FOR BHF USE

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0048819

Facility Name: Bridgeway Christian Village Rehab & SNF

Address: 111 East Washington Street (Number) Bensenville (City) 60106 (Zip Code)

County: Du Page

Telephone Number: 630-766-5800 **Fax #** 630-766-5473

HFS ID Number:

Date of Initial License for Current Owners: 7/1/2007

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

IRS Exemption Code 501c3

In the event there are further questions about this report, please contact:
Name: Susan McGhee **Telephone Number:** 314-587-7903
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2009 to June 30, 2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Tim Phillippe
(Title) Chief Executive Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title) Allan B. Larson, CPA, Principal
(Firm Name & Address) LarsonAllen LLP, 600 Washington Avenue, Suite 1800, St. Louis, MO 63101
(Telephone) 314-925-4379 Fax # 314-925-4350

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	222	Skilled (SNF)	222	81,030	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	222	TOTALS	222	81,030	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	30,777	10,447	17,186	58,410	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,777	10,447	17,186	58,410	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.08%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Emergency maint. and Chaplain services provided for independent living residents

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 [X] NO [ ]

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

I. On what date did you start providing long term care at this location?
Date started 7/1/2007

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/30/07 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 222 and days of care provided 15,167

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 06/30/2010 Fiscal Year: 06/30/2010

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	580,274	55,688	78,109	714,071		714,071		714,071			1
2	Food Purchase		423,529		423,529		423,529	(12,640)	410,889			2
3	Housekeeping	288,670	33,838	183,477	505,985		505,985		505,985			3
4	Laundry		355	7,692	8,047		8,047		8,047			4
5	Heat and Other Utilities			397,827	397,827		397,827	15,464	413,291			5
6	Maintenance	228,847	13,018	218,518	460,383		460,383	(23,713)	436,670			6
7	Other (specify):*											7
8	TOTAL General Services	1,097,791	526,428	885,623	2,509,842		2,509,842	(20,889)	2,488,953			8
	B. Health Care and Programs											
9	Medical Director			53,604	53,604		53,604		53,604			9
10	Nursing and Medical Records	4,814,376	926,820	47,191	5,788,387	(567,732)	5,220,655	(16,226)	5,204,429			10
10a	Therapy		136	1,801,818	1,801,954		1,801,954		1,801,954			10a
11	Activities	146,544	629	2,652	149,825		149,825		149,825			11
12	Social Services	186,074	22,472	10,859	219,405		219,405		219,405			12
13	CNA Training											13
14	Program Transportation			1,012	1,012		1,012	(1,012)				14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,146,994	950,057	1,917,136	8,014,187	(567,732)	7,446,455	(17,238)	7,429,217			16
	C. General Administration											
17	Administrative	160,870		691,711	852,581		852,581	(555,698)	296,883			17
18	Directors Fees											18
19	Professional Services			32,155	32,155		32,155	63,359	95,514			19
20	Dues, Fees, Subscriptions & Promotions			45,306	45,306		45,306		45,306			20
21	Clerical & General Office Expenses	338,644	35,714	151,186	525,544		525,544	279,055	804,599			21
22	Employee Benefits & Payroll Taxes			1,228,679	1,228,679		1,228,679	61,072	1,289,751			22
23	Inservice Training & Education											23
24	Travel and Seminar			22,379	22,379		22,379	29,807	52,186			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			123,278	123,278		123,278	(27,590)	95,688			26
27	Other (specify):* Marketing	132,968	15,265	40,817	189,050		189,050	(189,050)				27
28	TOTAL General Administration	632,482	50,979	2,335,511	3,018,972		3,018,972	(339,045)	2,679,927			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,877,267	1,527,464	5,138,270	13,543,001	(567,732)	12,975,269	(377,172)	12,598,097			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 Bridgeway Christian Village Rehab & SNF #0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			438,530	438,530		438,530	(50,415)	388,115			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			512,189	512,189		512,189	(122,303)	389,886			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			63,813	63,813		63,813		63,813			35
36	Other (specify):*											36
37	TOTAL Ownership			1,014,532	1,014,532		1,014,532	(172,718)	841,814			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			269,846	269,846	567,732	837,578		837,578			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			121,545	121,545		121,545		121,545			42
43	Other (specify):* Apt/Congregate			34	34		34		34			43
44	TOTAL Special Cost Centers			391,425	391,425	567,732	959,157		959,157			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,877,267	1,527,464	6,544,227	14,948,958		14,948,958	(549,890)	14,399,068			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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(18,489)	2		4
5	Telephone, TV & Radio in Resident Rooms	(31,830)	6		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	(25,104)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(100)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(21,894)	21		24
25	Fund Raising, Advertising and Promotional	(189,050)	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	(297,108)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (583,575)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 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)	33,685	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 33,685		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (549,890)		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 Yes	2 No	3 Amount	4 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	X		567,732	10-2	43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$ 567,732		47

STATE OF ILLINOIS

Bridgeway Christian Village Rehab & SNF

ID# 0048819

Report Period Beginning: July 1, 2009

Ending: June 30, 2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Miscellaneous	$ (16,226)	10	1
2	Late Fees, Finance Charges	(30)	21	2
3	Transportation	(1,012)	14	3
4	Office Space Rental - Interest Expense	(112,053)	32	4
5	Office Space Rental - Insurance	(30,000)	26	5
6	Office Space Rental - Depreciation	(90,398)	30	6
7	Charity Care	(53,238)	21	7
8	Vending Revenue	5,849	2	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**	(297,108)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF **#** 0048819 **Report Period Beginning:** July 1, 2009 **Ending:** June 30, 2010

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(12,640)	0	0	0	0	0	0	0	0	0	0	(12,640)	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	15,464	0	0	0	0	0	0	0	0	0	15,464	5
6	Maintenance	(31,830)	8,117	0	0	0	0	0	0	0	0	0	(23,713)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(44,470)	23,581	0	0	0	0	0	0	0	0	0	(20,889)	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	(16,226)	0	0	0	0	0	0	0	0	0	0	(16,226)	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	(1,012)	0	0	0	0	0	0	0	0	0	0	(1,012)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(17,238)	0	0	0	0	0	0	0	0	0	0	(17,238)	16
	C. General Administration													
17	Administrative	0	(555,698)	0	0	0	0	0	0	0	0	0	(555,698)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	63,359	0	0	0	0	0	0	0	0	0	63,359	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(75,262)	354,317	0	0	0	0	0	0	0	0	0	279,055	21
22	Employee Benefits & Payroll Taxes	0	61,072	0	0	0	0	0	0	0	0	0	61,072	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	29,807	0	0	0	0	0	0	0	0	0	29,807	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(30,000)	2,410	0	0	0	0	0	0	0	0	0	(27,590)	26
27	Other (specify):*	(189,050)	0	0	0	0	0	0	0	0	0	0	(189,050)	27
28	**TOTAL General Administration**	(294,312)	(44,733)	0	0	0	0	0	0	0	0	0	(339,045)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(356,020)	(21,152)	0	0	0	0	0	0	0	0	0	(377,172)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 **Report Period Beginning:** July 1, 2009 **Ending:** June 30, 2010

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

	Capital Expense D. Ownership	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)	
30	Depreciation	(90,398)	39,983	0	0	0	0	0	0	0	0	0	(50,415)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(137,157)	14,854	0	0	0	0	0	0	0	0	0	(122,303)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(227,555)	54,837	0	0	0	0	0	0	0	0	0	(172,718)	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)**	(583,575)	33,685	0	0	0	0	0	0	0	0	0	(549,890)	45

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached listing of Board of Directors						

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	$	Midwest Christian Villages, Inc. dba: Christian Homes, Inc.	100.00%	$ 15,464	$ 15,464	1
2	V	6	Maintenance				8,117	8,117	2
3	V	17	Administration	691,711			136,013	(555,698)	3
4	V	19	Professional Services				63,359	63,359	4
5	V	21	Clerical				354,317	354,317	5
6	V	22	Employee Benefits				61,072	61,072	6
7	V	24	Travel and Seminar				29,807	29,807	7
8	V	26	Insurance				2,410	2,410	8
9	V	30	Depreciation				39,983	39,983	9
10	V	32	Interest				14,854	14,854	10
11	V								11
12	V								12
13	V								13
14	Total			$ 691,711			$ 725,396	$ * 33,685	14

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	This workpaper is not applicable								$		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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: ne 30, 2010

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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Illinois Finance Authority		X	Purchase Facility		6/30/07	$ 9,736,678	$ 9,736,678		0.0567	$ 512,189	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	**TOTAL Facility Related**						$ 9,736,678	$ 9,736,678			$ 512,189	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	**TOTAL Non-Facility Related**						$	$			$	14
15	**TOTALS (line 9+line14)**						$ 9,736,678	$ 9,736,678			$ 512,189	15

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF **#** 0048819 **Report Period Beginning:** July 1, 2009 **Ending:** June 30, 2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 2010 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:		
	2005	8
	2006	9
	2007	10
	2008	11
	2009	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2009	$	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.

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bridgeway Christian Village Rehab & SNF COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0048819

CONTACT PERSON REGARDING THIS REPORT Susan McGhee

TELEPHONE 217-732-5175 FAX #: 217-732-8686

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	N/A	N/A	$ N/A	$
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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 124,352 B. General Construction Type: Exterior Brick Frame Steel and Wood 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. [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).

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.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Home Office Allocation			$ 11,069	1
2					2
3	TOTALS			$ 11,069	3

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	222		2007	1975	$ 5,013,500	$ 200,540	25	$ 200,540	$	$ 701,890	4
5											5
6											6
7											7
8	Home Office Allocation				114,174	8,482		8,482		227,610	8
	Improvement Type**										
9	Floors for coolers & freezers			3/28/2008	4873.89	487	10	487		1137.24	9
10	Eldercare Interiors Project-Professional			6/1/2008	4678.30	234	20	234		487.33	10
11	Oxygen Storage Room-General contracting			6/1/2008	1389.00	69	20	69		144.69	11
12	Professional Architectural Services			6/1/2008	32518.22	1,626	20	1,626		3387.31	12
13	Prep walls for painting-Southeast wing			6/1/2008	13275.00	664	20	664		1382.81	13
14	(12) 9500 BTU cooling units			6/1/2008	16680.00	1,668	10	1,668		3475.00	14
15	B-Wing and Therapy renovations,			6/1/2008	846416.46	42,321	20	42,321		88168.38	15
16	Engineer Consulting Services-			6/1/2008	48790.44	2,440	20	2,440		5082.33	16
17	MTR Universal Fusion Tilt Wall Mount			6/1/2008	2070.92	207	10	207		431.44	17
18	(29) Duett Standard toilet tissue			6/1/2008	558.85	56	10	56		116.44	18
19	2 Cisco IP telephone 48 port voice over			6/1/2008	20504.60	2,050	10	2,050		4271.79	19
20	Countertops, cabinets, shelves			6/1/2008	20848.40	1,042	20	1,042		2171.71	20
21	Nurse Call System			6/1/2008	16842.20	842	20	842		1754.40	21
22	Install 10 cable lines and straighten			6/1/2008	5242.84	524	10	524		1092.25	22
23	Site survey, hydraulic calculations			6/1/2008	925.00	93	10	93		192.71	23
24	Install new windows, reglaze windows			6/1/2008	2200.40	220	10	220		458.42	24
25	Fitting-Outdoor water main-parking lot			6/1/2008	6865.87	343	20	343		715.19	25
26	Resurface doors			6/1/2008	9800.00	980	10	980		2041.67	26
27	Surface mounted cabinets			6/1/2008	1839.58	92	20	92		191.62	27
28	Carpet & Installation			6/1/2008	158637.88	15,864	10	15,864		33049.56	28
29	Sentronics device & room signs			6/1/2008	1542.66	154	10	154		321.40	29
30	(60) Replacement escuetcheon for			6/1/2008	1174.20	59	20	59		122.31	30
31	SnackShop ceiling & countertop			6/1/2008	3120.27	156	20	156		325.02	31
32	Cabinets & set of tops			6/1/2008	929.84	46	20	46		96.85	32
33	Trace all resident cables to main closet			6/1/2008	9701.49	970	10	970		2021.15	33
34	Programming & Schematic Phase			6/1/2008	7466.70	373	20	373		777.79	34
35	Exterior lights			7/1/2008	12440.00	1,244	10	1,244		2488.00	35
36	Courtyard wallpacks work			8/1/2008	5400.00	540	10	540		1035.00	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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Roof- Downpayment & north end	9/30/2008	$ 97254.00	$ 4,863	20	$ 4,863	$	$ 8914.95	37
38	Blower Assembly - Lobby	11/11/2008	6799.00	680	10	680		1133.17	38
39	A wing - Exterior wall repairs	11/14/2008	6950.00	695	10	695		1158.33	39
40	Ejector pump	1/23/2009	9100.00	910	10	910		1365.00	40
41	Cabling - C Wing	3/23/2009	2423.05	242	10	242		323.08	41
42	Heat Exchange for Boiler	6/11/2009	11586.00	1,159	10	1,159		1255.15	42
43	Parking Lot Light Pole	2/18/2010	1960.00	82	10	82		81.67	43
44	Roof	11/1/2009	126783.00	8,452	10	8,452		8452.20	44
45	C Wing Refurb	4/30/2010	577855.76	14,447	10	14,447		14446.39	45
46	Install 2 new sidewalks	4/1/2007	2237.50	149	15	149		484.80	46
47	Install 350 sq ft sidewalk	1/1/2007	932.75	187	05	187		652.93	47
48	Install 3 Sidewalks	1/1/2007	9104.17	1,821	05	1,821		6372.91	48
49	Landscaping	1/1/2007	2462.21	492	05	492		1723.54	49
50	Ashphalt parking lotPatch pot holes	9/13/2007	2000.00	400	05	400		1133.33	50
51	Landscaping, lay new sod	6/1/2008	1727.60	173	10	173		359.92	51
52	Watermain	4/1/2009	4595.00	460	10	460		574.38	52
53	Replace Water Main	8/31/2009	14220.00	1,304	10	1,304		1303.50	53
54	Repaving Project	8/31/2009	284445.00	32,591	08	32,591		32592.66	54
55	Office Space Rental			(86,946)		(86,946)			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)		$ 7,546,842	$ 266,547		$ 266,547	$	$ 1,168,768	70

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	$ 556,043	$ 76,944	$ 76,944	$		$ 205,979	71
72	Current Year Purchases	137,635	6,938	6,938			6,938	72
73	Fully Depreciated Assets	26,217	6,185	6,185			26,217	73
74	Home Office Allocation	366,031	27,192	27,192			55,694	74
75	TOTALS	$ 1,085,926	$ 117,259	$ 117,259	$		$ 294,828	75

D. Vehicle Depreciation (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	Home Office Allocation			$ 57,996	$ 4,309	$ 4,309	$		$ 20,480	76
77										77
78										78
79										79
80	TOTALS			$ 57,996	$ 4,309	$ 4,309	$		$ 20,480	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)	$ 8,701,833	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 388,115	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 388,115	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)	$ 1,484,076	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	2005 Chevy Silverado, acquired in 2007	$ 20,708	$ 3,451	$ 20,708	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 20,708	$ 3,451	$ 20,708	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	$ 83,701	92
93			93
94			94
95		$ 83,701	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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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:	N/A			$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☒ X NO Terms: *

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.	/2011	$
13.	/2012	$
14.	/2013	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ X NO
16. Rental Amount for movable equipment: $ 63,813 Description: See attached schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

Bridgeway Christian Village does not train C N A's. They hire them already certified.

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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

		1	2	3	4	5	6	7	8	
	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	10a-3	hrs	$	11,809	$ 734,871	$	11,809	$ 734,871	1
2	Licensed Speech and Language Development Therapist	10a-3	hrs		3,316	217,842		3,316	217,842	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a-3	hrs		13,727	849,105		13,727	849,105	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							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			$	28,852	$ 1,801,818	$	28,852	$ 1,801,818	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.

STATE OF ILLINOIS

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XV. BALANCE SHEET - Unrestricted Operating Fund. As of June 30, 2010 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,924,064	$	1
2	Cash-Patient Deposits	61,777		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 54,154)	1,629,833		3
4	Supply Inventory (priced at)	23,960		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,283		6
7	Other Prepaid Expenses	8,831		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from Corp, and Other	40,604		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,690,352	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	7,110,944		14
15	Leasehold Improvements, at Historical Cost	321,724		15
16	Equipment, at Historical Cost	740,603		16
17	Accumulated Depreciation (book methods)	(1,201,000)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	44,282		21
22	Other Long-Term Assets (spe **Deferred Fin Costs**	45,869		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,062,422	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,752,774	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 380,485	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	61,777		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	667,260		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	87,630		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Liabilities	41,136		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,238,288	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	9,736,678		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 9,736,678	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 10,974,966	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 777,808	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 11,752,774	$	48

*(See instructions.)

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (114,234)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (114,234)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	892,041	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) **Rounding Variance**	1	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 892,042	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)**	$ 777,808	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 16,129,128	1
2	Discounts and Allowances for all Levels	(7,512,943)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,616,185	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,460,507	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,460,507	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		12
13	Barber and Beauty Care	5,200	13
14	Non-Patient Meals	18,489	14
15	Telephone, Television and Radio	628	15
16	Rental of Facility Space		16
17	Sale of Drugs	183,981	17
18	Sale of Supplies to Non-Patients	913	18
19	Laboratory	92,411	19
20	Radiology and X-Ray	48,821	20
21	Other Medical Services	365,735	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 716,178	23
	D. Non-Operating Revenue		
24	Contributions	12,648	24
25	Interest and Other Investment Income***	25,104	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 37,752	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending and Miscellaneous Income	10,377	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 10,377	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,840,999	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,509,842	31
32	Health Care	8,014,187	32
33	General Administration	3,018,972	33
	B. Capital Expense		
34	Ownership	1,014,532	34
	C. Ancillary Expense		
35	Special Cost Centers	269,880	35
36	Provider Participation Fee	121,545	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 14,948,958	40
41	**Income before Income Taxes (line 30 minus line 40)****	892,041	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 892,041	43

***** 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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	5,732	5,732	$ 301,070	$ 52.52	1
2	Assistant Director of Nursing	506	506	22,146	43.77	2
3	Registered Nurses	41,307	44,894	1,426,644	31.78	3
4	Licensed Practical Nurses	24,671	26,143	642,500	24.58	4
5	CNAs & Orderlies	129,738	136,852	1,772,842	12.95	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,013	6,013	93,331	15.52	8
9	Activity Director	2,020	2,020	45,946	22.75	9
10	Activity Assistants	8,011	8,011	100,598	12.56	10
11	Social Service Workers	5,917	7,344	140,247	19.10	11
12	Dietician					12
13	Food Service Supervisor	8,916	8,916	181,554	20.36	13
14	Head Cook					14
15	Cook Helpers/Assistants	38,190	40,387	398,720	9.87	15
16	Dishwashers					16
17	Maintenance Workers	11,742	12,524	228,847	18.27	17
18	Housekeepers	24,042	25,735	289,852	11.26	18
19	Laundry					19
20	Administrator	2,020	2,020	160,870	79.64	20
21	Assistant Administrator					21
22	Other Administrative	3,051	3,051	82,167	26.93	22
23	Office Manager	2,044	2,044	44,536	21.79	23
24	Clerical	10,308	11,928	169,715	14.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,913	1,913	45,827	23.96	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,969	6,969	95,269	13.67	31
32	Other Health C: Nursing Superviso	13,625	13,625	459,392	33.72	32
33	Other(specify) Marketing, Direct	5,850	5,850	175,194	29.95	33
34	TOTAL (lines 1 - 33)	352,585	372,477	$ 6,877,267 *	$ 18.46	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	1,037	$ 49,662	ln 1, col 3	35
36	Medical Director	720	53,604	ln 9, col 3	36
37	Medical Records Consultant	35	360	ln 10, col 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	216	5,665	ln 10, col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	147	7,277	ln 12, col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	2,155	$ 116,568		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	649	11,809	ln 10, col 3	52
53	TOTAL (lines 50 - 52)	649	$ 11,809		53

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John Hurley	Administrator	0	$ 160,870
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 160,870

B. Administrative - Other

Description	Amount
Management Fee Expense	$ 691,711
TOTAL (agree to Schedule V, line 17, col. 3)	$ 691,711
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
My Innerview	Professional Survey	$ 1,853
Allen Egos International	Recruitment	5,500
Smith, Hemmesch, Burke, Brannigar	Tax/Legal Services	60
Davis & Campbell	Legal Services	24,232
Receivable Management Services	Collection Services	510
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 32,155

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 147,816
Unemployment Compensation Insurance	56,243
FICA Taxes	498,445
Employee Health Insurance	445,137
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	19,804
Employee Uniforms	1,686
Employee Expense	50,048
457 Plan Expense	9,500
Home Office Allocation	61,072
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,289,751

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	29,536
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
License	3,060
Dues	8,796
Subscriptions	2,964
Miscellaneous (See Attachment)	950
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 45,306

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 206
In-State Travel	10,063
Seminar Expense	12,137
Home Office Allocation	29,807
Entertainment Expense	(27)
TOTAL (agree to Sch. V, line 24, col. 8)	$ 52,186

**See instructions.

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 2010

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	This workpaper is not applicable		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2009 Ending: June 30, 201

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. **Life Services Network - $6,506.04**

(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?

(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?

(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 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **80,511** 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.

(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. $ **121,545**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **18,489**

(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. $
c. What percent of all travel expense relates to transportation of nurses and patients? **None**
d. Have vehicle usage logs been maintained? **No**
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? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **LarsonAllen LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.