOTAL EQUITY(page 18, line 24)	\$ 35,613,876	\$ 26,447,172	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 36,454,523	\$ 41,168,467	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 30,587,882	1
2	Restatements (describe):		2
3			3
4	Prior Yr Adjustment made by Auditors	(137,128)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 30,450,754	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	5,163,122	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)	\$ 5,163,122	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)	\$ 35,613,876	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

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	\$ 7,346,404	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,346,404	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants	65,090	10
11	CNA Training Reimbursements	110,405	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	40,151	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 215,646	23
D. Non-Operating Revenue			
24	Contributions	3,306,855	24
25	Interest and Other Investment Income***	1,235,844	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,542,699	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28		560,421	28
28a		47,633	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 608,054	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,712,803	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,118,760	31
32	Health Care	4,325,375	32
33	General Administration	1,443,599	33
B. Capital Expense			
34	Ownership	381,458	34
C. Ancillary Expense			
35	Special Cost Centers	7,136	35
36	Provider Participation Fee	273,353	36
D. Other Expenses (specify):			
37	<u>Rounding</u>		37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,549,681	40
41	Income before Income Taxes (line 30 minus line 40)**	5,163,122	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 5,163,122	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>ICF-ID/DD</u>	7,346,404	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,346,404	49

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

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

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

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

Facility Name & ID Number Apos Christian Timber Ridge

0016220

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

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	1,815	2,086	\$ 84,101	\$ 40.32	1
2	Assistant Director of Nursing	2,019	2,245	82,197	36.61	2
3	Registered Nurses	19,574	21,802	652,059	29.91	3
4	Licensed Practical Nurses	11,387	13,015	354,436	27.23	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,019	4,588	72,444	15.79	8
9	Activity Director	1,871	2,086	50,066	24.00	9
10	Activity Assistants	19,659	21,798	293,844	13.48	10
11	Social Service Workers	1,716	1,735	55,809	32.17	11
12	Dietician					12
13	Food Service Supervisor	4,665	5,146	109,768	21.33	13
14	Head Cook	9,388	11,364	139,021	12.23	14
15	Cook Helpers/Assistants	7,855	8,799	90,750	10.31	15
16	Dishwashers					16
17	Maintenance Workers	5,332	6,522	124,723	19.12	17
18	Housekeepers	8,664	9,756	117,681	12.06	18
19	Laundry	7,664	8,614	110,366	12.81	19
20	Administrator	1,314	1,514	86,529	57.15	20
21	Assistant Administrator	713	943	49,252	52.23	21
22	Other Administrative	4,119	5,359	166,740	31.11	22
23	Office Manager	797	1,016	24,938	24.55	23
24	Clerical	351	457	6,949	15.21	24
25	Vocational Instruction	4,079	4,612	108,399	23.50	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,695	6,357	123,458	19.42	28
29	Resident Services Coordinator	358	443	9,523	21.50	29
30	Habilitation Aides (DD Homes)	99,328	112,940	1,610,061	14.26	30
31	Medical Records					31
32	Other Health Care(specify)	4,601	5,410	125,681	23.23	32
33	Other(specify)	9,068	8,399	163,791	19.50	33
34	TOTAL (lines 1 - 33)	236,051	267,006	\$ 4,812,586 *	\$ 18.02	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	130	\$ 7,480	1-3	35
36	Medical Director	0	0	9-3	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	Flat Fee	2,327	10-3	38
39	Pharmacist Consultant	Flat Fee	4,726	10-3	39
40	Physical Therapy Consultant	30	1,946	10-3	40
41	Occupational Therapy Consultant	27	1,749	10a-3	41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	176	12,195	10a-3	43
44	Activity Consultant	0	0		44
45	Social Service Consultant	0	0		45
46	Other(specify) <u>Psychologist Consulta</u>	0	0	12-3	46
47	<u>Dental Consultant</u>	0	0	10a-3	47
48	<u>Psychiatrist Consultant</u>	27	6,087	10a-3	48
49	TOTAL (lines 35 - 48)	391	\$ 36,509		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	0	\$ 0	10-3	50
51	Licensed Practical Nurses	0	0	10-3	51
52	Certified Nurse Assistants/Aides	1,138	22,036	10a-3	52
53	TOTAL (lines 50 - 52)	1,138	\$ 22,036		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	
<u>Ron Messner</u>	<u>Administrator</u>	<u>0</u>	\$ <u>86,529</u>	<u>Workers' Compensation Insurance</u>	\$ <u>59,246</u>	<u>IDPH License Fee</u>	\$ _____	
<u>Matthew Steffen</u>	<u>Assistant Administrator</u>	<u>0</u>	<u>49,252</u>	<u>Unemployment Compensation Insurance</u>	<u>13,998</u>	<u>Advertising: Employee Recruitment</u>	<u>173</u>	
				<u>FICA Taxes</u>	<u>380,118</u>	<u>Health Care Worker Background Check</u>	<u>580</u>	
				<u>Employee Health Insurance</u>	<u>405,197</u>	<u>(Indicate # of checks performed <u>58</u>)</u>		
				<u>Employee Meals</u>	<u>901</u>	<u>Patient Background Checks</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Participation Fees & Certificates</u>	<u>946</u>	
				<u>Employee Physicals</u>	<u>5,903</u>	<u>Dues (Employers Assn, IHCA, Don Moss)</u>	<u>14,673</u>	
				<u>Employee Promotional</u>	<u>7,871</u>	<u>Subscriptions (journals, news, etc.)</u>	<u>881</u>	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>135,781</u>	<u>Defined Contribution Pension Plan</u>	<u>259,854</u>	<u>Driving Records Verification</u>	<u>260</u>	
(List each licensed administrator separately.)				<u>Benefits Allocated to Day Program</u>	<u>(24,271)</u>	<u>Secretary of State</u>		
B. Administrative - Other				<u>Disability Insurance</u>	<u>15,688</u>	<u>Less: Public Relations Expense</u>	(_____)	
Description			Amount	<u>Benefits for Transferred wages</u>	<u>(262,517)</u>	<u>Non-allowable advertising</u>	(_____)	
			\$ _____	<u>Employee Scholarships</u>	<u>6,650</u>	<u>Yellow page advertising</u>	(_____)	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>868,638</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>17,513</u>	
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
TOTAL (agree to Schedule V, line 17, col. 3)			\$ _____	Description	Line #	Amount	G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)						\$ _____	Description	Amount
C. Professional Services							<u>Out-of-State Travel</u>	\$ _____
Vendor/Payee	Type		Amount					
<u>HEINOLD-BANWART, LTD.</u>	<u>Accounting</u>		\$ <u>18,500</u>				<u>In-State Travel</u>	
<u>KOCH CONSULTANTS</u>	<u>Accounting</u>		<u>13,700</u>					
<u>SIKICH LLP</u>	<u>Accounting/Data Processing</u>		<u>322</u>				<u>Seminar Expense</u>	
<u>BROOKEROSE, INC.</u>	<u>Data Processing</u>		<u>0</u>					
<u>KRONOS INCORPORATED</u>	<u>Data Processing</u>		<u>4,214</u>				<u>Entertainment Expense</u>	(_____)
<u>PAPERLESSPAY CORPORATION</u>	<u>Data Processing</u>		<u>1,772</u>				TOTAL (agree to Sch. V, line 24, col. 8)	\$ _____
<u>PNC BANK</u>	<u>Data Processing</u>		<u>505</u>					
<u>QUANTUM SOLUTIONS INC</u>	<u>Data Processing</u>		<u>4,093</u>					
<u>RELIAS LEARNING, LLC</u>	<u>Data Processing</u>		<u>6,185</u>					
<u>BENCKENDORF & BENCKENDORF</u>	<u>Legal</u>		<u>470</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>49,761</u>	TOTAL		\$ _____		
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Apos Christian Timber Ridge# 0016220Report Period Beginning: 07/01/2017Ending: 06/30/2018**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. IHCA - \$4,218, Don Moss & Assoc - \$2,400, Institute on Public Policy - \$3,165
- (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? 17.2 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 69,286 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 273,353
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 901 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No, they have been adjusted out
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 0
c. What percent of all travel expense relates to transportation of nurses and patients? 90%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? Yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 65,090
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Koch Consultants, LTD.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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

Apostolic Christian Timber Ridge
FYE 06/30/2018
Sub schedules

#0016220

Schedule V - Costs Center Expenses

Lines	Description	Amount
1	Day Program Costs	-
43	Facility Bulletin / Newsletter	7,136
36	Investment Management Fees	-
36	Interest Expense	34,766
15	Bad Debt	97,452
27	Dental costs	4,780
27	Charitable Contributions	-
27	Fines & Penalties	-
27	Miscellaneous	14,926
	Other Expenses	159,060

Schedule V - Reclassifications

Lines	Description	Increase	Decrease
6	Communication equipment rental	-	-
35	Communication equipment rental	-	-
32	Interest Expense	34,766	-
36	Interest Expense	-	34,766
11	Donated labor	-	-
1	Donated labor	-	-
4	Donated labor	-	-
6	Donated labor	-	-
21	Donated labor	-	-
10	Donated labor	-	-
10a	Donated labor	-	-
12	Donated labor	-	-
27	Donated labor	-	-
38	Medically necessary transportation	-	-
14	Medically necessary transportation	-	-
10a	Disability Pay to Benefits	-	-
22	Disability Pay to Benefits	-	-
13	Nurse aid trainer wages	26,905	-
1	Nurse aid trainer wages	-	280
6	Nurse aid trainer wages	-	384
10	Nurse aid trainer wages	-	23,718
10a	Nurse aid trainer wages	-	883
11	Nurse aid trainer wages	-	202
12	Nurse aid trainer wages	-	1,344
15	Nurse aid trainer wages	-	94
17	Nurse aid trainer wages	-	-
39	Dental costs	4,780	-
27	Dental costs	-	4,780
		66,451	66,451

Schedule V, Line 39 - Ancillary Service Centers

Dental costs for 38 visits	\$ 4,780
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Schedule VI B - Non-paid workers

Lines	Description	Amount
31	Donated Labor	\$ -
	Department	Time in Hours
		Time in Dollars
	Activities	-
	Kitchen	-
	Laundry	-
	Maintenance	-
	Nursing	-
	PT/OT	-
	Social Service Programs	-
	Office	-
	Totals	- \$ -

Schedule VII - Compensation Received From Other Nursing Homes

Virgil Metzger - \$236.80 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Ben Knochel - \$0.00 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Paul Kelson - \$0.00 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Roger Beutel - \$0.00 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Kathy Woodruff - \$491.56 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Ed Leman - \$0.00 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	
Kent Schmidgall - \$69.89 - reimbursement of travel expenses received from Oakwood Estate & Linden Estate	

Sch. XV - Balance Sheet, Line 9; Other Current Assets

A/R - N.A. Training	44,000
A/R - Bequests	275,000
A/R - Health Insurance	595,351
A/R - Employees	10,554
	924,905

Sch. XV - Balance Sheet, Line 22; Other Long-Term Assets

Investment in Related Entities	13,200,006
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Sch. XVII - Income Statement, Line 28; Other Revenue

Developmental training	560,421
Farm Income	-
Gain/(Loss) on Sale of Assets	46,248
Increase in Cash Value of Life Insurance	-
Miscellaneous	1,385
Cost to Market Adjustment on Investments	164,716
	772,770

Sch. XVII - Income Statement, Line 41 - Income Before Taxes

Income before taxes per cost report	5,163,122
Income from related parties	(594,775)
Estimated excess for year, Form 990, p.1, line 18	4,568,347

Sch. XVIII - A. Staffing and Salary Costs

Sch. V. Cost Center Expenses, Column 1, Row 45	4,812,586
Sch. XVIII - A. Staffing and Salary Costs, Column 3, Row 34	(4,812,586)
Variance	-

Schedule XIX, D - Employee Benefits and Payroll Taxes - FICA calculation

Salaries, Sch V, Line 45, Col 1	4,812,586
Prior Year PTO Accrual	(206,922)
Current Year PTO Accrual	214,651
Prior Year Wage Accrual	158,202
Current Year Wage Accrual	(207,148)
Section 125 Wages not applicable to FICA taxes	(295,812)
Less: Wages over FICA taxation limit of SS Wages (\$0 x 6.2%/7.65%)	-
Add: Wages Allocated to other facilities	493,309
Add: ACCS Wages	-
Add: wages included in employee meal calculation	-
Cash basis salaries	4,968,865
FICA rate	7.650%
Calculated FICA	380,118
FICA per Sch XIX	380,118
Variance	0

Sch. XX - General Information

12. Nurse Aide Trainer Wages:		
	Administrator	-
	Therapy / PT / OT	883
	Activities Director	202
	Day Program	94
	Head Cook	280
	Maintenance	384
	Nursing	23,718
	Soc. Serv. / QMRP	1,344
		26,905

14. A portion of office space is allocated to related entities based on number of beds.

16. Out of State Travel

Administration

Administrator	382
Assistant Administrator	335
	718

Board of Directors

Virgil Metzger	463
Ben Knochel (No out of State Travel)	-
Paul Kelson (No out of State Travel)	-
Roger Beutel (No out of State Travel)	-
Bryan Stoller (No out of State Travel)	-
Kathy Woodruff	1,299
Ed Leman (No out of State Travel)	-
Royce Scheiler (No out of State Travel)	-
Kent Schmidgall	191
Wendy Witzig (No out of State Travel)	-
(No out of State Travel)	-
	1,953

Nursing

None	-
	-

APOSTOLIC CHRISTIAN TIMBER RIDGE - - #0016220

ATTACHMENT TO SCHEDULE VII A

Related Organizations:

Oakwood Estate #0033712

Linden Estate #0039305

Board of Directors for Apostolic Christian Timber Ridge, Oakwood Estate, and Linden Estate:

Ed Leman, Chairman

Paul Kelson, Vice Chairman

Roger Beutel, Director Secretary/Treasurer

Ben Knochel, Director

Wendy Sauder, Director

Royce Scheiler, Director

Kent Schmidgall, Director (term began 05/19/2018)

Bryan Stoller, Director

Kathy Woodruff, Director

Virgil Metzger, Director (term ended 05/19/2018)

Note: The Board members are identical for all three organizations.

No members of the Board of Directors provided direct services to any of the nursing homes. No Board members have ownership in an entity that conducted business transactions with any of these nursing homes.

APOSTOLIC CHRISTIAN TIMBER RIDGE - - #0016220

	Pioneer Park	EPIC	TCRC	Van-Pioneer Park	Cost per Trip	Cost per Day		Total Cost per Year	Less Depreciation	Reallocation Amounts	Sch. V Col. 7 Line #	Schedule for Reallocation
Trips per Day	1	2	2	0								
Miles per trip	40	40	5	40								
Gas/Depreciation Price per Mile	\$1.25	\$1.35	\$1.25	\$0.75								
Hours per trip	1 1/4	1 1/4	3/4	1 1/4								
Attendant Wages	\$10.50	\$10.50	\$10.50									
Driver Wages	\$15.50	\$15.50	\$15.50	\$13.00								
Gas & Depreciation	\$ 50.00	\$ 54.00	\$ 6.25	\$ 30.00	\$ 110.25	\$ 170.50	55.53%	36,143.45	(50,841.00)	(14,698.00)	14	Sch. VI Ln. 29
Depreciation						\$ -			50,841.00	50,841.00	Sch XI (F)	Sch. VI Ln. 29
Driver Wages	\$ 19.38	\$ 19.38	\$ 11.63	\$ 16.25	\$ 50.39	\$ 81.40	26.51%	17,255.58		17,256.00	6	Sch. VI Ln. 1
Attendant Wages	\$ 13.13	\$ 13.13	\$ 7.88	\$ -	\$ 34.14	\$ 55.15	17.96%	11,690.97		11,691.00	10	Sch. VI Ln. 29
Total	\$ 82.51	\$ 86.51	\$ 25.76	\$ 46.25	\$ 194.78	\$ 307.05		65,090.00		65,090.00		

Apostolic Christian Timber Ridge -- 0016220

	Wages	Supplies	Other	Total	Reclass- ification	Total	Cost / Day Resident Days 25,974	Adjust- ments	Adjusted Total	Cost / Day Resident Days 25,974	% of Total Costs	% of Daily Rate	Staff Hours/ Day
A. General Services													
Dietary	310,432	20,399	7,480	338,311	(280)	338,031	\$13.01	-	338,031	\$13.01	4.6%	4.5%	0.84
Food Purchase	-	202,879	-	202,879	-	202,879	\$7.81	-	202,879	\$7.81	2.8%	2.7%	-
Housekeeping	131,317	38,091	-	169,408	-	169,408	\$6.52	-	169,408	\$6.52	2.3%	2.3%	0.33
Laundry	110,632	21,812	-	132,444	-	132,444	\$5.10	-	132,444	\$5.10	1.8%	1.8%	0.30
Heat and Other Utilities	-	-	89,139	89,139	-	89,139	\$3.43	-	89,139	\$3.43	1.2%	1.2%	-
Maintenance	110,272	23,606	52,701	186,579	(384)	186,195	\$7.17	(17,256)	168,939	\$6.50	2.3%	2.3%	0.21
Other (specify):*	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
TOTAL General Services	662,653	306,787	149,320	1,118,760	(664)	1,118,096	\$43.05	(17,256)	1,100,840	\$42.38	15.1%	14.7%	1.68
B. Health Care and Programs													
Medical Director	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Nursing and Medical Records	2,903,699	267,838	29,089	3,200,626	(23,718)	3,176,908	\$122.31	(11,691)	3,165,217	\$121.86	43.4%	42.3%	1.34
Therapy	212,579	10,171	3,694	226,444	(883)	225,561	\$8.68	-	225,561	\$8.68	3.1%	3.0%	4.05
Activities	325,357	7,240	-	332,597	(202)	332,395	\$12.80	-	332,395	\$12.80	4.6%	4.4%	0.83
Social Services	243,773	8,193	19,082	271,048	(1,344)	269,704	\$10.38	-	269,704	\$10.38	3.7%	3.6%	0.30
CNA Training	-	8,898	-	8,898	26,905	35,803	\$1.38	-	35,803	\$1.38	0.5%	0.5%	0.16
Program Transportation	-	-	54,261	54,261	-	54,261	\$2.09	14,698	68,959	\$2.65	0.9%	0.9%	-
Other (specify):*	133,154	895	97,452	231,501	(94)	231,407	\$8.91	-	231,407	\$8.91	3.2%	3.1%	-
TOTAL Health Care and Programs	3,818,562	303,235	203,578	4,325,375	664	4,326,039	\$166.55	3,007	4,329,046	\$166.67	59.4%	57.8%	6.67
C. General Administration													
Administrative	135,781	-	-	135,781	-	135,781	\$5.23	-	135,781	\$5.23	1.9%	1.8%	0.08
Directors Fees	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Professional Services	-	-	49,761	49,761	-	49,761	\$1.92	-	49,761	\$1.92	0.7%	0.7%	-
Dues, Fees, Subscriptions & Promotion	-	-	32,784	32,784	-	32,784	\$1.26	(16,152)	16,632	\$0.64	0.2%	0.2%	-
Clerical & General Office Expenses	195,590	14,761	57,950	268,301	-	268,301	\$10.33	-	268,301	\$10.33	3.7%	3.6%	0.20
Employee Benefits & Payroll Taxes	-	-	877,221	877,221	-	877,221	\$33.77	(24,271)	852,950	\$32.84	11.7%	11.4%	-
Inservice Training & Education	-	-	4,419	4,419	-	4,419	\$0.17	-	4,419	\$0.17	0.1%	0.1%	-
Travel and Seminar	-	-	2,827	2,827	-	2,827	\$0.11	(2,671)	156	\$0.01	0.0%	0.0%	-
Other Admin. Staff Transportation	-	-	2,108	2,108	-	2,108	\$0.08	-	2,108	\$0.08	0.0%	0.0%	-
Insurance-Prop.Liab.Malpractice	-	-	46,402	46,402	-	46,402	\$1.79	(6,061)	40,341	\$1.55	0.6%	0.5%	-
Other (specify):*	-	-	23,995	23,995	(4,780)	19,215	\$0.74	-	19,215	\$0.74	0.3%	0.3%	-
TOTAL General Administration	331,371	14,761	1,097,467	1,443,599	(4,780)	1,438,819	\$55.39	(49,155)	1,389,664	\$53.50	19.1%	18.6%	0.28
TOTAL Operating Expense	4,812,586	624,783	1,450,365	6,887,734	(4,780)	6,882,954	\$264.99	(63,404)	6,819,550	\$262.55	93.5%	91.1%	8.63
D. Ownership													
Depreciation	-	-	234,636	234,636	-	234,636	\$9.03	(50,841)	183,795	\$7.08	2.5%	2.5%	-
Amortization of Pre-Op. & Org.	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Interest	-	-	-	-	34,766	34,766	\$1.34	(34,766)	-	\$0.00	0.0%	0.0%	-
Real Estate Taxes	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Rent-Facility & Grounds	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Rent-Equipment & Vehicles	-	-	2,514	2,514	-	2,514	\$0.10	-	2,514	\$0.10	0.0%	0.0%	-
Other (specify):*	-	-	144,308	144,308	(34,766)	109,542	\$4.22	(109,542)	-	\$0.00	0.0%	0.0%	-
TOTAL Ownership	-	-	381,458	381,458	-	381,458	\$14.69	(195,149)	186,309	\$7.17	2.6%	2.5%	-
Ancillary Expense													
E. Special Cost Centers													
Medically Necessary Transportation	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Ancillary Service Centers	-	-	-	-	4,780	4,780	\$0.18	-	4,780	\$0.18	0.1%	0.1%	-
Barber and Beauty Shops	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Coffee and Gift Shops	-	-	-	-	-	-	\$0.00	-	-	\$0.00	0.0%	0.0%	-
Provider Participation Fee	-	-	273,353	273,353	-	273,353	\$10.52	-	273,353	\$10.52	3.7%	3.7%	-
Other (specify):*	-	-	7,136	7,136	-	7,136	\$0.27	-	7,136	\$0.27	0.1%	0.1%	-
TOTAL Special Cost Centers	-	-	280,489	280,489	4,780	285,269	\$10.98	-	285,269	\$10.98	3.9%	3.8%	-
GRAND TOTAL	4,812,586	624,783	2,112,312	7,549,681	-	7,549,681	\$290.66	(258,553)	7,291,128	\$280.71	100.0%	97.4%	8.63
Current Reimbursement Rate							\$288.19			\$288.19	102.7%	100.0%	
Gain/(Loss) Per Resident / Day							(2.47)			7.48	2.7%	2.6%	

