FOR BHF USE

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0012328

Facility Name: Apostolic Christian Home of Eureka

Address: 610 West Cruger (Number) Eureka (City) 61530 (Zip Code)

County: Woodford

Telephone Number: (309) 467-2311 Fax # (309) 467-2584

HFS ID Number:

Date of Initial License for Current Owners: 1966

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501c(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Thomas A. Hoffman Telephone Number: (309) 467-2311
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 01/01/2012 to 12/31/2012 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) Thomas A. Hoffman
(Title) Administrator

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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 11/30/12

	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	75	Skilled (SNF)	91	27,962	1
2		Skilled Pediatric (SNF/PED)			2
3	27	Intermediate (ICF)	11	9,370	3
4		Intermediate/DD		-	4
5	10	Sheltered Care (SC)	10	3,660	5
6		ICF/DD 16 or Less		-	6
7	112	TOTALS	112	40,992	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	5,287	20,615	1,015	26,917	8
9	SNF/PED					9
10	ICF	834	7,812		8,646	10
11	ICF/DD	-	-			11
12	SC	-	2,988		2,988	12
13	DD 16 OR LESS	-	-			13
14	TOTALS	6,121	31,415	1,015	38,551	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 0.940451795

D. How many bed-hold days during this year were paid by the Department? (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)
Apartment, Duplex, Condominium

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 1966

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date 1966 NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 91 and days of care provided 1,015

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	379,028	18,430	18,594	416,052		416,052		416,052			1
2	Food Purchase		270,582		270,582		270,582	(20,499)	250,083			2
3	Housekeeping	141,685	32,994	1,928	176,607		176,607	(3,661)	172,946			3
4	Laundry	135,779	9,562	3,571	148,912		148,912		148,912			4
5	Heat and Other Utilities			238,348	238,348		238,348	(40,612)	197,736			5
6	Maintenance	156,045	15,661	65,081	236,787		236,787	(29,074)	207,713			6
7	Other (specify):*											7
8	TOTAL General Services	812,537	347,229	327,522	1,487,288		1,487,288	(93,846)	1,393,442			8
	B. Health Care and Programs											
9	Medical Director			4,800	4,800		4,800		4,800			9
10	Nursing and Medical Records	3,187,057	43,911	43,793	3,274,761	34,008	3,308,769		3,308,769			10
10a	Therapy	60,070	2,356	151,461	213,887		213,887	(1,390)	212,497			10a
11	Activities	223,502	4,128	6,464	234,094		234,094	(102)	233,992			11
12	Social Services	69,636	331	740	70,707		70,707		70,707			12
13	CNA Training					12,198	12,198	(958)	11,240			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,540,265	50,726	207,258	3,798,249	46,206	3,844,455	(2,450)	3,842,005			16
	C. General Administration											
17	Administrative	198,067			198,067		198,067	(24,162)	173,905			17
18	Directors Fees											18
19	Professional Services			31,472	31,472		31,472		31,472			19
20	Dues, Fees, Subscriptions & Promotions			28,157	28,157	1,050	29,207	(7,797)	21,410			20
21	Clerical & General Office Expenses	129,507	9,253	49,807	188,567	(818)	187,749	(17,067)	170,682			21
22	Employee Benefits & Payroll Taxes			1,037,532	1,037,532		1,037,532	(11,256)	1,026,276			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,875	4,875	(232)	4,643		4,643			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			84,000	84,000		84,000	(14,026)	69,974			26
27	Other (specify):*											27
28	TOTAL General Administration	327,574	9,253	1,235,843	1,572,670		1,572,670	(74,308)	1,498,362			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,680,376	407,208	1,770,623	6,858,207	46,206	6,904,413	(170,604)	6,733,809			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 Apostolic Christian Home of Eureka #0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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			415,097	415,097		415,097	(68,827)	346,270			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			17,236	17,236		17,236	(17,236)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			432,333	432,333		432,333	(86,063)	346,270			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		106,424	5,883	112,307	(46,206)	66,101		66,101			39
40	Barber and Beauty Shops			26,467	26,467		26,467		26,467			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			266,208	266,208		266,208		266,208			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		106,424	298,558	404,982	(46,206)	358,776		358,776			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,680,376	513,632	2,501,514	7,695,522		7,695,522	(256,667)	7,438,855			45

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

FOR LINES 1 THRU 28 AND 31 THRU 33, ENTER ONLY ONE LINE REFERENCE PER ROW. IF SIMILAR ADJUSTMENTS ARE MADE TO MORE THAN ONE LINE, ENTER THE ADDITIONAL ADJUSTMENTS ON LINES 29 OR 35 OF THIS SCHEDULE AND DETAIL THEM ON PAGE 5A.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	(20,499)	2.2		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	(6,234)	30.3		9
10	Interest and Other Investment Income		32.3		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				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				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(958)	13		27
28	Yellow Page Advertising		20.3		28
29	Other-Attach Schedule	(228,976)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (256,667)		$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	$		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (256,667)		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.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			$		47

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

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 [x] 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			$			$	$	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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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									$		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.

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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							$	$			$ -	1
2											-	2
3											-	3
4											-	4
5											-	5
	Working Capital											
6											-	6
7											-	7
8											-	8
9	TOTAL Facility Related						$	$			$ -	9
	B. Non-Facility Related*											
10											-	10
11											-	11
12											-	12
13											-	13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 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 2012 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:			
	2007		8
	2008		9
	2009		10
	2010		11
	2011		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2011 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2011 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2011.

Please complete the Real Estate Tax Statement below and include it in the 2012 cost report along with a copy of your 2011 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Apostolic Christian Home of Eureka COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0012328

CONTACT PERSON REGARDING THIS REPORT Thomas A. Hoffman

TELEPHONE (309) 467-2311 FAX #: (309) 467-2584

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 42,865 B. General Construction Type: Exterior Brick Frame Protected Ord. & Fire Resistance Number of Stories One

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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	Nursing Home	63,500	1963	$ 58,945	1
2					2
3	TOTALS	63500		$ 58945	3

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	62		1966	1966	$ 488,404	$	40	$	$	$ 488,404	4
5	38		1975	1975	605,234	15,091	40	15,131	40	553,379	5
6	11		1994	1994	1,522,126	38,053	39	39,029	976	716,209	6
7	4		1994	1994	226,582	6,237	39	5,810	(427)	104,670	7
8				1989	3,512		20			3,512	8
	Improvement Type**										
9	1967 - 1990			1967	245,825		40			245,825	9
10	Cubicle Curtain Track			1991	850		20			850	10
11	Carpeting/Woodwork			1991	795		20			795	11
12	Key Pads/Door System			1991	2,670		20			2,670	12
13	Thermo Mixing Valves			1991	3,310		20			3,310	13
14	Air Conditioning Unit			1991	3,012		10			3,012	14
15	Wall Air Conditioning Unit			1991	910		10			910	15
16	Patio			1991	2,150		20			2,150	16
17	Asphalt Parking			1992	8,938	223	20	181	(42)	8,938	17
18	Trees & Shrubs			1992	403	10	20	11	1	403	18
19	Radiator Covers			1992	5,500	138	20	7	(131)	5,500	19
20	Plumbing Upgrade			1992	2,348	59	20	12	(47)	2,348	20
21	Shed			1992	2,000	50	20	44	(6)	2,000	21
22	Alarm System			1992	4,520	113	20	112	(1)	4,520	22
23	Lock Sets			1992	1,207	30	20	60	30	1,205	23
24	Water Heater			1992	10,252		10			10,252	24
25	Air Conditioner			1992	886		10			886	25
26	Air Conditioner			1992	926		10			926	26
27	Air Conditioner			1992	858		10			858	27
28	Drapes and Rods			1992	1,057		10			1,057	28
29	Fireplace Glass			1992	587		10			587	29
30	Air Conditioner			1993	1,303		10			1,303	30
31	Fountain Lights			1993	1,179		10			1,179	31
32	Exterior Lighting			1993	850	42	20	42		850	32
33	Hallway Remodeling			1993	2,383	119	20	119		2,344	33
34	Kitchen Flooring			1993	2,441		20	122	122	2,385	34
35	Office Addition			1994	57,234	1,431	39	1,468	37	27,405	35
36	Roof			1994	17,577	879	20	879		16,041	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

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Interior Hallway	1994	$ 7,134	$	10	$	$	$ 7,134	37
38	Phone System	1994	13,120		10			13,120	38
39	Air Conditioner	1995	1,158		10			1,158	39
40	Drapes	1995	529		10			529	40
41	Remodel	1995	5,366		5			5,366	41
42	Improvements	1995	3,293		10			3,293	42
43	Roof & Insulation	1995	21,002	1,050	20	1,050		18,379	43
44	Building Improvements	1995	7,787		10			7,787	44
45	Life Safety Code	1995	21,125	1,056	20	1,056		17,998	45
46	Air Conditioner	1996	485		10			485	46
47	Phone System-Social Service	1996	1,201		10			1,201	47
48	Air Conditioner	1996	2,886		10			2,886	48
49	Water Softner	1996	3,442		10			3,442	49
50	Social Service Office Remodel	1996	2,750	207	20	138	(69)	2,683	50
51	Life Safety Code	1996	8,113	336	20	406	70	6,511	51
52	Life Safety Door	1996	5,061	253	20	253		4,250	52
53	Front Room Wallpaper	1996	1,008		10			1,008	53
54	Ventilation & A/C System	1996	5,990		10			5,990	54
55	Front Room Carpet	1996	2,432		20	122	122	2,023	55
56	Guttering System	1996	3,355	168	20	168		2,779	56
57	Air Conditioning	1996	9,314	466	20	466		7,710	57
58	Air Conditioning	1996	1,008	50	20	50		819	58
59	Cabinetry in Tub Room	1996	2,945		10			2,945	59
60	Air Conditioning & Ventilation System	1996	8,942	447	20	447		7,283	60
61	Speaker System	1996	3,798		10			3,798	61
62	Life Safety Ventilation System	1996	798	40	20	40		648	62
63	Six Air Conditioners	1997	2,882		10			2,882	63
64	Water Heater	1997	5,871		10			5,871	64
65	Wall Fountain	1997	653		10			653	65
66	Draperys	1997	2,839		10			2,839	66
67	Smoke Detectors	1997	3,103		10			3,103	67
68	Carpeting	1997	3,525	176	20	176		2,669	68
69	Hall Remodeling	1997	16,641	832	20	832		12,619	69
70	TOTAL (lines 4 thru 69)		$ 3,407,385	$ 67,556		$ 68,231	$ 675	$ 2,378,544	70

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,407,385	$ 67,556		$ 68,231	$ 675	$ 2,378,544	1
2	1998 - 1999	1998	25,289		10			25,289	2
3	Seven Air Conditioners	2000	3,626		10			3,626	3
4	Air Conditioner	2000	1,508		10			1,508	4
5	Generator & Building	2000	303,007	7,579	40	7,575	(4)	97,892	5
6	Wall Carpet	2000	3,630		10			3,630	6
7	Carpeting	2000	21,956		10			21,956	7
8	Courtyard Improvements	2000	5,312		10			5,312	8
9	Courtyard improvements	1999	11,738		10			11,738	9
10	Air conditioner	2001	632		10			632	10
11	Lighting	2001	2,233		5			2,233	11
12	Attached wash stations	2001	849		10			849	12
13	Hot water heater	2001	939		5			939	13
14	Counter top	2001	550		10			550	14
15	Air conditioner	2001	9,725	486	20	486		5,548	15
16	Installation of sinks	2001	1,050		10			1,050	16
17	New dumpster door	2002	928	46	20	46		495	17
18	Flooring for 2002 addition and remodel	2002	85,333	4,267	20	4,267		42,670	18
19	2002 addition and remodel	2002	2,247,842	56,196	40	56,196		561,960	19
20	Room designation	2002	627	31	10	5	(26)	627	20
21	Water heater	2002	4,147		10	64	64	4,147	21
22	Drapes and blinds for dining, activity, therapy	2002	15,437	772	10	1,541	769	15,437	22
23	Courtyard sprinkler system	2002	8,800	44	10	366	322	8,800	23
24	Gravel driveway	2002	634		5			634	24
25	Landscaping for 2002 addition	2002	198,700	9,935	20	9,935		99,350	25
26	Sprinkler system for 2002 addition	2002	9,600	480	10	960	480	9,600	26
27	Surveillance camera	2003	1,750		5			1,750	27
28	Water heater	2003	4,965		10	497	497	4,889	28
29	Signage	2003	895	90	10	90		885	29
30	Valances	2003	662	66	10	66		644	30
31	Electrical work addition	2003	8,185	205	40	205		2,017	31
32	Addition painting	2003	5,289	132	40	132		1,288	32
33	Remodel breakroom	2003	3,085	154	20	154		1,502	33
34	TOTAL (lines 1 thru 33)		$ 6,396,308	$ 148,039		$ 150,816	$ 2,777	$ 3,317,991	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 6,396,308	$ 148,039		$ 150,816	$ 2,777	$ 3,317,991	1
2	Thermostats in addition	2003	560	56	10	56		532	2
3	Steel Doors	2003	1,095	55	20	55		518	3
4	Oxygen room exhaust fan	2003	2,062	52	40	52		485	4
5	Storm sewer work	2003	3,500	350	10	350		3,297	5
6	Door alert system	2004	1,342	134	10	134		1,195	6
7	Hot water heater	2004	2,977		10	298	298	2,409	7
8	Smoke detectors, roller latches, fire window	2004	8,913	703	13	686	(17)	6,117	8
9	Life safety, wall repair, carpeting	2004	9,202	633	15	613	(20)	5,418	9
10	Handrails	2004	1,472	147	10	147		1,287	10
11	Roofing	2004	6,500	325	20	325		2,791	11
12	Remodel tubroom, room 121 & 123, hallways	2004	47,702	2,385	20	2,385		20,282	12
13	Carpeting room 255-257, office renovations	2004	13,647	153	20	682	529	5,514	13
14	Carpeting rm 251-254 & 258-259, heating & panic door	2004	8,348	374	17	491	117	3,928	14
15	Water softner for kitchen	2005	3,708	371	10	371		2,846	15
16	Cabinet for dining	2005	719	72	10	72		540	16
17	ADON office remodel	2005	1,841	92	20	92		721	17
18	Living room remodel	2005	1,615		20	81	81	635	18
19	Door for laundry room	2005	536	27	20	27		209	19
20	Water lines for water softner	2005	780	39	20	39		296	20
21	Central air conditioning unit	2005	4,902	245	20	245		1,839	21
22	Remodel tub rooms	2005	47,940	2,397	20	2,397		17,784	22
23	Kitchen hood and light fixtures	2005	9,076	454	20	454		3,330	23
24	Replace floor in walk-in cooler	2005	2,160	108	20	108		783	24
25	Doors for east hall room	2005	1,280	64	20	64		453	25
26	Wall carpet and corner guards	2005	2,278	176	15	152	(24)	1,077	26
27	Water Heater	2006	3,566	357	10	357		2,142	27
28	Hot water delivery system	2006	2,142	214	10	214		1,464	28
29	Carpeting	2006	969	97	10	97		655	29
30	Storage area	2006	1,228	123	10	123		831	30
31	Plumbing & electrical for diswasher	2006	1,089	109	10	109		690	31
32	Soffit work	2006	4,268	427	10	427		2,633	32
33	Floor & wall tiling	2006	13,669	683	20	683		4,212	33
34	TOTAL (lines 1 thru 33)		$ 6,607,394	$ 159,461		$ 163,202	$ 3,741	$ 3,414,904	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 6,607,394	$ 159,461		$ 163,202	$ 3,741	$ 3,414,904	1
2	West entrance automatic door	2006	1,736	174	10	174		1,073	2
3	Sheltered care and tub room renovations	2006	16,029	801	20	801		4,874	3
4	Sealcoat front parking area	2006	420		5			420	4
5	Garbage Disposal	2007	942	94	5	127	33	942	5
6	Cabinets	2007	679	68	10	68		351	6
7	Draperies	2007	946	95	10	95		483	7
8	Automatic door	2007	4,979		10	498	498	2,946	8
9	Drywall in stairwell	2007	1,973	99	20	99		578	9
10	Sprinkler system	2007	802	40	20	40		234	10
11	Fireproofing of stairwell	2007	1,951	98	20	98		555	11
12	Carpeting & cabinets rm 200	2007	2,172	217	10	217		1,212	12
13	Fire panel	2007	2,311	231	10	231		1,232	13
14	Flooring rooms 134, 135, 136	2007	5,628	563	10	563		2,957	14
15	Flooring in quad	2007	52,194	2,610	20	2,610		13,486	15
16	Front entrance hallway renovations	2007	2,374	237	10	237		1,225	16
17	Exterior quad soffit replacement	2007	10,400	520	20	520		2,687	17
18	Smoke detectors	2007	569	57	10	57		285	18
19	Flooring	2007	2,910	291	10	291		1,455	19
20	Sprinkler system	2007	10,644	533	20	532	(1)	2,660	20
21	Fire grid ceiling	2008	1,725	86	20	86		423	21
22	Cabinetry in laundry	2008	561	56	10	56		275	22
23	Sprinkler system	2008	19,429	971	20	971		4,776	23
24	Air conditioning system	2008	2,300	115	20	115		489	24
25	Wood flooring install	2008	9,647	965	10	965		3,860	25
26	Doors for stairwell	2008	2,472	247	10	247		988	26
27	Wyse terminals	2008	2,546	509	5	509		2,503	27
28	Phone system install	2008	26,715	2,672	10	2,672		12,928	28
29	Draperies	2008	1,568	157	10	157		746	29
30	Tub for upstairs w.s. room	2009	15,241	1,524	10	1,524		5,081	30
31	Sprinklers, fire damper updates w/caulking	2009	13,436	1,232	12	1,120	(112)	4,299	31
32	Flooring rms 109,110,111,112	2009	5,800	580	10	580		2,177	32
33	Auto doors, elevator & phone, walls, floors east rms.	2009	267,524	13,608	20	13,376	(232)	47,970	33
34	TOTAL (lines 1 thru 33)		$ 7,096,017	$ 188,911		$ 192,838	$ 3,927	$ 3,541,074	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 7,096,017	$ 188,911		$ 192,838	$ 3,927	$ 3,541,074	1
2	Water heater	2009	6,216	622	10	622		2,074	2
3	Tile & plumbing for tub rm, flooring rms. 257, 102, 101,224.	2009	15,716	1,572	10	1,572		5,112	3
4	Cabinets kitchen, water line n. hall & wing	2009	4,711	326	16	294	(32)	956	4
5	Flooring rm 253	2009	1,845	185	10	185		571	5
6	Exit lighting	2009	2,304	230	10	230		690	6
7	Tub for upstairs east south room	2010	17,948	1,795	10	1,795		4,495	7
8	Overhead & auto doors lawnshop & upeast entrance	2010	5,345	535	10	535		1,339	8
9	Blinds, flooring, walls for 214-220, utility, nurse station	2010	482,556	25,532	20	24,128	(1,404)	60,419	9
10	Flooring & wall tiles for upeastsouth hall spa rm	2010	7,140	714	10	714		1,788	10
11	Flooring, walls, ceiling upeast library	2010	5,632	563	10	563		1,314	11
12	Flooring, walls, ceiling for 101-108	2010	42,719	4,272	10	4,272		9,972	12
13	A/C for main kitchen	2010	4,250	213	20	213		480	13
14	Vinyl flooring for 240	2010	2,327	233	10	233		525	14
15	Gutter coverings south & north sides	2010	3,475	231	15	232	1	522	15
16	Water heaters	2010	8,157	816	10	816		1,701	16
17	Flooring for downstairs E & W + nurse station	2011	42,244	2,112	20	2,112		4,045	17
18	Repair boiler & zone valves 214 - 220	2011	4,461	446	10	446		854	18
19	Vinyl flooring for 245 & 249	2011	4,494	449	10	449		599	19
20	Bus garage and mezzanine	2011	112,089	3,963	30	3,736	(227)	4,360	20
21	Water heater for kitchen	2011	5,769	577	10	577		577	21
22	Walnut street directional signage	2011	1,025	205	5	205		359	22
23	Fire alarm kit/lndr, DW wall, chr rail, window trim, security cam lvg rm	2012	13,097	770	5	438	(332)	438	23
24	Flooring:120,125,122,126,239,124,Breakroom,Entrance,Kitchen	2012	46,149	2,307	10	1,543	(764)	1,543	24
25	Front entrance wall, window, door, ceiling, wiring, A/C, signage	2012	872,571	21,844	20	14,583	(7,261)	14,583	25
26	Laundry A/C, walls	2012	8,510	426	10	284	(142)	284	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,816,767	$ 259,849		$ 253,615	$ (6,234)	$ 3,660,674	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	$ 333,800	$ 65,182	$ 65,182	$	10	$ 208,833	71
72	Current Year Purchases	76,369	5,023	5,023		10	5,023	72
73	Fully Depreciated Assets	1,207,973					1,207,973	73
74								74
75	TOTALS	$ 1,618,142	$ 70,205	$ 70,205	$		$ 1,421,829	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	99 Ford bus	1999	$ 49,239	$	$	$	10	$ 49,239	76
77	Maintenance	98 Dodge Pickup	1999	13,280				10	13,280	77
78	Patient Transport	07 Chevy Van	2008	35,100	3,510	3,510		10	17,550	78
79	Patient Transport	05 Chevy bus	2005	46,122	4,612	4,612		10	36,896	79
80	TOTALS			$ 143,741	$ 8,122	$ 8,122	$		$ 116,965	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)	$ 10,637,595	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 338,176	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 331,942	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (6,234)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,199,468	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	Apartments	Various	$ 426,245	$ 6,086	$ 375,512	86
87	Condos	Various	1,494,956	41,483	815,294	87
88	Duplexes	Various	993,768	25,936	860,844	88
89	Rental Units	Various	747,362	1,658	10,178	89
90	Garages	Various	35,248	872	31,103	90
91	TOTALS		$ 3,697,579	$ 76,035	$ 2,092,931	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	$ 13,815	92
93			93
94			94
95		$ 13,815	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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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 [x] 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

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.	/2013	$
13.	/2014	$
14.	/2015	$

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: $ Description:
(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.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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? [x] YES [ ] 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 [x]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA 80

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [x]
- IN OTHER FACILITY [ ]
- HOURS PER CNA 40

B. EXPENSES

ALLOCATION OF COSTS (d)

			1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition		$	$	$	$
2	Books and Supplies					
3	Classroom Wages	(a)				
4	Clinical Wages	(b)				
5	In-House Trainer Wages	(c)	898	8,982	898	10,778
6	Transportation					
7	Contractual Payments					
8	CNA Competency Tests			1,360	60	1,420
9	TOTALS		$ 898	$ 10,342	$ 958	$ 12,198
10	SUM OF line 9, col. 1 and 2	(e)	$ 11,240			

C. CONTRACTUAL INCOME

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

$ 950

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	20
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	2
2. From other facilities (f)	1
TOTAL TRAINED	24

(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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a.3	hrs	$	267	$ 23,026	$	267	$ 23,026	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		301	19,238		301	19,238	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		327	28,231		327	28,231	4
5	Physician Care	39.3	visits							5
6	Dental Care	39.3	visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39.2	# of prescrpts				37,050		37,050	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Exceptional Care	39.2								12
13	Other (specify): Medical Supplies	39.2					23,168		23,168	13
14	TOTAL			$	894	$ 70,495	$ 60,218	894	$ 130,713	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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2012 (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	$ 3,649,571	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	617,351		3
4	Supply Inventory (priced at FIFO)	54,274		4
5	Short-Term Investments			5
6	Prepaid Insurance	72,573		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	$ 4,393,769	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,026,056		13
14	Buildings, at Historical Cost	11,314,066		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,093,409		16
17	Accumulated Depreciation (book methods)	(7,204,575)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Progress	13,815		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	$ 7,242,771	$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	$ 11,636,540	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 79,877	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	300,017		30
31	Accrued Taxes Payable (excluding real estate taxes)	52,098		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	Accrued Expenses	123,986		36
37	Life Lease Deferred Income	120,346		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	$ 676,324	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Life Lease Equity	2,006,245		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	$ 2,006,245	$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	$ 2,682,569	$	46
47	TOTAL EQUITY(page 18, line 24)	$ 8,953,971	$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	$ 11,636,540	$	48

*(See instructions.)

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	$ 8,568,331	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	$ 8,568,331	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	385,640	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	$ 385,640	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	$ 8,953,971	24 *

* This must agree with page 17, line 47.

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XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,206,596	1
2	Discounts and Allowances for all Levels	(505,627)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	$ 6,700,969	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	380,865	6
7	Oxygen	16,053	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	$ 396,918	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	26,213	13
14	Non-Patient Meals	20,499	14
15	Telephone, Television and Radio	13,391	15
16	Rental of Facility Space		16
17	Sale of Drugs	41,861	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	5,100	19
20	Radiology and X-Ray		20
21	Other Medical Services	138,148	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	$ 245,212	23
	D. Non-Operating Revenue		
24	Contributions	403,132	24
25	Interest and Other Investment Income***	82,644	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	$ 485,776	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	(8,755)	28
28a	Non-Care Facility	261,042	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	$ 252,287	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	$ 8,081,162	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,487,288	31
32	Health Care	3,798,249	32
33	General Administration	1,572,670	33
	B. Capital Expense		
34	Ownership	432,333	34
	C. Ancillary Expense		
35	Special Cost Centers	138,774	35
36	Provider Participation Fee	266,208	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	$ 7,695,522	40
41	Income before Income Taxes (line 30 minus line 40)**	385,640	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	$ 385,640	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 751,250	44
45	Private Pay - Net Inpatient Revenue	5,825,100	45
46	Medicare - Net Inpatient Revenue	124,618	46
47	Other-(specify) Rounding	1	47
48	Other-(specify) Rounding		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,700,969	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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.

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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	2,080	2,080	$ 64,596	$ 31.06	1
2	Assistant Director of Nursing	1,872	1,872	55,542	29.67	2
3	Registered Nurses	29,888	32,786	998,938	30.47	3
4	Licensed Practical Nurses	16,856	18,531	393,874	21.25	4
5	CNAs & Orderlies	110,871	121,166	1,663,329	13.73	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,344	3,709	60,070	16.20	8
9	Activity Director	2,080	2,080	32,663	15.70	9
10	Activity Assistants	16,992	18,347	190,839	10.40	10
11	Social Service Workers	3,636	3,756	69,636	18.54	11
12	Dietician					12
13	Food Service Supervisor	4,041	4,167	72,150	17.31	13
14	Head Cook	3,922	4,417	57,224	12.96	14
15	Cook Helpers/Assistants	12,916	14,200	160,805	11.32	15
16	Dishwashers	8,204	8,936	88,849	9.94	16
17	Maintenance Workers	7,272	7,746	144,721	18.68	17
18	Housekeepers	11,700	12,599	138,278	10.98	18
19	Laundry	11,354	12,490	135,779	10.87	19
20	Administrator	1,826	1,826	98,777	54.09	20
21	Assistant Administrator					21
22	Other Administrative	8,877	9,779	95,482	9.76	22
23	Office Manager	1,826	1,826	75,128	41.14	23
24	Clerical	1,752	1,934	18,532	9.58	24
25	Vocational Instruction	431	431	10,778	25.01	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	261,740	284,678	$ 4,625,990 *	$ 16.25	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	212	$ 9,532	1.3	35
36	Medical Director	24	4,800	9.3	36
37	Medical Records Consultant	36	2,362	10.3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	83	8,305	10.3	39
40	Physical Therapy Consultant			10a.3	40
41	Occupational Therapy Consultant			10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	12	794	10a.3	43
44	Activity Consultant	10	519	11.3	44
45	Social Service Consultant	10	519	12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	388	$ 26,831		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$	10.3	50
51	Licensed Practical Nurses			10.3	51
52	Certified Nurse Assistants/Aides			10.3	52
53	TOTAL (lines 50 - 52)		$		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Thomas A. Hoffman	Administrator		$ 112,502
Kim Joos	Business Manager		85,565
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 198,067

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Heinald Banwart	Accounting	$ 12,467
J.L. Hubbard Insurance	Surety Bond	200
Robert Rein, CPA	Consulting	5,089
Benefit Planning Consultants	Consulting	4,890
FR&R Healthcare	Consulting	95
Heyl, Royster, Voelker & Allen	Legal	4,250
Farnsworth Group	Architects	4,481
Reclassifications		
Rounding		
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 31,472

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 151,401
Unemployment Compensation Insurance	(60)
FICA Taxes	340,409
Employee Health Insurance	418,524
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Hepatitis Immunization	236
Employee Life/Disability	9,124
Employee Physicals	14,435
Uniform Allowance	
Tax Deferred Annuity	103,403
Non-Care Employee Benefits	(11,196)
Rounding	
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,026,276

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	11,295
Health Care Worker Background Check	980
(Indicate # of checks performed 55)	
Patient Background Checks 47	470
Life Services Network Dues	7,697
Journal Star & Pantagraph Newspaper	1,100
Nursing Manuals & Oth Subscriptions	427
Other Membership Dues \ Licenses	3,034
Activity Manuals & Oth Subscriptions	224
Less: Public Relations Expense	( )
Non-allowable advertising	(7,797)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 21,410

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	843
Seminar Expense	3,800
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,643

**See instructions.

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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			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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 Dues 7,697

(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? 6

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 46,206 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. $ 266,208
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. $ Has any meal income been offset against related costs? Yes Indicate the amount. $ 20,499

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name:

(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.