FOR BHF USE

LL1

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.

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

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
IRS Exemption Code	501(c)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

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, 2011 to June 30, 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) Susan McGhee
(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)
(Print Name and Title) Allan B. Larson, CPA, Partner
(Firm Name & Address) CliftonLarsonAllen, 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, 2011 Ending: June 30, 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 _____

	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	81,252	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	81,252	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	34,592	10,697	13,514	58,803	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	34,592	10,697	13,514	58,803	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.37%

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 6/30/2007 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 12,334

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 6/30/2012 Fiscal Year: 6/30/2012

* 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, 2011 Ending: June 30, 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	522,359	55,615	61,599	639,573		639,573		639,573			1
2	Food Purchase		476,593		476,593		476,593	(21,884)	454,709			2
3	Housekeeping	238,660	35,940	213,245	487,845		487,845		487,845			3
4	Laundry	19,635			19,635		19,635		19,635			4
5	Heat and Other Utilities			422,255	422,255		422,255	(33,018)	389,237			5
6	Maintenance	230,241	8,273	154,594	393,108		393,108	6,133	399,241			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,010,895	576,421	851,693	2,439,009		2,439,009	(48,769)	2,390,240			8
	B. Health Care and Programs											
9	Medical Director			59,604	59,604		59,604		59,604			9
10	Nursing and Medical Records	4,756,034	369,277	64,891	5,190,202		5,190,202	(5,021)	5,185,181			10
10a	Therapy		322	1,375,624	1,375,946		1,375,946		1,375,946			10a
11	Activities	139,647	13,258	7,457	160,362	150	160,512		160,512			11
12	Social Services	177,223	2,324	21,859	201,406		201,406		201,406			12
13	CNA Training											13
14	Program Transportation			1,529	1,529		1,529		1,529			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	5,072,904	385,181	1,530,964	6,989,049	150	6,989,199	(5,021)	6,984,178			16
	C. General Administration											
17	Administrative	125,653		1,079,204	1,204,857		1,204,857	(944,325)	260,532			17
18	Directors Fees											18
19	Professional Services			66,225	66,225		66,225	71,133	137,358			19
20	Dues, Fees, Subscriptions & Promotions			25,172	25,172		25,172		25,172			20
21	Clerical & General Office Expenses	270,284	32,212	216,003	518,499	3,575	522,074	211,867	733,941			21
22	Employee Benefits & Payroll Taxes			1,346,417	1,346,417		1,346,417	67,189	1,413,606			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,652	5,652		5,652	24,610	30,262			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			171,471	171,471		171,471	(14,549)	156,922			26
27	Other (specify):*	94,585	10,338	15,449	120,372		120,372	(120,372)				27
28	**TOTAL General Administration**	490,522	42,550	2,925,593	3,458,665	3,575	3,462,240	(704,447)	2,757,793			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,574,321	1,004,152	5,308,250	12,886,723	3,725	12,890,448	(758,237)	12,132,211			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, 2011 Ending: June 30, 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			559,442	559,442		559,442	49,208	608,650			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			529,833	529,833		529,833	(4,280)	525,553			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			61,188	61,188	(3,725)	57,463	(4,400)	53,063			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,150,463	1,150,463	(3,725)	1,146,738	40,528	1,187,266			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			691,097	691,097		691,097	(36,677)	654,420			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			473,580	473,580		473,580		473,580			42
43	Other (specify):*			101	101		101	(101)				43
44	**TOTAL Special Cost Centers**			1,164,778	1,164,778		1,164,778	(36,778)	1,128,000			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,574,321	1,004,152	7,623,491	15,201,964		15,201,964	(754,487)	14,447,477			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, 2011 Ending: June 30, 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	(30,237)	2		4
5	Telephone, TV & Radio in Resident Rooms	(35,440)	5		5
6	Rented Facility Space	(4,400)	35		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	(26,805)	32		10
11	Discounts, Allowances, Rebates & Refunds	(5,021)	10		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	(28,628)	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	(121,571)	21		24
25	Fund Raising, Advertising and Promotional	(120,372)	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	(5,228)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (377,702)		$	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)	(376,785)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (376,785)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (754,487)		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					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Bridgeway Christian Village Rehab & SNF

ID# 0048819

Report Period Beginning: July 1, 2011

Ending: June 30, 2012

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Miscellaneous	$ (13,034)	21	1
2	Late Fees	(446)	21	2
3	Vending Revenue	8,353	2	3
4	Apt/Congregate	(101)	43	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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**	(5,228)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF **#** 0048819 **Report Period Beginning:** July 1, 2011 **Ending:** June 30, 2012

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(21,884)	0	0	0	0	0	0	0	0	0	0	(21,884)	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	(35,440)	2,422	0	0	0	0	0	0	0	0	0	(33,018)	5
6	Maintenance	0	6,133	0	0	0	0	0	0	0	0	0	6,133	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(57,324)	8,555	0	0	0	0	0	0	0	0	0	(48,769)	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	(5,021)	0	0	0	0	0	0	0	0	0	0	(5,021)	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	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(5,021)	0	0	0	0	0	0	0	0	0	0	(5,021)	16
	C. General Administration													
17	Administrative	0	(944,325)	0	0	0	0	0	0	0	0	0	(944,325)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	71,133	0	0	0	0	0	0	0	0	0	71,133	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(163,679)	375,546	0	0	0	0	0	0	0	0	0	211,867	21
22	Employee Benefits & Payroll Taxes	0	67,189	0	0	0	0	0	0	0	0	0	67,189	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	24,610	0	0	0	0	0	0	0	0	0	24,610	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	(14,549)	0	0	0	0	0	0	0	0	0	(14,549)	26
27	Other (specify):*	(120,372)	0	0	0	0	0	0	0	0	0	0	(120,372)	27
28	**TOTAL General Administration**	(284,051)	(420,396)	0	0	0	0	0	0	0	0	0	(704,447)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(346,396)	(411,841)	0	0	0	0	0	0	0	0	0	(758,237)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 **Report Period Beginning:** July 1, 2011 **Ending:** June 30, 2012

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	0	49,208	0	0	0	0	0	0	0	0	0	49,208	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(26,805)	22,525	0	0	0	0	0	0	0	0	0	(4,280)	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	(4,400)	0	0	0	0	0	0	0	0	0	0	(4,400)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(31,205)	71,733	0	0	0	0	0	0	0	0	0	40,528	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	(36,677)	0	0	0	0	0	0	0	0	0	(36,677)	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):*	(101)	0	0	0	0	0	0	0	0	0	0	(101)	43
44	**TOTAL Special Cost Centers**	(101)	(36,677)	0	0	0	0	0	0	0	0	0	(36,778)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(377,702)	(376,785)	0	0	0	0	0	0	0	0	0	(754,487)	45

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 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
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%	$ 2,422	$ 2,422	1
2	V	6	Maintenance				6,133	6,133	2
3	V	17	Administration	1,079,204			134,879	(944,325)	3
4	V	19	Professional Services				71,133	71,133	4
5	V	21	Clerical				314,814	314,814	5
6	V	22	Employee Benefits				67,189	67,189	6
7	V	24	Travel and Seminar				24,610	24,610	7
8	V	26	Insurance				(14,549)	(14,549)	8
9	V	30	Depreciation				49,208	49,208	9
10	V	32	Interest				22,525	22,525	10
11	V	21	Other Administrative Expense				60,732	60,732	11
12	V								12
13	V	39	Pharmacy Services	447,279	Senior Care Pharmacy	0.00%	410,602	(36,677)	13
14	Total			$ 1,526,483			$ 1,149,698	$ * (376,785)	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, 2011 Ending: June 30, 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	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, 2011 Ending: ne 30, 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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 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	Illinois Finance Authority		X	Purchase Facility		6/30/07	$ 9,736,678	$ 9,207,695		0.0567	$ 529,833	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 9,736,678	$ 9,207,695			$ 529,833	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	$ 9,207,695			$ 529,833	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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 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.

2011 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

TELEPHONE ( ) FAX #: ( )

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.	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 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 Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

X. BUILDING AND GENERAL INFORMATION:

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

182-unit independent living facility

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			$ 10,319	1
2					2
3	TOTALS			$ 10,319	3

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 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	222		2007	1975	$ 5,013,500	$ 200,540	25	$ 200,540	$	$ 1,102,970	4
5											5
6											6
7											7
8	Home Office Allocation				101,116	11,476		11,476		62,306	8
	Improvement Type**										
9	2007 Fixed Assets			2007	16,737	1,799	Various	1,799		15,216	9
10	Floors for coolers & freezers			3/28/2008	4,874	487	10	487		2,111	10
11	Eldercare Interiors Project-Professional			6/1/2008	4,678	234	20	234		955	11
12	Oxygen Storage Room-General contracting			6/1/2008	1,389	69	20	69		283	12
13	Professional Architectural Services			6/1/2008	32,518	1,626	20	1,626		6,639	13
14	Prep walls for painting-Southeast wing			6/1/2008	13,275	664	20	664		2,711	14
15	(12) 9500 BTU cooling units			6/1/2008	16,680	1,668	10	1,668		6,811	15
16	B-Wing and Therapy renovations,			6/1/2008	846,416	42,321	20	42,321		172,810	16
17	Engineer Consulting Services-			6/1/2008	48,790	2,440	20	2,440		9,962	17
18	MTR Universal Fusion Tilt Wall Mount			6/1/2008	2,071	207	10	207		845	18
19	(29) Duett Standard toilet tissue			6/1/2008	559	56	10	56		228	19
20	2 Cisco IP telephone 48 port voice over			6/1/2008	20,505	2,050	10	2,050		8,372	20
21	Countertops, cabinets, shelves			6/1/2008	20,848	1,042	20	1,042		4,256	21
22	Nurse Call System			6/1/2008	16,842	842	20	842		3,438	22
23	Install 10 cable lines and straighten			6/1/2008	5,243	524	10	524		2,140	23
24	Site survey, hydraulic calculations			6/1/2008	925	93	10	93		379	24
25	Install new windows, reglaze windows			6/1/2008	2,200	220	10	220		898	25
26	Fitting-Outdoor water main-parking lot			6/1/2008	6,866	343	20	343		1,401	26
27	Resurface doors			6/1/2008	9,800	980	10	980		4,002	27
28	Surface mounted cabinets			6/1/2008	1,840	92	20	92		376	28
29	Carpet & Installation			6/1/2008	158,638	15,864	10	15,864		64,778	29
30	Sentronics device & room signs			6/1/2008	1,543	154	10	154		629	30
31	(60) Replacement escuetcheon for			6/1/2008	1,174	59	20	59		240	31
32	SnackShop ceiling & countertop			6/1/2008	3,120	156	20	156		637	32
33	Cabinets & set of tops			6/1/2008	930	46	20	46		189	33
34	Trace all resident cables to main closet			6/1/2008	9,701	970	10	970		3,961	34
35	Programming & Schematic Phase			6/1/2008	7,467	373	20	373		1,524	35
36	Landscaping, lay new sod			6/1/2008	1,728	173	10	173		706	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, 2011 Ending: June 30, 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	Exterior lights	7/1/2008	$ 12,440	$ 1,244	10	$ 1,244	$	$ 4,976	37
38	Courtyard wallpacks work	8/1/2008	5,400	540	10	540		2,115	38
39	Roof- Downpayment & north end	9/30/2008	97,254	4,863	20	4,863		18,641	39
40	Blower Assembly - Lobby	11/11/2008	6,799	680	10	680		2,493	40
41	A wing - Exterior wall repairs	11/14/2008	6,950	695	10	695		2,548	41
42	Ejector pump	1/23/2009	9,100	910	10	910		3,185	42
43	Cabling - C Wing	3/23/2009	2,423	242	10	242		807	43
44	Watermain	4/1/2009	4,595	460	10	460		1,494	44
45	Heat Exchange for Boiler	6/11/2009	11,586	1,159	10	1,159		3,573	45
46	Replace Water Main	8/31/2009	14,220	1,422	10	1,422		4,148	46
47	Repaving Project	8/31/2009	284,445	35,556	8	35,556		103,704	47
48	Roof	11/1/2009	126,783	12,678	10	12,678		33,809	48
49	Parking Lot Light Pole	2/18/2010	1,960	196	10	196		474	49
50	Painting Supplies	2010	4,090	409	10	409		920	50
51	Door Elopement System	2010	7,500	750	10	750		1,688	51
52	Wallcovering/Wallpaper	2010	14,775	1,477	10	1,477		3,324	52
53	Rail, Ceiling, & Light Fixtures	2010	24,968	2,497	10	2,497		5,618	53
54	Ceiling Tile	2010	148,277	14,828	10	14,828		33,362	54
55	Door Alarm System	2010	7,000	700	10	700		1,575	55
56	31 TV's and Wall Brackets	2010	15,422	1,542	10	1,542		3,470	56
57	Carpeting	2010	21,034	2,103	10	2,103		4,733	57
58	5 Gallons of Paint & Masking Tape	2010	469	47	10	47		106	58
59	Architectural Drawings	2010	2,400	240	10	240		540	59
60	Caulk & Shelving	2010	441	44	10	44		99	60
61	Beds & Mattresses	2010	15,608	1,561	10	1,561		3,512	61
62	Ceiling Fixtures	2010	1,593	159	10	159		358	62
63	Paint 2 Rooms & Wallpaper	2010	2,170	217	10	217		488	63
64	25 Brass Lamps & Bulbs	2010	1,950	195	10	195		439	64
65	Wallpaper Border for 23 Rooms	2010	3,682	368	10	368		828	65
66	HVAC Vents Lobby	2010	5,850	585	10	585		1,316	66
67	Sheet Floor C-Wing Foyer	2010	6,695	670	10	670		1,506	67
68	Door	2010	3,550	355	10	355		799	68
69	Lobby Trac Light	2010	650	65	10	65		146	69
70	TOTAL (lines 4 thru 69)		$ 7,244,052	$ 377,025		$ 377,025	$	$ 1,728,569	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, 2011 Ending: June 30, 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		$ 7,244,052	$ 377,025		$ 377,025	$	$ 1,728,569	1
2	Chappel 8 Light Fixtures	2010	3,200	320	10	320		720	2
3	Chappel HVAC Steam Vent & Drain	2010	1,900	190	10	190		428	3
4	Lobby Bay Light	2010	800	80	10	80		180	4
5	Rubber Base	2010	1,750	175	10	175		394	5
6	Remove/Install Drywall, Door, Handrails, Crash Boards, Windows	2010	39,640	3,964	10	3,964		8,919	6
7	Furniture for 23 Rooms	2010	8,743	874	10	874		1,967	7
8	31 Wingback Chairs & Freight for 3 Drawer Chests	2010	14,771	1,477	10	1,477		3,323	8
9	Blinds, Borders, & Wallcoverings	2010	8,176	818	10	818		1,840	9
10	Patch Walls/Drywall	2010	876	88	10	88		197	10
11	Dining Eating Area	2010	20,959	2,096	10	2,096		4,716	11
12	Emergency Power Nurses Station	2010	3,970	397	10	397		893	12
13	Handrails, Crash Rail Demo, Suspended Ceiling, Room Oulet Relo	2010	59,119	5,912	10	5,912		13,302	13
14	Emergency Outlets End Hallway	2010	970	97	10	97		218	14
15	TV Outlet Dining Room & Cable	2010	500	50	10	50		113	15
16	Rubber Base	2010	2,500	250	10	250		563	16
17	Crown Molding Dining Area	2010	1,200	120	10	120		270	17
18	Sign	2010	1,478	148	10	148		332	18
19	Vertical Blinds	2010	1,679	168	10	168		378	19
20	Mini-Blinds, Drapperies, & Furniture for Lobby	2010	28,324	2,832	10	2,832		6,373	20
21	37 Custom Bedsspreads	2010	6,433	643	10	643		1,447	21
22	Freezer Door for Main Kitchen	2010	2,563	256	10	256		577	22
23	Wheelchairs	2010	5,074	507	10	507		1,142	23
24	Automatic Door Therapy Gym	2010	2,889	289	10	289		650	24
25	Door Operator Therapy Room	2010	1,915	192	10	192		431	25
26	Fire Door	2010	1,650	165	10	165		371	26
27	Boiler Feed System	2010	2,038	204	10	204		458	27
28	6 Beds	2010	4,477	448	10	448		1,007	28
29	30 Gallon Tilting Skillet	2010	12,191	1,219	10	1,219		2,743	29
30	10 Beds, Panels, & Rails	2010	13,471	1,347	10	1,347		3,031	30
31	Boelter	2010	3,993	399	10	399		898	31
32	30 Microwaves	2010	870	87	10	87		196	32
33	30 Compact Refrigerators	2010	3,000	300	10	300		675	33
34	TOTAL (lines 1 thru 33)		$ 7,505,170	$ 403,137		$ 403,137	$	$ 1,787,321	34

**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, 2011 Ending: June 30, 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		$ 7,505,170	$ 403,137		$ 403,137	$	$ 1,787,321	1
2	Batteries for Lifts	2010	1,088	109	10	109		245	2
3	14 Hi-Low Beds	2010	8,667	867	10	867		1,950	3
4	Lifts for Units	2010	3,530	353	10	353		794	4
5	6 Heat Pumps	2010	6,870	687	10	687		1,546	5
6	PTAC Units	2010	8,460	846	10	846		1,904	6
7	C-Wing Nurse Call Station Power Board	8/12/2010	3,400	340	10	340		652	7
8	E-Wing Basement Door	8/19/2010	3,430	343	10	343		657	8
9	HVAC Unit	8/20/2010	5,116	512	10	512		981	9
10	Circulating Pumps for Main Boiler	12/31/2010	8,690	869	10	869		1,376	10
11	Carpeting	12/31/2010	2,068	207	10	207		328	11
12	Roof - Unit B	9/30/2010	143,143	14,314	10	14,314		26,243	12
13	Roof Exhaust Fans	5/31/2011	2,026	203	10	203		237	13
14	Trane Chiller	6/30/2011	79,400	7,940	10	7,940		8,602	14
15	Room 1405 - Carpet	6/30/2011	2,253	225	10	225		244	15
16	Men's Restroom - Remodel	6/30/2011	17,600	1,760	10	1,760		1,907	16
17	Women's Restroom - Remodeling	6/30/2011	17,175	1,718	10	1,718		1,861	17
18	Architectural Consulting for Life Safety	5/31/2011	1,473	147	10	147		172	18
19	Seal & Stripe Parking Lot	10/31/2010	19,550	9,775	2	9,775		17,106	19
20	Front Entrance - Sidewalks	6/30/2011	20,045	2,005	10	2,005		2,172	20
21	2011 Landscaping	6/30/2011	18,700	1,870	10	1,870		2,026	21
22	Brick Wall	6/30/2011	4,165	417	10	417		452	22
23	Memorial Garden - Landscaping	6/30/2011	9,580	958	10	958		1,038	23
24	Roof	11/30/2011	13,577	905	10	905		905	24
25	Roof "C"	11/30/2011	56,704	3,780	10	3,780		3,780	25
26	Roof "E"	11/30/2011	9,584	639	10	639		639	26
27	Reseal Parking Lot	10/31/2011	10,000	3,750	2	3,750		3,750	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,981,463	$ 458,676		$ 458,676	$	$ 1,868,885	34

**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, 2011 Ending: June 30, 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	$ 653,046	$ 95,775	$ 95,775	$		$ 317,379	71
72	Current Year Purchases	55,265	4,776	4,776			4,776	72
73	Fully Depreciated Assets	126,669	10,630	10,630			126,669	73
74	Home Office Allocation	408,762	34,246	34,246			174,923	74
75	TOTALS	$ 1,243,742	$ 145,427	$ 145,427	$		$ 623,747	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	Home Office Allocation			$ 30,708	$ 3,485	$ 3,485	$		$ 11,415	76
77										77
78										78
79										79
80	TOTALS			$ 30,708	$ 3,485	$ 3,485	$		$ 11,415	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)	$ 9,266,232	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 607,588	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 607,588	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)	$ 2,504,047	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 200	$ 20,708	$	$ 20,708	86
87	Maintenance Utility Vehicle	4,633	1,062	1,062	87
88					88
89					89
90					90
91	TOTALS	$ 25,341	$ 1,062	$ 21,770	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	$ 142,964	92
93			93
94			94
95		$ 142,964	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, 2011 Ending: June 30, 2012

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.	/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: $ 61,188 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, 2011 Ending: June 30, 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?
   - [ ] 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.

   BCV only hires certified CNAs

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 ____

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, 2011 Ending: June 30, 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	$	10,123	$ 527,138	$	10,123	$ 527,138	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		3,295	153,749		3,295	153,749	2
3	Licensed Recreational Therapist	10-3	hrs		59	3,890		59	3,890	3
4	Licensed Physical Therapist	10A-3	hrs		19,798	694,737		19,798	694,737	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			$	33,275	$ 1,379,514	$	33,275	$ 1,379,514	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, 2011 Ending: June 30, 2012

XV. BALANCE SHEET - Unrestricted Operating Fund. As of June 30, 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	$ 3,873,001	$	1
2	Cash-Patient Deposits	56,549		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 130,329)	2,408,520		3
4	Supply Inventory (priced at)	25,527		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,400		6
7	Other Prepaid Expenses	10,729		7
8	Accounts Receivable (owners or related parties)	448,205		8
9	Other(specify): Due from Related Party			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,823,931	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	7,476,582		14
15	Leasehold Improvements, at Historical Cost	403,764		15
16	Equipment, at Historical Cost	860,322		16
17	Accumulated Depreciation (book methods)	(2,277,171)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	133,485		21
22	Other Long-Term Assets (specify):	41,699		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,638,681	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 13,462,612	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 302,786	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	56,549		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	401,049		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	68,160		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Party	642,618		36
37	Accrued Liabilities	813,312		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,284,474	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	9,207,695		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)**	$ 9,207,695	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 11,492,169	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,970,443	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 13,462,612	$	48

*(See instructions.)

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,991,373	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,991,373	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(20,931)	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**	1	15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (20,930)	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)**	$ 1,970,443	24	*

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	$ 15,404,142	1
2	Discounts and Allowances for all Levels	(7,609,938)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,794,204	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,851,429	6
7	Oxygen	28,717	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,880,146	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	400	13
14	Non-Patient Meals	30,237	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	4,400	16
17	Sale of Drugs	896,284	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	137,646	19
20	Radiology and X-Ray	50,581	20
21	Other Medical Services	324,994	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,444,542	23
	D. Non-Operating Revenue		
24	Contributions	25,634	24
25	Interest and Other Investment Income***	26,805	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 52,439	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending & Miscellaneous Income	9,702	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 9,702	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,181,033	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,439,009	31
32	Health Care	6,989,049	32
33	General Administration	3,458,665	33
	B. Capital Expense		
34	Ownership	1,150,463	34
	C. Ancillary Expense		
35	Special Cost Centers	691,198	35
36	Provider Participation Fee	473,580	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,201,964	40
41	**Income before Income Taxes (line 30 minus line 40)****	(20,931)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (20,931)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,227,066	44
45	Private Pay - Net Inpatient Revenue	2,692,508	45
46	Medicare - Net Inpatient Revenue	(101,111)	46
47	Other-(specify) HMO	(24,259)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,794,204	49

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

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

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

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

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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	6,076	6,725	$ 270,008	$ 40.15	1
2	Assistant Director of Nursing					2
3	Registered Nurses	46,393	53,171	1,603,240	30.15	3
4	Licensed Practical Nurses	26,671	29,892	719,659	24.08	4
5	CNAs & Orderlies	137,088	145,267	1,813,288	12.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,807	2,167	48,437	22.35	9
10	Activity Assistants	6,914	7,708	90,338	11.72	10
11	Social Service Workers	7,217	8,216	178,095	21.68	11
12	Dietician					12
13	Food Service Supervisor	5,401	6,126	137,667	22.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	34,215	37,346	384,693	10.30	15
16	Dishwashers					16
17	Maintenance Workers	10,275	11,426	230,241	20.15	17
18	Housekeepers	20,088	22,377	238,660	10.67	18
19	Laundry	1,903	2,094	19,635	9.38	19
20	Administrator	1,998	2,577	125,653	48.76	20
21	Assistant Administrator					21
22	Other Administrative	2,470	2,760	73,283	26.55	22
23	Office Manager	2,030	2,146	48,265	22.49	23
24	Clerical	9,276	10,253	144,385	14.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	7,886	8,880	123,559	13.91	31
32	Other Health C: MDS Coordinator	5,813	6,640	226,281	34.08	32
33	Other(specify) Marketing	3,595	4,227	98,934	23.41	33
34	TOTAL (lines 1 - 33)	337,116	369,998	$ 6,574,321 *	$ 17.77	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	866	$ 39,256	ln 1, col 3	35
36	Medical Director	720	59,604	ln 9, col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant	36	2,040	ln 10, col 3	38
39	Pharmacist Consultant	216	5,592	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	7	552	ln 11, col 3	44
45	Social Service Consultant	474	19,348	ln 12, col 3	45
46	Other(specify)				46
47	MDS Coordinator	299	26,289	ln 10, col 3	47
48					48
49	TOTAL (lines 35 - 48)	2,618	$ 152,681		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				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John Hurley	Administrator	0	$ 55,524
Linda Pyfer	Administrator	0	70,129
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 125,653

B. Administrative - Other

Description	Amount
Management Fee Expense	$ 1,079,204
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,079,204
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
My Innerviews	Survey	$ 1,909
Govog & Associates	Consulting	33,000
Cejka Search	Consulting	4,500
Premier Medical Services	Consulting	15,900
Davis & Campbell	Legal	23,263
Polsinelli Shughart, PC	Legal	3,019
Settlement Check	Legal	(15,470)
Attorney Fees on A/R	Legal	104
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 66,225

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 150,984
Unemployment Compensation Insurance	73,385
FICA Taxes	487,452
Employee Health Insurance	485,070
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	22,922
Employee Uniforms	939
Employee Expense	33,615
457 Plan Expense	2,125
Net Earned PTO	89,925
Home Office Allocation	67,189
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,413,606

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	1,676
Health Care Worker Background Check	
(Indicate # of checks performed 88)	1,408
Patient Background Checks 380	3,800
License	2,940
Dues	11,948
Subscriptions	2,805
Miscellaneous (See Attachment)	595
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 25,172

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 254
In-State Travel	2,578
Seminar Expense	1,991
Miscellaneous (See Attachment)	829
Home Office Allocation	24,610
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 30,262

**See instructions.

Facility Name & ID Number Bridgeway Christian Village Rehab & SNF # 0048819 Report Period Beginning: July 1, 2011 Ending: June 30, 2012

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, 2011 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. **LSN - $7587; Life Services - $2906**

(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. $ **69,720** 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. $ **473,580**
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. $ **30,237**

(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: **CliftonLarsonAllen, 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.