

Facility Name & ID Number Central Baptist Village

0007435 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	120	Skilled (SNF)	120	43,800	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	30	Sheltered Care (SC)	30	10,950	5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,766	24,424	5,584	38,774	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		10,628		10,628	12
13	DD 16 OR LESS					13
14	TOTALS	8,766	35,052	5,584	49,402	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.23%

D. How many bed reserve days during this year were paid by the Department?
None (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)

Meals on Wheels

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 68 and days of care provided 3,099

Medicare Intermediary NGS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	763,452	93,650	203,722	1,060,824		1,060,824		1,060,824		1
2	Food Purchase		589,011		589,011		589,011	(45,000)	544,011		2
3	Housekeeping	162,772	30,621	41,294	234,687		234,687		234,687		3
4	Laundry	56,684	25,332		82,016		82,016		82,016		4
5	Heat and Other Utilities			206,757	206,757		206,757		206,757		5
6	Maintenance	81,803	120,287	161,815	363,905		363,905		363,905		6
7	Other (specify):* Security and Waste R	30,458		36,097	66,555		66,555		66,555		7
8	TOTAL General Services	1,095,169	858,901	649,685	2,603,755		2,603,755	(45,000)	2,558,755		8
	B. Health Care and Programs										
9	Medical Director			35,656	35,656		35,656		35,656		9
10	Nursing and Medical Records	4,080,442	167,125	53	4,247,620		4,247,620		4,247,620		10
10a	Therapy			485,252	485,252		485,252		485,252		10a
11	Activities	209,011	43,893	573	253,477		253,477		253,477		11
12	Social Services	80,058	16,817	1,073	97,948		97,948	(8,103)	89,845		12
13	CNA Training										13
14	Program Transportation	57,032		5,615	62,647		62,647		62,647		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,426,543	227,835	528,222	5,182,600		5,182,600	(8,103)	5,174,497		16
	C. General Administration										
17	Administrative	349,845			349,845		349,845		349,845		17
18	Directors Fees										18
19	Professional Services			257,798	257,798		257,798	(23,567)	234,231		19
20	Dues, Fees, Subscriptions & Promotions			38,778	38,778		38,778	(3,920)	34,858		20
21	Clerical & General Office Expenses	536,080	51,277	38,857	626,214		626,214	(8,500)	617,714		21
22	Employee Benefits & Payroll Taxes			1,958,041	1,958,041		1,958,041	(83,979)	1,874,062		22
23	Inservice Training & Education										23
24	Travel and Seminar			42,290	42,290		42,290		42,290		24
25	Other Admin. Staff Transportation			2,045	2,045		2,045		2,045		25
26	Insurance-Prop.Liab.Malpractice			138,683	138,683		138,683		138,683		26
27	Other (specify):* Marketing and Donat	287,132	74,531	28,454	390,117		390,117	(390,117)			27
28	TOTAL General Administration	1,173,057	125,808	2,504,946	3,803,811		3,803,811	(510,083)	3,293,728		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,694,769	1,212,544	3,682,853	11,590,166		11,590,166	(563,186)	11,026,980		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.

Central Baptist Village
0007435
12/31/2018
PG3 Supplemental Detail

MCDACT	CLIENT_ACT	DESC	Balance	
7625.10	060-51010-00	Security Services Salary	61,099.00	
		Less ILU Portion	<u>(30,641.00)</u>	50.15%
			30,458.00	Line 7, Column 1
7520.00	060-54010-03	Maint - Waste Removal	59,260.00	
7625.20	110-53010-01	Fin Serv - Security Maintenance and Repairs	<u>13,152.00</u>	
			72,412.00	
		Less ILU Portion	<u>(36,315.00)</u>	50.15%
			36,097.00	Line 7, Column 3
9755.10	100-51010-00	Mktg - Wages/Salaries Marketing	259,972.00	
9755.10	100-51010-01	Mktg - ETO Expenses	(965.00)	
9755.10	100-51010-03	Mktg - Census Bonus	<u>97,550.00</u>	
			356,557.00	
		Less ILU Portion	<u>(69,425.00)</u>	19.47%
			287,132.00	Line 27, Column 1
9755.30	100-52100-01	Mktg - Miscellaneous Employee Expenses M	10.00	
9755.30	100-52100-02	Mktg - Photography Expense	6,553.00	
9755.30	100-52100-03	Mktg - Public Relations Facility	3,425.00	
9755.30	100-52100-04	Mktg - Public Relations Give Aways	820.00	
9755.30	100-52100-05	Mktg - Public Relations Events	5,213.00	
9755.30	100-52100-06	Mktg - Public Relations Civic Organization	662.00	
9755.30	100-52100-09	Mktg - LSN Satisfaction Surveys	1,156.00	
9755.30	100-52100-10	Mktg - Marketing Collateral	2,674.00	
9755.30	100-53010-00	Mktg - Background Checks	1,130.00	
9755.30	100-55040-00	Mktg - Digital Advertising	1,837.00	
9755.30	100-55040-01	Mktg - Traditional Advertising	3,884.00	
9755.30	100-55040-02	Mktg - Direct Mail	10,794.00	
9755.30	100-55040-05	Mktg - Copywriting Services	2,100.00	
9755.30	100-55050-00	Mktg - Newsletter	4,000.00	
9755.30	100-55070-00	Mktg - Referrals - Resident/Employee	26,319.00	
9755.30	100-56010-00	Mktg - Website Maintenance	873.00	
9755.30	100-56010-03	Mktg - Development - Expenses	15,677.00	
9755.30	100-59020-00	Mktg - Travel/Entertainment Marketing	111.00	
9755.30	100-59040-00	Mktg - Education/Seminars Marketing	249.00	
9755.30	100-59060-01	Mktg - Office Supplies Facility	1,152.00	
9755.30	100-59060-02	Mktg - Postage Expense Facility	1,553.00	
9755.30	100-59060-03	Mktg - Operating Supplies	285.00	
9755.30	100-59070-00	Mktg - Printing Expense Marketing	<u>2,075.00</u>	
			92,552.00	
		Less ILU Portion	<u>(18,021.00)</u>	19.47%
			74,531.00	Line 27, Column 2
9755.20	100-55040-06	Mktg - Design Services	7,902.00	
9755.20	100-55040-07	Mktg - Software Services	11,796.00	
9755.20	100-56010-02	Mktg - Development Consultant Marketing	<u>6,000.00</u>	
			25,698.00	
		Less ILU Portion	<u>(5,004.00)</u>	19.47%
			20,694.00	
9760.00	120-59110-12	Admin & Board - Chapel Disbursements	<u>7,760.00</u>	
			28,454.00	Line 27, Column 3

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			1,155,329	1,155,329		1,155,329		1,155,329		30
31	Amortization of Pre-Op. & Org.										31
32	Interest										32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			3,185	3,185		3,185	(3,185)			35
36	Other (specify):* State Tax			1,018	1,018		1,018	(1,018)			36
37	TOTAL Ownership			1,159,532	1,159,532		1,159,532	(4,203)	1,155,329		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		14,092	177,720	191,812		191,812		191,812		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			281,331	281,331		281,331		281,331		42
43	Other (specify):* See PG5A for offse			214,496	214,496		214,496	(214,496)			43
44	TOTAL Special Cost Centers		14,092	673,547	687,639		687,639	(214,496)	473,143		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,694,769	1,226,636	5,515,932	13,437,337		13,437,337	(781,885)	12,655,452		45

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,018)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(7,760)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(382,357)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(390,750)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (781,885)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)		VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (781,885)		37

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

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

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

BHF USE ONLY							
48		49		50		51	
							52

Central Baptist Village

ID# 0007435

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(83,979)	22	2
3	Gift Shop	0	41	3
4	Chapel Fund Receipts	(8,103)	12	4
5	Investment Accounts - Fee Expense A. Genius Fund	(18,526)	43	5
6	Investment Accounts - Fee Expense R. Genius Trust	(31,816)	43	6
7	Investment Accounts - Fees Expense A. Frahm Trust	(28,398)	43	7
8	Investment Accounts - Endowment and Assist Fund Exp	(12,906)	43	8
9	Investment Accounts - Memory Garden Expenditures	(1,097)	43	9
10	Investment Accounts - TC Men's Club Expenditures	(579)	43	10
11	Investment Accounts - Employee Compassion Fund Exp	(1,500)	43	11
12	Activities - Community Outreach	(560)	43	12
13	Soc Serv - Family Outreach	(233)	43	13
14	Admin & Board - Fitness Center Expense	(75,113)	43	14
15	Admin & Board - Investment Expenses	(43,768)	43	15
16	Bank Charges	(8,500)	21	16
17	Meals on Wheels	(45,000)	02	17
18	Non-Allowable Legal	(23,567)	19	18
19	IDPH AL License	(3,920)	20	19
20	Vending Rental Costs	(3,185)	35	20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	Total	(390,750)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Baptist Village# 0007435

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	(45,000)	0	0	0	0	0	0	0	0	0	0	(45,000)	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	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(45,000)	0	(45,000)	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	0	0	0	0	0	0	0	0	0	0	0	0	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	(8,103)	0	0	0	0	0	0	0	0	0	0	(8,103)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(8,103)	0	(8,103)	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	(23,567)	0	0	0	0	0	0	0	0	0	0	(23,567)	19
20	Fees, Subscriptions & Promotions	(3,920)	0	0	0	0	0	0	0	0	0	0	(3,920)	20
21	Clerical & General Office Expenses	(8,500)	0	0	0	0	0	0	0	0	0	0	(8,500)	21
22	Employee Benefits & Payroll Taxes	(83,979)	0	0	0	0	0	0	0	0	0	0	(83,979)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(390,117)	0	0	0	0	0	0	0	0	0	0	(390,117)	27
28	TOTAL General Administration	(510,083)	0	(510,083)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(563,186)	0	(563,186)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Baptist Village# 0007435

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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	(3,185)	0	0	0	0	0	0	0	0	0	0	(3,185)	35
36	Other (specify):*	(1,018)	0	0	0	0	0	0	0	0	0	0	(1,018)	36
37	TOTAL Ownership	(4,203)	0	0	0	0	0	0	0	0	0	0	(4,203)	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):*	(214,496)	0	0	0	0	0	0	0	0	0	0	(214,496)	43
44	TOTAL Special Cost Centers	(214,496)	0	0	0	0	0	0	0	0	0	0	(214,496)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(781,885)	0	0	0	0	0	0	0	0	0	0	(781,885)	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.

Facility Name & ID Number

Central Baptist Village

0007435

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	NONE							1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Central Baptist Village # 0007435 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	SEE ATTACHED BOARD OF DIRECTORS EXHIBIT								\$	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:

01/01/2018

Ending: 2/31/2018

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 Central Baptist Village

0007435

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	2007 Bond Series		X	Construction & Renovation		6/15/07	\$ 23,285,000	\$ 19,150,000	11/15/2039	VARIES	\$ 1,057,267	1						
2												2						
3												3						
4												4						
5												5						
Working Capital																		
6												6						
7												7						
8												8						
9	TOTAL Facility Related						\$ 23,285,000	\$ 19,150,000			\$ 1,057,267	9						
B. Non-Facility Related*																		
10	Interest Income Offset										(1,057,267)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (1,057,267)	14						
15	TOTALS (line 9+line14)						\$ 23,285,000	\$ 19,150,000			\$	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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Central Baptist Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007435

CONTACT PERSON REGARDING THIS REPORT Lori Altman

TELEPHONE 708-583-8555 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. <u>N/A</u>	<u></u>	\$ <u></u>	\$ <u></u>
2. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
3. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u></u>	\$ <u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 Central Baptist Village

0007435

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 100,046 B. General Construction Type: Exterior Brick Frame Number of Stories 2

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. [X] (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 [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: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column for counts. Row 1: Facility, 1955, \$78,131, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, (blank), \$78,131, 3.

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	150		1984	1978	\$ 1,924,051	\$	35	\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9	Various			1978	741,182		20			
10	Various			1979	7,014		20			
11	Various			1982	43,548		20			
12	Various			1983	121,447		20			
13	Various			1984	20,402		20			
14	Various			1985	6,955		20			
15	Various			1986	3,755		20			
16	Various			1988	15,124		20			
17	Various			1989	896,689		20			
18	Various			1990	1,958,028		20			
19	Various			1991	104,310		20			
20	Various			1992	201,338		20			
21	Various			1993	139,141		20			
22	Various			1994	115,592		20			
23	Various			1995	292,495		20			
24	Various			1996	17,999		20			
25	Various			1997	74,429		20			
26	Various			1998	1,742,405		20			
27	Various			1999	158,583		20			
28	Various			2000	145,352		20			
29	Various			2001	69,964		20			
30	Various			2002	5,489,613		20			
31	Various			2003	8,252		20			
32	Various			2004	68,635		20			
33	Various			2005	45,687		20			
34	Various			2006	965,657		20			
35	Various			2007	2,610,864		20			
36	Various			2008	209,097		20			

*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		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Various	2009	\$ 215,930	\$	20	\$	\$	\$	37
38	Various	2010	243,526		20				38
39	Various	2011	400,532		20				39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 19,057,596	\$		\$	\$	\$	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:

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Ending:

12/31/2018

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		\$ 19,057,596	\$		\$	\$	\$	1
2	Century Sprinkler (Sprinkler Replacement) (21,941)	2012	11,848		20				2
3	Gewalt Hamilton (Plumbing Project) (11,072)	2012	5,979		20				3
4	John'S Electric (Rewire Chiller Pumps)	2012	4,600		20				4
5	Keganivo Group (Plumbing Project) (5,128)	2012	2,770		20				5
6	Kovilic Construction (Concrete Project) (11,608)	2012	6,268		20				6
7	Kovilic Construction (Plumbing Project) (95,000)	2012	51,300		20				7
8	Kovilic Construction (Plumbing Project) (76,000)	2012	41,040		20				8
9	Kovilic Construction (Plumbing Project) (19,000)	2012	10,260		20				9
10	Mark'S Sewer (Sump Pump) (10,825)	2012	5,846		20				10
11	Nelson Harkins (Lower Level Construction) (3,633)	2012	1,962		20				11
12	Skender (Lower Level Construction) (17,974)	2012	9,706		20				12
13	Skender (Window Project) (31,774)	2012	7,506		20				13
14	Wma Consulting (Plumbing Project) (16,730)	2012	9,034		20				14
15	Westside Mechanical/Heat Exchangers	2013	3,875		20				15
16	Roc'S Plumbing/Replace Grease Pits	2013	11,800		20				16
17	Roc'S Plumbing/Maint Shop Sump Pump (4,000)	2013	2,160		20				17
18	Roc'S Plumbing/Replace Drains & Pipes	2013	6,169		20				18
19	Westside Mechanical/Heat Pumps (20,960)	2013	4,951		20				19
20	Black Hawk/Parking Lot Paving (5,725)	2013	3,092		20				20
21	Raupp Fence/Fence Project	2013	3,361		20				21
22	Bittner/Tuckpointing	2013	11,250		20				22
23	Roc'S Plumbing/Maint Shop Sump Replace (5,948)	2013	3,212		20				23
24	Raupp Fence Co/Fence Project	2013	7,014		20				24
25	Roc'S Plumbing/Drain Pipe Replace Maint Shop (2,983)	2013	1,611		20				25
26	Jp Mechanical/Motor Hot Water Heater	2013	4,581		20				26
27	Jp Mechanical/Circulator Pump (2,746)	2013	1,483		20				27
28	Johnstone Supply/Exhaust Fans (3,867)	2013	2,088		20				28
29	Jp Mechanical/Heat Pump Compressors (3,362)	2013	1,815		20				29
30	Ati/Phone System(185077.79)	2014	99,942		20				30
31	Jp Mechanical/Blower Motor(4500)	2014	2,430		20				31
32	Elevator Technicians/Np 1 , 2, & Dock Elevator Door Restrictors(2014	1,690		20				32
33	Roc'S Plumbing/Kitchen Piping New Cleanout(6080)	2014	3,283		20				33
34	TOTAL (lines 1 thru 33)		\$ 19,401,522	\$		\$	\$	\$	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:

01/01/2018 Ending: 12/31/2018**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		\$ 19,401,522	\$		\$	\$	\$	1
2	Stanton Mechanical/Rtu 4 Replacement(21290)	2014	11,497		20				2
3	Roc'S Plumbing/Kitchen Piping New Cleanout(7260)	2014	3,920		20				3
4	Ecolab/Install Steamer Into Wall & Replace Gas Lines(2595.63)	2014	1,402		20				4
5	Stanton Mechanical/Domestic Water Line Replace(6560.77)	2014	3,543		20				5
6	Stanton Mechanical/Fire Damper Repair(6658)	2014	3,595		20				6
7	Rocs Plumbing/Replace Piping Np1 Basement(13500)	2014	7,290		20				7
8	Stanton Mechanical/Fire Damper Repair(6425)	2014	3,470		20				8
9	Fox Valley/Pressure Gauge Fire Pump Room(3455)	2014	1,866		20				9
10	Crg Company/Round Tubing To Rail In East & South/East(4550)	2014	2,457		20				10
11	Crg Company/Orange Ave Gate Replacement(2600)	2014	1,404		20				11
12	Stanton Mechanical/Heat Exchanger Board Room(3800)	2014	2,052		20				12
13	Direct Supply/Hvac Units For Res Rooms(36600)	2014	36,600		20				13
14	Roc'S Plumbing/Replace Rtz Valve(10500)	2014	10,500		20				14
15	Tyco/Np2 Elevator Card Reader(3058)	2014	3,058		20				15
16	Reconstruct Pavilion Patio Into Meditation Garden	2014	4,008		20				16
17	Install Service Elevator Sprinkler System	2014	6,043		20				17
18	Heat Pump Compressors	2014	5,039		20				18
19	Repaired Leak In Drop Ceiling In Front Entrance Of Np	2014	2,913		20				19
20	Hitchcock Design/Memory Garden (8,436.37)	2015	4,556		20				20
21	Stone Forest/Memory Garden Fountain (3,243.00)	2015	1,751		20				21
22	Hitchcock Design/Memory Garden (5,057.58)	2015	2,731		20				22
23	Crg Co/Chapel Restroom Update (4,250.00)	2015	2,295		20				23
24	Stone Forest/Memory Garden (4,743.00)	2015	2,561		20				24
25	Anderson Lock/Card Reader Employee Patio (3,475.32)	2015	1,877		20				25
26	Manas Torcom/Café Floor (4,673.00)	2015	2,523		20				26
27	Thornapple Landscapes/Memory Garden (51,030.78)	2015	27,557		20				27
28	Thornapple Landscapes/Memory Garden (36,712.09)	2015	19,825		20				28
29	Thornapple Landscapes/Memory Garden (60,918.74)	2015	32,896		20				29
30	Thornapple Landscapes/Memory Garden (16,517.96)	2015	8,920		20				30
31	Keganivo Group/Memory Garden (4,500.00)	2015	2,430		20				31
32	Dominick Fedele/Tree Work (4,950.00)	2015	2,673		20				32
33	De Marr Sealcoating/Sealcoat Parking Lot (13,459.96)	2015	7,268		20				33
34	TOTAL (lines 1 thru 33)		\$ 19,632,042	\$		\$	\$	\$	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:

01/01/2018 Ending: 12/31/2018

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		\$ 19,632,042	\$		\$	\$	\$	1
2	Stanton Mechanical/Hot Water Boiler (6,767.00)	2015	3,654		20				2
3	Crestwood/Gp Upgrade (4,290.00)	2015	2,317		20				3
4	Elevator Technicians/Elevators (2,500.00)	2015	1,350		20				4
5	Stanton Mechanical/Hot Water Boiler (16,200.00)	2015	8,748		20				5
6	Crestwood/Gp Upgrade (2,802.95)	2015	1,514		20				6
7	Roc'S Plumbing/Drain Pipes (Board Room) (8,875.00)	2015	4,793		20				7
8	Roc'S Plumbing/Pavilion Ejector Pumps	2015	5,800		20				8
9	Anderson Lock/Admin Door	2015	3,475		20				9
10	Anderson Lock/Np Entry Door	2015	3,475		20				10
11	Anderson Lock/Digital Keypads	2015	4,671		20				11
12	Roc'S Plumbing/Hot Water Storage Tanks	2015	10,000		20				12
13	Anderson Lock/Lower Level Door Closures	2015	2,860		20				13
14	Centimark/Roof Repair	2015	4,950		20				14
15	Keganivo Group/Np Resident Interactive Area	2015	7,841		20				15
16	Roc'S Plumbing/Hot Water Storage Tank	2015	22,843		20				16
17	Schamback/Interactive Area-Demo/Electric/Floor/Paint/Drywall	2015	54,835		20				17
18	Anderson Lock/Np Interactive Area	2015	2,545		20				18
19	Westside Mechanical/Heat Pumps (2,503.24)	2015	591		20				19
20	Manas Torcom/Unit Flooring (4,167.46)	2015	984		20				20
21	Emcor Services/Heat Pumps (20,180.00)	2015	4,767		20				21
22	Nurse Call System	2015	2,569		20				22
23	Anderson Lock/Lower Level Auto Door Opener (2,614)	2016	1,303		5				23
24	Affordable Tuckpointing/Tuckpointing (3,710)	2016	1,848		10				24
25	Stanton Mechanical/Control System (124,200)	2016	61,913		10				25
26	Stanton Mechanical/Chiller	2016	133,800		20				26
27	Stanton Mechanical/Kitchen Make Up Air Handler	2016	73,890		20				27
28	Waukegan Roofing/Upper-Lower Roof	2016	201,062		20				28
29	Stanton Mechanical/Duct Work On Roof	2016	12,609		20				29
30	Krause Electrical/Kitchen Make Up Air	2016	14,998		20				30
31	Waukegan Roofing/Upper-Lower Roof	2016	134,260		20				31
32	Stanton Mechanical/Air Roof Top Replace	2016	9,000		20				32
33	Stanton Mechanical/Upper-Lower Roof	2016	12,221		20				33
34	TOTAL (lines 1 thru 33)		\$ 20,443,528	\$		\$	\$	\$	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:

01/01/2018 Ending: 12/31/2018

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 12D, Carried Forward		\$ 20,443,528	\$		\$	\$	\$	1
2	Stanton Mechanical/Upper-Lower Roof	2016	4,645		20				2
3	Stanton Mechanical/Upper-Lower Roof	2016	3,525		20				3
4	Stanton Mechanical/Air Roof Top Replace	2016	5,221		20				4
5									5
6	Waukegan Roofing/Upper-Lower Roof	2016	3,450		20				6
7	Np Lounge	2016	108,091		30				7
8	Fox Valley/Magnetic Door Holders	2016	2,720		5				8
9	Stanton Mechanical/Control System	2016	7,454		10				9
10	Air Roof Top Replacement	2016	28,123		20				10
11	Concrete Repair/Retaining Wall	2016	6,480		10				11
12	1st Floor Painting	2017	16,994		5				12
13	1st Floor Carpeting	2017	87,758		5				13
14	Admin Bathroom Remodel	2017	1,423		5				14
15	Concrete Patio	2017	10,099		30				15
16	Rehab Room Remodel - Design and architect drawings, finishes se	2017	6,739		5				16
17	Rehab Room Remodel - Shelving, Storage, & Mirrors	2017	3,897		5				17
18	1st Floor Carpeting	2017	1,234		5				18
19	Landscaping	2017	11,281		5				19
20	Landscaping Lighting	2017	4,462		5				20
21	Foundation Repair	2017	1,655		10				21
22	Lot Reseal	2017	5,635		3				22
23	Basement Tile	2017	2,398		10				23
24	Heat Pump - Nursing	2017	4,505		3				24
25	Fire Alarm Panel	2017	1,495		5				25
26									26
27	Dryvit Sheltered Care	2018	8,835		15				27
28	Tuckpointing	2018	910		10				28
29	Foundation Work	2018	3,091		10				29
30	Front Entry Canopy	2018	44,813		30				30
31	Boiler Replacement	2018	44,815		10				31
32	Terrace Carpet	2018	36,000		5				32
33	Paint Hallways Sheltered Care	2018	13,880		5				33
34	TOTAL (lines 1 thru 33)		\$ 20,925,153	\$		\$	\$	\$	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		\$ 20,925,153	\$		\$	\$	\$	1
2	Landscaping - Entryway	2018	4,003		10				2
3	HVAC	2018	2,174		10				3
4	Carpet Replace Sheltered Care	2018	1,920		5				4
5	Exit Doors	2018	843		3				5
6	Faraday Panel	2018	27,836		10				6
7	Fire Damper	2018	2,234		10				7
8	Skilled Nursing Unit Door	2018	2,419		3				8
9	Patient Wander Management System	2018	7,955		10				9
10	Nurse Call Patient Stations	2018	5,011		3				10
11	Cooling Tower (Roof)	2018	17,791		5				11
12	Rehab Room Renovation - Labor and materials for demolition, co	2018	30,978		5				12
13	Rehab Room Renovation - Curtains	2018	2,630		5				13
14	Rehab Room Renovation - Flooring	2018	1,704		5				14
15	Rehab Room Renovation - Lighting	2018	234		5				15
16	Rehab Room Renovation - Electrical	2018	454		5				16
17	Rehab Room Renovation - Plumbing	2018	542		5				17
18	Rehab Room Renovation - Cabinetry	2018	23		5				18
19	Rehab Room Renovation - Design	2018	1,094		5				19
20	Rehab Room Renovation - Wall Covering	2018	246		5				20
21	Rehab Room Renovation - Rehab Supplies, ie ballet bar, orientatio	2018	1,690		5				21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Depreciation Totals			987,769		987,769		4,487,262	33
34	TOTAL (lines 1 thru 33)		\$ 21,036,931	\$ 987,769		\$ 987,769	\$	\$ 4,487,262	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	\$ 2,656,165	\$ 160,890	\$ 160,890	\$	Various	\$ 1,435,686	71
72	Current Year Purchases	98,389	6,670	6,670		Various	6,670	72
73	Fully Depreciated Assets	232,510				Various	232,510	73
74								74
75	TOTALS	\$ 2,987,064	\$ 167,560	\$ 167,560	\$		\$ 1,674,866	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	Various	\$ 105,840	\$	\$	\$	5	\$ 105,840	76
77		Central States Bus Sales - 2008 F	2008	59,743				5	59,743	77
78		Small Pick Up Truck	2009	14,995				5	14,995	78
79										79
80	TOTALS			\$ 180,578	\$	\$	\$		\$ 180,578	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)	\$ 24,282,704	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,155,329	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,155,329	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)	\$ 6,342,706	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 Schedule	\$ 15,055,729	\$ 302,615	\$ 12,476,378	86
87	Note (expense is excluded from PG3 & 4)				87
88					88
89					89
90					90
91	TOTALS	\$ 15,055,729	\$ 302,615	\$ 12,476,378	91

G. Construction-in-Progress

	Description	Cost	
92	NP Elevator Replacement	\$ 118,573	92
93	Campus Master Plan	19,898	93
94			94
95		\$ 138,471	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.

**Central Baptist Village
12/31/18 Vehicles**

Class	Dept	Description	Placed in Service	Life Yr	Life Mo	Book Cost	1/1/2018 Beg Accum Depr	12 Months Depreciation	12/31/2018 End Accum Depr
ATAM	Admin	Vehicle - Hand	7/30/2004	5	60	53,990	53,990	-	53,990
ATAM	Admin	Vehicle - Buick	10/11/2004	5	60	21,128	21,128	-	21,128
ATAM	Admin	Vehicle - Ford	10/21/2005	5	60	30,722	30,722	-	30,722
ATAM	Admin	Vehicle - Bus (3/10/2008	5	60	59,743	59,743	-	59,743
ATAM	Admin	Vehicle - Small	4/8/2009	5	60	14,995	14,995	-	14,995
						180,578	180,578	-	180,578

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 3,185

Description: Vending Rental (Removed)

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	V10A	0.00 hrs	\$ 0	2,564	\$ 180,817	\$ 0	2,564	\$ 180,817	1
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	1,067	43,154	0	1,067	43,154	2
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00 hrs	0	3,973	261,281	0	3,973	261,281	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	0.00 hrs	0	0	0	0			8
9	Pharmacy	V39	0.00 # of prescrpts	0	0	0	161,340		161,340	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB/RADIOLOGY</u>	V39	0.00	0	0	0	16,380		16,380	12
13	Other (specify): <u>BILLABLE SUPPLIES</u>	V39	0.00	0	0	0	14,092		14,092	13
14	TOTAL			\$	7,604	\$ 485,252	\$ 191,812	7,604	\$ 677,064	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

0007435

Report Period Beginning: **01/01/2018**

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2018**

(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	\$ 860,866	\$	1
2	Cash-Patient Deposits	30,512		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>102,729</u>)	1,940,608		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	97,019		6
7	Other Prepaid Expenses	45,243		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Symbria Note Receivable</u>	2,933,227		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,907,475	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	32,341,627		12
13	Land	285,820		13
14	Buildings, at Historical Cost	28,696,480		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	10,356,133		16
17	Accumulated Depreciation (book methods)	(18,819,083)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,300,762		21
22	Other Long-Term Assets (specify <u>CIP</u>)	138,472		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 55,300,211	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 61,207,686	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 832,023	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	740,967		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,785		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	<u>Security Deposits</u>	307,384		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,884,159	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	19,150,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Unamortized bond premium</u>	(173,824)		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 18,976,176	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 20,860,335	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 40,347,351	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 61,207,686	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 42,577,518	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 42,577,518	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(632,143)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	21,563	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) CHANGE IN PERPETUAL TRUST	(1,322,151)	15
16	Other (describe) NET ASSETS RELEASED FROM RESTRICT	(318,123)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,250,854)	17
	B. Transfers (Itemize):		
18	ILU net asset activity for the year	20,683	18
19	ROUNDING	3	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 20,686	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 40,347,351	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,132,998	1
2	Discounts and Allowances for all Levels	(1,745,907)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,387,091	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,779,980	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,779,980	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	240	12
13	Barber and Beauty Care	5,161	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	198,840	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	12,366	19
20	Radiology and X-Ray	18,879	20
21	Other Medical Services	54,172	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 289,658	23
D. Non-Operating Revenue			
24	Contributions	345,666	24
25	Interest and Other Investment Income***	(1,025,335)	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ (679,669)	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/IL</u>		28
28a	<u>Misc Revenue</u>	28,134	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 28,134	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,805,194	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,603,755	31
32	Health Care	5,182,600	32
33	General Administration	3,803,811	33
B. Capital Expense			
34	Ownership	1,159,532	34
C. Ancillary Expense			
35	Special Cost Centers	406,308	35
36	Provider Participation Fee	281,331	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,437,337	40
41	Income before Income Taxes (line 30 minus line 40)**	(632,143)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (632,143)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,402,105	44
45	Private Pay - Net Inpatient Revenue	7,132,090	45
46	Medicare - Net Inpatient Revenue	1,785,901	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	2,888,287	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(1,821,292)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,387,091	49

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

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

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

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

Facility Name & ID Number Central Baptist Village

0007435

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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	2,000	2,080	\$ 133,803	\$ 64.33	1
2	Assistant Director of Nursing	1,880	2,080	84,943	40.84	2
3	Registered Nurses	30,076	34,487	1,290,399	37.42	3
4	Licensed Practical Nurses	12,702	14,423	428,137	29.68	4
5	CNAs & Orderlies	93,908	104,497	1,551,056	14.84	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,179	1,227	37,503	30.56	9
10	Activity Assistants	11,181	12,344	171,507	13.89	10
11	Social Service Workers	2,992	3,629	80,058	22.06	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	8,026	8,862	123,949	13.99	13
14	Head Cook	1,456	1,578	32,149	20.37	14
15	Cook Helpers/Assistants	45,639	49,738	607,354	12.21	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	4,976	5,516	81,803	14.83	17
18	Housekeepers	12,723	14,241	162,772	11.43	18
19	Laundry	4,569	4,888	56,684	11.60	19
20	Administrator	3,870	4,201	349,845	83.28	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	9,966	11,089	426,666	38.48	22
23	Office Manager	1,345	1,554	51,415	33.09	23
24	Clerical	4,132	4,523	57,999	12.82	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,198	1,349	20,386	15.11	31
32	Other Health Care(specify)	7,895	33,318	659,208	19.79	32
33	Other(specify)	5,939	6,674	287,133	43.02	33
34	TOTAL (lines 1 - 33)	267,652	322,298	\$ 6,694,769 *	\$ 20.77	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	2,080	\$ 52,900	01-03	35
36	Medical Director	208	35,655	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	1	53	10-03	43
44	Activity Consultant	14	970	11-03	44
45	Social Service Consultant	28	1,820	12-03	45
46	Other(specify) <u>Morrison Mgmt Fees</u>	455	34,152	01-03	46
47	<u>Morrison Mgmt Fees</u>	469	35,184	06-03	47
48	<u>Morrison Mgmt Fees</u>	342	25,692	03-03	48
49	TOTAL (lines 35 - 48)	3,597	\$ 186,426		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

Facility Name & ID Number Central Baptist Village# 0007435Report Period Beginning: 01/01/2018Ending: 12/31/2018**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. Leading Age - \$14,834
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5 - 10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 71,857 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 281,331
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. \$ 21,637 Has any meal income been offset against related costs? YES Indicate the amount. \$ 6,750
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? YES
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? 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? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: PLANTE MORAN, PLLC
- (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. N/A
Attach invoices and a summary of services for all architect and appraisal fees