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: 0019166

Facility Name: Pleasant Meadows Christian Village

Address: 400 West Washington (Number) Chrisman (City) 61924 (Zip Code)

County: Edgar

Telephone Number: 217-269-2396 **Fax #** 217-269-2603

HFS ID Number:

Date of Initial License for Current Owners: 1974

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501c3			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 7/1/11 to 6/30/12 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
(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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	109	Skilled (SNF)	109	39,894	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	109	TOTALS	109	39,894	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	20,946	9,974	4,430	35,350	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,946	9,974	4,430	35,350	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.61%

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)
Meals, Lawn Care, and Maintenance for AL & IL 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 1974

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 109 and days of care provided 3,697

Medicare Intermediary Wisconsin Physician 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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	227,103	20,707	88,261	336,071		336,071		336,071			1
2	Food Purchase		236,767		236,767		236,767	(3,046)	233,721			2
3	Housekeeping	135,066	21,695		156,761		156,761		156,761			3
4	Laundry	46,246	10,922	10,967	68,135		68,135		68,135			4
5	Heat and Other Utilities			189,471	189,471		189,471	(9,188)	180,283			5
6	Maintenance	56,266	3,872	57,168	117,306		117,306	2,857	120,163			6
7	Other (specify):*											7
8	TOTAL General Services	464,681	293,963	345,867	1,104,511		1,104,511	(9,377)	1,095,134			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	2,338,374	139,958	45,243	2,523,575		2,523,575	(2,193)	2,521,382			10
10a	Therapy			645,535	645,535		645,535		645,535			10a
11	Activities	89,288			89,288		89,288	(2,630)	86,658			11
12	Social Services	127,552	238	6,060	133,850		133,850		133,850			12
13	CNA Training											13
14	Program Transportation			5,831	5,831		5,831		5,831			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,555,214	140,196	714,669	3,410,079		3,410,079	(4,823)	3,405,256			16
	C. General Administration											
17	Administrative	142,377	545	432,574	575,496		575,496	(369,729)	205,767			17
18	Directors Fees											18
19	Professional Services			15,826	15,826		15,826	33,143	48,969			19
20	Dues, Fees, Subscriptions & Promotions			14,755	14,755		14,755		14,755			20
21	Clerical & General Office Expenses	124,144	9,110	116,935	250,189		250,189	133,673	383,862			21
22	Employee Benefits & Payroll Taxes			637,646	637,646		637,646	31,306	668,952			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,683	7,683		7,683	11,467	19,150			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			82,501	82,501		82,501	(6,779)	75,722			26
27	Other (specify):* Marketing	45,241	716	17,653	63,610		63,610	(63,610)				27
28	TOTAL General Administration	311,762	10,371	1,325,573	1,647,706		1,647,706	(230,529)	1,417,177			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,331,657	444,530	2,386,109	6,162,296		6,162,296	(244,729)	5,917,567			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 Pleasant Meadows Christian Village #0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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			249,818	249,818		249,818	22,927	272,745			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			7,253	7,253		7,253	3,242	10,495			32
33	Real Estate Taxes			1	1		1		1			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,547	11,547		11,547		11,547			35
36	Other (specify):*											36
37	**TOTAL Ownership**			268,619	268,619		268,619	26,169	294,788			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			230,818	230,818		230,818	(9,476)	221,342			39
40	Barber and Beauty Shops	12,365	12,609	50	25,024		25,024	(50)	24,974			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			297,586	297,586		297,586		297,586			42
43	Other (specify):*			36,286	36,286		36,286	(36,286)				43
44	**TOTAL Special Cost Centers**	12,365	12,609	564,740	589,714		589,714	(45,812)	543,902			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,344,022	457,139	3,219,468	7,020,629		7,020,629	(264,372)	6,756,257			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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	(1,319)	2		4
5	Telephone, TV & Radio in Resident Rooms	(10,316)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,253)	32		10
11	Discounts, Allowances, Rebates & Refunds	(2,135)	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				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	(40,133)	21		24
25	Fund Raising, Advertising and Promotional	(63,610)	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	(41,925)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (166,691)		$	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)	(97,681)	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (97,681)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (264,372)		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

STATE OF ILLINOIS

Pleasant Meadows Christian Village

ID# **0019166**

Report Period Beginning: **7/1/11**

Ending: **6/30/12**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending	$ (1,727)	2	1
2	Activity	(2,630)	11	2
3	Apartments/Congregate	(36,286)	43	3
4	Farm Revenue	(1,174)	21	4
5	Late Fee	(58)	10	5
6	Late Fee	(50)	40	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**	(41,925)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pleasant Meadows Christian Village **#** 0019166 **Report Period Beginning:** 7/1/11 **Ending:** 6/30/12

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,046)	0	0	0	0	0	0	0	0	0	0	(3,046)	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	(10,316)	1,128	0	0	0	0	0	0	0	0	0	(9,188)	5
6	Maintenance	0	2,857	0	0	0	0	0	0	0	0	0	2,857	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(13,362)	3,985	0	0	0	0	0	0	0	0	0	(9,377)	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	(2,193)	0	0	0	0	0	0	0	0	0	0	(2,193)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(2,630)	0	0	0	0	0	0	0	0	0	0	(2,630)	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**	(4,823)	0	0	0	0	0	0	0	0	0	0	(4,823)	16
	C. General Administration													
17	Administrative	0	(369,729)	0	0	0	0	0	0	0	0	0	(369,729)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	33,143	0	0	0	0	0	0	0	0	0	33,143	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(41,307)	174,980	0	0	0	0	0	0	0	0	0	133,673	21
22	Employee Benefits & Payroll Taxes	0	31,306	0	0	0	0	0	0	0	0	0	31,306	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	11,467	0	0	0	0	0	0	0	0	0	11,467	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	(6,779)	0	0	0	0	0	0	0	0	0	(6,779)	26
27	Other (specify):*	(63,610)	0	0	0	0	0	0	0	0	0	0	(63,610)	27
28	**TOTAL General Administration**	(104,917)	(125,612)	0	0	0	0	0	0	0	0	0	(230,529)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(123,102)	(121,627)	0	0	0	0	0	0	0	0	0	(244,729)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 **Report Period Beginning:** 7/1/11 **Ending:** 6/30/12

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	22,927	0	0	0	0	0	0	0	0	0	22,927	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,253)	10,495	0	0	0	0	0	0	0	0	0	3,242	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(7,253)	33,422	0	0	0	0	0	0	0	0	0	26,169	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	(9,476)	0	0	0	0	0	0	0	0	0	(9,476)	39
40	Barber and Beauty Shops	(50)	0	0	0	0	0	0	0	0	0	0	(50)	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):*	(36,286)	0	0	0	0	0	0	0	0	0	0	(36,286)	43
44	**TOTAL Special Cost Centers**	(36,336)	(9,476)	0	0	0	0	0	0	0	0	0	(45,812)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(166,691)	(97,681)	0	0	0	0	0	0	0	0	0	(264,372)	45

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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 for 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%	$ 1,128	$ 1,128	1
2	V	6	Maintenance				2,857	2,857	2
3	V	17	Administrative	432,574			62,845	(369,729)	3
4	V	19	Progressional Services				33,143	33,143	4
5	V	21	Clerical				146,683	146,683	5
6	V	22	Employee Benefits				31,306	31,306	6
7	V	32	Interest				10,495	10,495	7
8	V	24	Travel and Seminars				11,467	11,467	8
9	V	26	Insurance				(6,779)	(6,779)	9
10	V	30	Depreciation				22,927	22,927	10
11	V	21	Non Patient Care Related				28,297	28,297	11
12	V	39	Pharmacy Cost	115,563	Senior Care Pharmacy		106,087	(9,476)	12
13	V								13
14	Total			$ 548,137			$ 450,456	$ * (97,681)	14

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 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		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										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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	Renovation Project	$1,059.00	6/30/07	$ 253,780	$ 150,902	6/20/2013	0.0560	$ 7,253	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$1,059.00		$ 253,780	$ 150,902			$ 7,253	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 253,780	$ 150,902			$ 7,253	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 Pleasant Meadows Christian Village **#** 0019166 **Report Period Beginning:** 7/1/11 **Ending:** 6/30/12

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 Pleasant Meadows Christian Village COUNTY Edgar

FACILITY IDPH LICENSE NUMBER 0019166

CONTACT PERSON REGARDING THIS REPORT Susan McGhee

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

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

Enter the tax index number and real estate tax assessed for 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.	11-03-26-400-021	S26 T16 R12	$ 38.92	$
2.	11-03-26-300-014	S26 T16 R12	$ 83.08	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 122.00	$

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 X 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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,356 B. General Construction Type: Exterior Brick Frame Wood & steel 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).

14 Unit Duplex/ Independent Living Facility

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [ ] 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	Facility	46,356	1971	$ 15,876	1
2	Home Office Allocation			4,808	2
3	TOTALS	46,356		$ 20,684	3

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	109		1975	1975	$ 1,305,939	$ 31,866	40	$ 31,866	$	$ 1,149,847	4
5					228,890		20				5
6					1,235,805	41,194	30	41,194		514,920	6
7											7
8	Home Office Allocation				47,113	5,347		5,347		29,031	8
	Improvement Type**										
9	1978 Fixed Asset				18,615					18,615	9
10	1979 Fixed Asset				3,855	84		84		2,773	10
11	1980 Fixed Asset				533	12		12		388	11
12	1981 Fixed Asset				597					597	12
13	1986 Fixed Asset				8,955					8,955	13
14	1988 Fixed Asset				5,975					5,975	14
15	1990 Fixed Asset				12,080					12,080	15
16	1991 Fixed Asset				13,548					13,548	16
17	1992 Fixed Asset				600	27		27		600	17
18	1993 Fixed Asset				3,891	100		100		3,791	18
19	1995 Fixed Asset				1,222					1,222	19
20	1996 Fixed Asset				35,958	220		220		28,515	20
21	1997 Fixed Asset				4,910					4,910	21
22	1998 Fixed Asset				10,093	151		151		6,186	22
23	1999 Fixed Asset				4,552	85		85		2,257	23
24	2000 Fixed Asset				17,056					17,056	24
25	2001 Fixed Asset				19,476	1,110		1,110		19,476	25
26	2002 Fixed Asset				27,274	1,637		1,637		16,722	26
27	2003 Fixed Asset				29,373	2,611		2,611		26,630	27
28	2004 Fixed Asset				9,301	719		719		8,211	28
29	2005 Fixed Asset				28,208	2,281		2,281		20,733	29
30	2006 Fixed Asset				17,613	634		634		15,385	30
31	2007 Fixed Asset				18,126	1,983		1,983		9,558	31
32	Landscaping Project - Pond Construction			2/1/2008	7,985	799	10	799		3,528	32
33	Fire Barrier Life Safety Work			4/10/2008	7,652	765	10	765		3,251	33
34	Install 2 AC New Compressors			6/9/2008	2,500	250	10	250		1,021	34
35	65 Gallon Water Heater			7/17/2008	6,183	618	10	618		2,473	35
36	Roof Work			9/21/2008	4,200	420	10	420		1,575	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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	13 Handicapped Stools w. Lids	3/1/2009	$ 2,445	$ 245	10	$ 245	$	$ 816	37
38	Door monitor Equipment	3/18/2009	5,887	589	10	589		1,963	38
39	Install 42x54 glass	5/1/2009	515	52	10	52		164	39
40	Install 49x61glass	5/1/2009	615	62	10	62		196	40
41	Kitchen Door	9/25/2009	599	60	10	60		170	41
42	Install Double Pane Windows residents	10/13/2009	17,898	1,790	10	1,790		4,922	42
43	Duro Last Membrane For Roof	10/13/2009	28,310	2,831	10	2,831		7,785	43
44	Mag Lock for Haven Center	4/21/2010	1,249	125	10	125		281	44
45	Electrical Circuits for Roof Top AC	5/19/2010	5,995	600	10	600		1,300	45
46	Asbestos Inspection	2010	6,180	618	10	618		1,288	46
47	Level C Multiple Fabrics Privacy Curtain	2010	769	77	10	77		160	47
48	Privacy Curtains	2010	769	77	10	77		160	48
49	Material for Electrical Upgrade	2010	24,273	2,427	10	2,427		5,057	49
50	Sheers Dining Room, Chapel	2010	10,188	1,019	10	1,019		2,123	50
51	Soffit Work	2010	17,536	1,754	10	1,754		3,653	51
52	Remove/Relocate Door & Frame	2010	1,100	110	10	110		229	52
53	Smoke Wall/New Walls Per State	2010	11,400	1,140	10	1,140		2,375	53
54	Install Ceiling	2010	56,397	5,639	10	5,639		11,749	54
55	Smoke Walls Per State	2010	7,250	725	10	725		1,510	55
56	Demo Walls	2010	25,102	2,510	10	2,510		5,230	56
57	Sprinkler Heads - Kitchen	2010	7,050	705	10	705		1,469	57
58	Raised Area-Chapel, Install Floor	2010	3,050	305	10	305		635	58
59	Field Drainage	2010	18,500	1,850	10	1,850		3,854	59
60	Remove/Replace Asbestos Flooring	2010	64,200	6,420	10	6,420		13,375	60
61									61
62									62
63									63
64									64
65									65
66	Dining/Chapel HVAC & Ductwork	6/30/2010	188,788	18,879	10	18,879		39,331	66
67	Dry Sprinkler Valve Replacement	2010	3,950	395	10	395		824	67
68	Architectural Services	2010	11,082	1,107	10	1,107		2,305	68
69	Antifreeze Loop for Front Soffit	2010	10,385	1,039	10	1,039		2,165	69
70	TOTAL (lines 4 thru 69)		$ 3,669,560	$ 146,063		$ 146,063	$	$ 2,064,918	70

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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		$ 3,669,560	$ 146,063		$ 146,063	$	$ 2,064,918	1
2	Sensitivity & Fire Alarm Inspection/Maintenance	2010	5,506	551	10	551		1,148	2
3	Goodman R-22 2 Ton condensing Unit	7/9/2010	726	73	10	73		145	3
4	Replace Flooring in 4 Bathrooms	8/31/2010	9,045	905	10	905		1,734	4
5	Rehab Front Hall -Wall Protector	9/30/2010	2,669	267	10	267		489	5
6	Carpeting	2/16/2011	1,722	172	10	172		244	6
7	300 kva Transformer	2/17/2011	4,902	490	10	490		694	7
8	PTAC Units	3/2/2011	2,004	200	10	200		267	8
9	Carpeting	3/17/2011	754	75	10	75		101	9
10	PTAC Units	5/31/2011	2,456	246	10	246		287	10
11	R&R 15' Light Pole	6/15/2011	1,567	157	10	157		170	11
12	Parking Lot Repairs and Sealing Lot	6/27/2011	22,313	2,231	10	2,231		2,417	12
13	Dining and Angel Hall - Flooring	6/30/2011	12,145	1,214	10	1,214		1,316	13
14	Replace Chapel Roof	10/20/2011	28,963	2,655	10	2,655		2,655	14
15	Fibro Self Contained Molding	7/18/2011	2,400	240	10	240		240	15
16	PTAC Digismart 12,000 BTU	8/15/2011	2,456	225	10	225		225	16
17	Shower/Tub	10/25/2011	1,000	75	10	75		75	17
18	Generator parts, contols for upg	12/9/2011	18,929	2,208	5	2,208		2,208	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,789,117	$ 158,046		$ 158,046	$	$ 2,079,332	34

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	$ 484,084	$ 65,664	$ 65,664	$	Various	$ 273,009	71
72	Current Year Purchases	33,752	8,526	8,526		Various	8,526	72
73	Fully Depreciated Assets	520,699	8,082	8,082		Various	520,699	73
74	Home Office Allocation	190,457	15,957	15,957			81,503	74
75	TOTALS	$ 1,228,992	$ 98,229	$ 98,229	$		$ 883,737	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 Transportation	1994 Ford Bus	5/25/1994	$ 43,500	$	$	$	8	$ 43,500	76
77	Patient Transportation	2009 Ford E250 Van	1/27/2010	29,744	7,436	7,436		4	18,590	77
78										78
79	Home Office Allocation			14,308	1,624	1,624			5,318	79
80	TOTALS			$ 87,552	$ 9,060	$ 9,060	$		$ 67,408	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 5,126,345	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 265,335	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 265,335	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,030,477	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	Duplex	$ 104,661	$ 7,417	$ 80,395	86
87	Congregate	422,572	12,446	297,318	87
88	Land	24,818			88
89					89
90					90
91	TOTALS	$ 552,051	$ 19,863	$ 377,713	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	$ 66,612	92
93			93
94			94
95		$ 66,612	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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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 ☐ 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 ☐ 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: $ 11,547 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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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.

   PMCV 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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A-3	hrs	$	4,050	$ 222,694	$	4,050	$ 222,694	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		1,929	116,740		1,929	116,740	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-3	hrs		9,649	306,101		9,649	306,101	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			$	15,628	$ 645,535	$	15,628	$ 645,535	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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/12 (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	$ 247,670	$	1
2	Cash-Patient Deposits	34,753		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 66,360)	1,188,404		3
4	Supply Inventory (priced at)	16,842		4
5	Short-Term Investments	283,338		5
6	Prepaid Insurance	733		6
7	Other Prepaid Expenses	9,929		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Accrued Interest Receivable	8,490		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,790,159	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	40,694		13
14	Buildings, at Historical Cost	4,244,078		14
15	Leasehold Improvements, at Historical Cost	131,025		15
16	Equipment, at Historical Cost	1,101,875		16
17	Accumulated Depreciation (book methods)	(3,344,419)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,732,098		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,905,351	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,695,510	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 365,337	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	34,753		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	230,255		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	61		32
33	Accrued Interest Payable	1,061		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Accrued Liabilities	397,113		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,028,580	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	150,902		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Auxiliary	8,065		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 158,967	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,187,547	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,507,963	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,695,510	$	48

*(See instructions.)

Facility Name & ID Number Pleasant Meadows Christian Village **#** 0019166 **Report Period Beginning:** 7/1/11 **Ending:** 6/30/12

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,637,068	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,637,068	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(129,105)	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)**	$ (129,105)	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)**	$ 4,507,963	24 *

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

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	$ 6,031,163	1
2	Discounts and Allowances for all Levels	(2,250,706)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,780,457	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,328,681	6
7	Oxygen	26,819	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,355,500	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	23,308	13
14	Non-Patient Meals	1,319	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	234,236	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	35,725	19
20	Radiology and X-Ray	46,043	20
21	Other Medical Services	74,478	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 415,109	23
	D. Non-Operating Revenue		
24	Contributions	126,862	24
25	Interest and Other Investment Income***	56,978	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 183,840	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Congregate/Apartment Living	116,197	28
28a	Miscellaneous Revenue	40,421	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 156,618	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,891,524	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,104,511	31
32	Health Care	3,410,079	32
33	General Administration	1,647,706	33
	B. Capital Expense		
34	Ownership	268,619	34
	C. Ancillary Expense		
35	Special Cost Centers	589,714	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,020,629	40
41	**Income before Income Taxes (line 30 minus line 40)****	(129,105)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (129,105)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,471,460	44
45	Private Pay - Net Inpatient Revenue	1,750,114	45
46	Medicare - Net Inpatient Revenue	(350,948)	46
47	Other-(specify) HMO	(90,169)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 3,780,457	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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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	3,510	4,006	$ 139,503	$ 34.82	1
2	Assistant Director of Nursing	70	262	12,041	45.96	2
3	Registered Nurses	11,845	13,432	301,274	22.43	3
4	Licensed Practical Nurses	28,627	31,193	635,203	20.36	4
5	CNAs & Orderlies	89,388	95,977	1,106,083	11.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,473	1,864	21,444	11.50	9
10	Activity Assistants	6,610	7,242	67,843	9.37	10
11	Social Service Workers	7,069	7,851	127,551	16.25	11
12	Dietician					12
13	Food Service Supervisor	1,760	1,884	30,561	16.22	13
14	Head Cook					14
15	Cook Helpers/Assistants	17,509	19,728	196,542	9.96	15
16	Dishwashers					16
17	Maintenance Workers	3,407	3,707	56,265	15.18	17
18	Housekeepers	12,088	13,386	135,066	10.09	18
19	Laundry	4,413	4,846	46,247	9.54	19
20	Administrator	1,944	2,168	142,377	65.67	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,892	2,168	52,990	24.44	23
24	Clerical	4,351	4,837	70,473	14.57	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	2,801	3,041	33,664	11.07	31
32	Other Health C: MDS Coordinator	3,865	4,379	110,608	25.26	32
33	Other(specify) Marketing, Beauti	2,556	3,237	58,287	18.01	33
34	TOTAL (lines 1 - 33)	205,178	225,208	$ 3,344,022 *	$ 14.85	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	286	$ 13,585	3.1.3	35
36	Medical Director	120	12,000	3.9.3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	180	3,283	3.10.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	93	6,060	3.12.3	45
46	Other(specify)				46
47	Interim MDS	417	31,651	3.10.3	47
48					48
49	TOTAL (lines 35 - 48)	1,095	$ 66,579		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 Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Robert Vincent	Administrator		$ 142,377
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 142,377

B. Administrative - Other

Description	Amount
Management Fee Expense	$ 432,574
TOTAL (agree to Schedule V, line 17, col. 3)	$ 432,574
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Polaris Group	Survey	$ 6,149
My Innerview	Survey	1,230
Davis & Campbell	Legal	8,447
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 15,826

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 81,060
Unemployment Compensation Insurance	31,219
FICA Taxes	233,912
Employee Health Insurance	265,050
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Expense	12,503
Executive Retention Expense	5,457
Employee Physicals	4,163
Employee Uniforms	1,282
457 Plan Expense	3,000
Home Office Allocation	31,306
TOTAL (agree to Schedule V, line 22, col.8)	$ 668,952

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	2,133
Health Care Worker Background Check	
(Indicate # of checks performed 138)	2,064
Patient Background Checks 100	1,000
License	2,313
Dues	6,954
Subscriptions	148
Other	143
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,755

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 1,017
In-State Travel	3,995
Seminar Expense	2,671
Home Office Allocation	11,467
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 19,150

**See instructions.

Facility Name & ID Number Pleasant Meadows Christian Village # 0019166 Report Period Beginning: 7/1/11 Ending: 6/30/12

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 Pleasant Meadows Christian Village **#** 0019166 **Report Period Beginning:** 7/1/11 **Ending:** 6/30/12

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 & AAHSA $5686**

(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. $ **30,514** Line **3.10.2**

(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. $ **297,586**
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. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1,319**

(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. $

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

(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.