FOR BHF USE

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2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

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

I.

IDPH License ID Number: 0012328

Facility Name: Apostolic Chr Home of Eureka

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

County: Woodford

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

HFS ID Number:

Date of Initial License for Current Owners: 1966

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Thomas A. Hoffman Telephone Number: (309) 467-2311
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Thomas A. Hoffman
(Title) Administrator

Paid Preparer

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	91	Skilled (SNF)	91	33,215	1
2		Skilled Pediatric (SNF/PED)			2
3	11	Intermediate (ICF)	11	4,015	3
4		Intermediate/DD			4
5	10	Sheltered Care (SC)	10	3,650	5
6		ICF/DD 16 or Less			6
7	112	TOTALS	112	40,880	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	6,472	24,421	931	31,824	8
9	SNF/PED					9
10	ICF	353	1,392		1,745	10
11	ICF/DD					11
12	SC		2,957		2,957	12
13	DD 16 OR LESS					13
14	TOTALS	6,825	28,770	931	36,526	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.35%

D. How many bed-hold days during this year were paid by the Department? _____ (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Apartment, Duplex, Condominium

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

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

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

I. On what date did you start providing long term care at this location?
Date started 1966

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 91 and days of care provided 931

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	384,776	19,001	20,649	424,426		424,426		424,426			1
2	Food Purchase		278,806		278,806		278,806	(17,054)	261,752			2
3	Housekeeping	142,185	29,221	3,182	174,588		174,588	(3,929)	170,659			3
4	Laundry	133,030	9,782	1,245	144,057		144,057		144,057			4
5	Heat and Other Utilities			223,342	223,342		223,342	(40,247)	183,095			5
6	Maintenance	161,275	14,961	65,414	241,650		241,650	(30,537)	211,113			6
7	Other (specify):*											7
8	TOTAL General Services	821,266	351,771	313,832	1,486,869		1,486,869	(91,767)	1,395,102			8
	B. Health Care and Programs											
9	Medical Director			4,800	4,800		4,800		4,800			9
10	Nursing and Medical Records	3,209,835	41,505	50,886	3,302,226	29,952	3,332,178		3,332,178			10
10a	Therapy	57,798	1,464	136,981	196,243		196,243	1,242	197,485			10a
11	Activities	224,784	4,710	6,072	235,566		235,566	(30)	235,536			11
12	Social Services	64,409	201	1,991	66,601		66,601		66,601			12
13	CNA Training					14,760	14,760	(632)	14,128			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,556,826	47,880	200,730	3,805,436	44,712	3,850,148	580	3,850,728			16
	C. General Administration											
17	Administrative	207,665			207,665		207,665	(24,453)	183,212			17
18	Directors Fees											18
19	Professional Services			26,919	26,919	1,404	28,323		28,323			19
20	Dues, Fees, Subscriptions & Promotions			24,185	24,185	194	24,379	(8,014)	16,365			20
21	Clerical & General Office Expenses	129,801	6,155	53,788	189,744	(3,348)	186,396	(16,090)	170,306			21
22	Employee Benefits & Payroll Taxes			1,081,273	1,081,273		1,081,273	(18,461)	1,062,812			22
23	Inservice Training & Education											23
24	Travel and Seminar			10,808	10,808	1,750	12,558		12,558			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			95,412	95,412		95,412	(15,158)	80,254			26
27	Other (specify):*											27
28	TOTAL General Administration	337,466	6,155	1,292,385	1,636,006		1,636,006	(82,176)	1,553,830			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,715,558	405,806	1,806,947	6,928,311	44,712	6,973,023	(173,363)	6,799,660			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Apostolic Christian Home of Eureka #0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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			455,429	455,429		455,429	(89,312)	366,117			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			17,816	17,816		17,816	(17,816)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			473,245	473,245		473,245	(107,128)	366,117			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		101,204	5,614	106,818	(44,712)	62,106		62,106			39
40	Barber and Beauty Shops			23,142	23,142		23,142		23,142			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			260,290	260,290		260,290		260,290			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		101,204	289,046	390,250	(44,712)	345,538		345,538			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,715,558	507,010	2,569,238	7,791,806		7,791,806	(280,491)	7,511,315			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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	(17,054)	2.2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(9,269)	30.3		9
10	Interest and Other Investment Income		32.3		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees	(632)	13		27
28	Yellow Page Advertising		20.3		28
29	Other-Attach Schedule	(253,536)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (280,491)		$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	$		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (280,491)		37

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [x] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		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 Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2					-							2
3					-							3
4					-							4
5					-							5
	Working Capital											
6					-							6
7					-						-	7
8					-							8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 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 2013 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:			
	2008		8
	2009		9
	2010		10
	2011		11
	2012		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2012	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2012 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2012 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2012.

Please complete the Real Estate Tax Statement below and include it in the 2013 cost report along with a copy of your 2012 real estate tax bill.

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Apostolic Christian Home of Eureka COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0012328

CONTACT PERSON REGARDING THIS REPORT Thomas A. Hoffman

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

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

Enter the tax index number and real estate tax assessed for 2012 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 2012.

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

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	63,500	1963	$ 58,945	1
2					2
3	TOTALS	63,500		$ 58,945	3

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	62		1966	1966	$ 488,404	$	40	$	$	$ 488,404	4
5	38		1975	1975	605,234	15,091	40	15,131	40	568,510	5
6	11		1994	1994	1,522,126	38,053	39	39,029	976	755,238	6
7	4		1994	1994	226,582	6,237	39	5,810	(427)	110,480	7
8				1989	3,512		20			3,512	8
	Improvement Type**										
9	1967 - 1990			1967	245,825		40			245,825	9
10	Cubicle Curtain Track			1991	850		20			850	10
11	Carpeting/Woodwork			1991	795		20			795	11
12	Key Pads/Door System			1991	2,670		20			2,670	12
13	Thermo Mixing Valves			1991	3,310		20			3,310	13
14	Air Conditioning Unit			1991	3,012		10			3,012	14
15	Wall Air Conditioning Unit			1991	910		10			910	15
16	Patio			1991	2,150		20			2,150	16
17	Asphalt Parking			1992	8,938		20			8,938	17
18	Trees & Shrubs			1992	403		20			403	18
19	Radiator Covers			1992	5,500		20			5,500	19
20	Plumbing Upgrade			1992	2,348		20			2,348	20
21	Shed			1992	2,000		20			2,000	21
22	Alarm System			1992	4,520		20			4,520	22
23	Lock Sets			1992	1,207		20	2	2	1,207	23
24	Water Heater			1992	10,252		10			10,252	24
25	Air Conditioner			1992	886		10			886	25
26	Air Conditioner			1992	926		10			926	26
27	Air Conditioner			1992	858		10			858	27
28	Drapes and Rods			1992	1,057		10			1,057	28
29	Fireplace Glass			1992	587		10			587	29
30	Air Conditioner			1993	1,303		10			1,303	30
31	Fountain Lights			1993	1,179		10			1,179	31
32	Exterior Lighting			1993	850	5	20		(5)	850	32
33	Hallway Remodeling			1993	2,383	45	20	39	(6)	2,383	33
34	Kitchen Flooring			1993	2,441		20	56	56	2,441	34
35	Office Addition			1994	57,234	1,431	39	1,468	37	28,873	35
36	Roof			1994	17,577	879	20	879		16,920	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Interior Hallway	1994	$ 7,134	$	10	$	$	$ 7,134	37
38	Phone System	1994	13,120		10			13,120	38
39	Air Conditioner	1995	1,158		10			1,158	39
40	Drapes	1995	529		10			529	40
41	Remodel	1995	5,366		5			5,366	41
42	Improvements	1995	3,293		10			3,293	42
43	Roof & Insulation	1995	21,002	1,050	20	1,050		19,429	43
44	Building Improvements	1995	7,787		10			7,787	44
45	Life Safety Code	1995	21,125	1,056	20	1,056		19,054	45
46	Air Conditioner	1996	485		10			485	46
47	Phone System-Social Service	1996	1,201		10			1,201	47
48	Air Conditioner	1996	2,886		10			2,886	48
49	Water Softner	1996	3,442		10			3,442	49
50	Social Service Office Remodel	1996	2,750	207	20	67	(140)	2,750	50
51	Life Safety Code	1996	8,113	336	20	406	70	6,917	51
52	Life Safety Door	1996	5,061	253	20	253		4,503	52
53	Front Room Wallpaper	1996	1,008		10			1,008	53
54	Ventilation & A/C System	1996	5,990		10			5,990	54
55	Front Room Carpet	1996	2,432		20	122	122	2,145	55
56	Guttering System	1996	3,355	168	20	168		2,947	56
57	Air Conditioning	1996	9,314	466	20	466		8,176	57
58	Air Conditioning	1996	1,008	50	20	50		869	58
59	Cabinetry in Tub Room	1996	2,945		10			2,945	59
60	Air Conditioning & Ventilation System	1996	8,942	447	20	447		7,730	60
61	Speaker System	1996	3,798		10			3,798	61
62	Life Safety Ventilation System	1996	798	40	20	40		688	62
63	Six Air Conditioners	1997	2,882		10			2,882	63
64	Water Heater	1997	5,871		10			5,871	64
65	Wall Fountain	1997	653		10			653	65
66	Draperys	1997	2,839		10			2,839	66
67	Smoke Detectors	1997	3,103		10			3,103	67
68	Carpeting	1997	3,525	176	20	176		2,845	68
69	Hall Remodeling	1997	16,641	832	20	832		13,451	69
70	TOTAL (lines 4 thru 69)		$ 3,407,385	$ 66,822		$ 67,547	$ 725	$ 2,446,091	70

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,407,385	$ 66,822		$ 67,547	$ 725	$ 2,446,091	1
2	1998 - 1999	1998	25,289		10			25,289	2
3	Seven Air Conditioners	2000	3,626		10			3,626	3
4	Air Conditioner	2000	1,508		10			1,508	4
5	Generator & Building	2000	303,007	7,579	40	7,575	(4)	105,467	5
6	Wall Carpet	2000	3,630		10			3,630	6
7	Carpeting	2000	21,956		10			21,956	7
8	Courtyard Improvements	2000	5,312		10			5,312	8
9	Courtyard improvements	1999	11,738		10			11,738	9
10	Air conditioner	2001	632		10			632	10
11	Lighting	2001	2,233		5			2,233	11
12	Attached wash stations	2001	849		10			849	12
13	Hot water heater	2001	939		5			939	13
14	Counter top	2001	550		10			550	14
15	Air conditioner	2001	9,725	486	20	486		6,034	15
16	Installation of sinks	2001	1,050		10			1,050	16
17	New dumpster door	2002	928	46	20	46		541	17
18	Flooring for 2002 addition and remodel	2002	85,333	4,267	20	4,267		46,937	18
19	2002 addition and remodel	2002	2,247,842	56,196	40	56,196		618,156	19
20	Room designation	2002	627		10			627	20
21	Water heater	2002	4,147		10			4,147	21
22	Drapes and blinds for dining, activity, therapy	2002	15,437		10			15,437	22
23	Courtyard sprinkler system	2002	8,800		10			8,800	23
24	Gravel driveway	2002	634		5			634	24
25	Landscaping for 2002 addition	2002	198,700	9,935	20	9,935		109,285	25
26	Sprinkler system for 2002 addition	2002	9,600		10			9,600	26
27	Surveillance camera	2003	1,750		5			1,750	27
28	Water heater	2003	4,965		10	76	76	4,965	28
29	Signage	2003	895	45	10	10	(35)	895	29
30	Valances	2003	662	33	10	18	(15)	662	30
31	Electrical work addition	2003	8,185	205	40	205		2,222	31
32	Addition painting	2003	5,289	132	40	132		1,420	32
33	Remodel breakroom	2003	3,085	154	20	154		1,656	33
34	TOTAL (lines 1 thru 33)		$ 6,396,308	$ 145,900		$ 146,647	$ 747	$ 3,464,638	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 6,396,308	$ 145,900		$ 146,647	$ 747	$ 3,464,638	1
2	Thermostats in addition	2003	560	28	10	28		560	2
3	Steel Doors	2003	1,095	55	20	55		573	3
4	Oxygen room exhaust fan	2003	2,062	52	40	52		537	4
5	Storm sewer work	2003	3,500	175	10	203	28	3,500	5
6	Door alert system	2004	1,342	134	10	134		1,329	6
7	Hot water heater	2004	2,977		10	298	298	2,707	7
8	Smoke detectors, roller latches, fire window	2004	8,913	703	13	686	(17)	6,803	8
9	Life safety, wall repair, carpeting	2004	9,202	633	15	613	(20)	6,031	9
10	Handrails	2004	1,472	147	10	147		1,434	10
11	Roofing	2004	6,500	325	20	325		3,116	11
12	Remodel tubroom, room 121 & 123, hallways	2004	47,702	2,385	20	2,385		22,667	12
13	Carpeting room 255-257, office renovations	2004	13,647	153	20	682	529	6,196	13
14	Carpeting rm 251-254 & 258-259, heating & panic door	2004	8,348	374	17	491	117	4,419	14
15	Water softner for kitchen	2005	3,708	371	10	371		3,217	15
16	Cabinet for dining	2005	719	72	10	72		612	16
17	ADON office remodel	2005	1,841	92	20	92		813	17
18	Living room remodel	2005	1,615		20	81	81	716	18
19	Door for laundry room	2005	536	27	20	27		236	19
20	Water lines for water softner	2005	780	39	20	39		335	20
21	Central air conditioning unit	2005	4,902	245	20	245		2,084	21
22	Remodel tub rooms	2005	47,940	2,397	20	2,397		20,181	22
23	Kitchen hood and light fixtures	2005	9,076	454	20	454		3,784	23
24	Replace floor in walk-in cooler	2005	2,160	108	20	108		891	24
25	Doors for east hall room	2005	1,280	64	20	64		517	25
26	Wall carpet and corner guards	2005	2,278	176	15	152	(24)	1,229	26
27	Water Heater	2006	3,566	357	10	357		2,499	27
28	Hot water delivery system	2006	2,142	214	10	214		1,678	28
29	Carpeting	2006	969	97	10	97		752	29
30	Storage area	2006	1,228	123	10	123		954	30
31	Plumbing & electrical for diswasher	2006	1,089	109	10	109		799	31
32	Soffit work	2006	4,268	427	10	427		3,060	32
33	Floor & wall tiling	2006	13,669	683	20	683		4,895	33
34	TOTAL (lines 1 thru 33)		$ 6,607,394	$ 157,119		$ 158,858	$ 1,739	$ 3,573,762	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 6,607,394	$ 157,119		$ 158,858	$ 1,739	$ 3,573,762	1
2	West entrance automatic door	2006	1,736	174	10	174		1,247	2
3	Sheltered care and tub room renovations	2006	16,029	801	20	801		5,675	3
4	Sealcoat front parking area	2006	420		5			420	4
5	Garbage Disposal	2007	942		5			942	5
6	Cabinets	2007	679	68	10	68		419	6
7	Draperies	2007	946	95	10	95		578	7
8	Automatic door	2007	4,979		10	498	498	3,444	8
9	Drywall in stairwell	2007	1,973	99	20	99		677	9
10	Sprinkler system	2007	802	40	20	40		274	10
11	Fireproofing of stairwell	2007	1,951	98	20	98		653	11
12	Carpeting & cabinets rm 200	2007	2,172	217	10	217		1,429	12
13	Fire panel	2007	2,311	231	10	231		1,463	13
14	Flooring rooms 134, 135, 136	2007	5,628	563	10	563		3,520	14
15	Flooring in quad	2007	52,194	2,610	20	2,610		16,096	15
16	Front entrance hallway renovations	2007	2,374	237	10	237		1,462	16
17	Exterior quad soffit replacement	2007	10,400	520	20	520		3,207	17
18	Smoke detectors	2007	569	57	10	57		342	18
19	Flooring	2007	2,910	291	10	291		1,746	19
20	Sprinkler system	2007	10,644	533	20	532	(1)	3,192	20
21	Fire grid ceiling	2008	1,725	86	20	86		509	21
22	Cabinetry in laundry	2008	561	56	10	56		331	22
23	Sprinkler system	2008	19,429	971	20	971		5,747	23
24	Air conditioning system	2008	2,300	115	20	115		604	24
25	Wood flooring install	2008	9,647	965	10	965		4,825	25
26	Doors for stairwell	2008	2,472	247	10	247		1,235	26
27	Wyse terminals	2008	2,546	255	5	43	(212)	2,546	27
28	Phone system install	2008	26,715	2,672	10	2,672		15,600	28
29	Draperies	2008	1,568	157	10	157		903	29
30	Tub for upstairs w.s. room	2009	15,241	1,524	10	1,524		6,605	30
31	Sprinklers, fire damper updates w/caulking	2009	13,436	1,232	12	1,120	(112)	5,419	31
32	Flooring rms 109,110,111,112	2009	5,800	580	10	580		2,757	32
33	Auto doors, elevator & phone, walls, floors east rms.	2009	267,524	13,608	20	13,376	(232)	61,346	33
34	TOTAL (lines 1 thru 33)		$ 7,096,017	$ 186,221		$ 187,901	$ 1,680	$ 3,728,975	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 7,096,017	$ 186,221		$ 187,901	$ 1,680	$ 3,728,975	1
2	Water heater	2009	6,216	622	10	622		2,696	2
3	Tile & plumbing for tub rm, flooring rms. 257, 102, 101,224.	2009	15,716	1,572	10	1,572		6,684	3
4	Cabinets kitchen, water line n. hall & wing	2009	4,711	326	16	294	(32)	1,250	4
5	Flooring rm 253	2009	1,845	185	10	185		756	5
6	Exit lighting	2009	2,304	230	10	230		920	6
7	Tub for upstairs east south room	2010	17,948	1,795	10	1,795		6,290	7
8	Overhead & auto doors lawnshop & upeast entrance	2010	5,345	535	10	535		1,874	8
9	Blinds, flooring, walls for 214-220, utility, nurse station	2010	482,556	25,532	20	24,128	(1,404)	84,547	9
10	Flooring & wall tiles for upeastsouth hall spa rm	2010	7,140	714	10	714		2,502	10
11	Flooring, walls, ceiling upeast library	2010	5,632	563	10	563		1,877	11
12	Flooring, walls, ceiling for 101-108	2010	42,719	4,272	10	4,272		14,244	12
13	A/C for main kitchen	2010	4,250	213	20	213		693	13
14	Vinyl flooring for 240	2010	2,327	233	10	233		758	14
15	Gutter coverings south & north sides	2010	3,475	231	15	232	1	754	15
16	Water heaters	2010	8,157	816	10	816		2,517	16
17	Flooring for downstairs E & W + nurse station	2011	42,244	2,112	20	2,112		6,157	17
18	Repair boiler & zone valves 214 - 220	2011	4,461	446	10	446		1,300	18
19	Vinyl flooring for 245 & 249	2011	4,494	449	10	449		1,048	19
20	Bus garage and mezzanine	2011	112,089	3,963	30	3,736	(227)	8,096	20
21	Water heater for kitchen	2011	5,769	577	10	577		1,154	21
22	Walnut street directional signage	2011	1,025	205	5	205		564	22
23	Fire alarm kit/lndr, DW wall, chr rail, window trim, security cam lvg rm	2012	13,097	1,539	5	2,619	1,080	3,057	23
24	Flooring:120,125,122,126,239,124,Breakroom,Entrance,Kitchen	2012	46,149	4,616	10	4,615	(1)	6,158	24
25	Front entrance wall, window, door, ceiling, wiring, A/C, signage	2012	872,571	43,689	20	43,629	(60)	58,212	25
26	Laundry A/C, walls	2012	8,510	851	10	851		1,135	26
27	CNA classroom & Careplan ofc walls	2013	1,985	99	10	182	83	182	27
28	Mixing Valve for kitchen, laundry, resident rooms	2013	5,019	251	10	421	170	421	28
29	HL room - painting, wall board, lights	2013	5,859	293	10	441	148	441	29
30	Main Kitchen dishroom flooring	2013	2,937	147	10	197	50	197	30
31	Vinyl wood flooring for upstairs family & activity room	2013	13,757	688	10	807	119	807	31
32	Convert fire alarms to chimes	2013	9,565	478	10	482	4	482	32
33	Vinyl wood flooring for Room #123 & #247	2013	5,247	262	10	175	(87)	175	33
34	TOTAL (lines 1 thru 33)		$ 8,861,136	$ 284,725		$ 286,249	$ 1,524	$ 3,946,923	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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 12E, Carried Forward		$ 8,861,136	$ 284,725		$ 286,249	$ 1,524	$ 3,946,923	1
2	Air conditioning unit for Social Service office	2013	2,550	128	10	85	(43)	85	2
3	Tile & carpet flooring for UW hallways & SS Office	2013	32,389	851	20	408	(443)	408	3
4	UW nurses station walls, closet, cabinetry, countertop	2013	10,221	511	10	87	(424)	87	4
5	Boiler Replacement	2013	154,265	7,713	10		(7,713)		5
6	Flooring & bathroom tile work UE rooms 201-209	2013	41,832	2,092	10		(2,092)		6
7	Concrete to replace asphalt at entrance	2013	10,680	267	20	313	46	313	7
8	Concrete portion of parking lot	2013	5,940	149	20	25	(124)	25	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
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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)		$ 9,119,013	$ 296,436		$ 287,167	$ (9,269)	$ 3,947,841	34

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	$ 192,021	$ 63,795	$ 63,795	$	10	$ 59,503	71
72	Current Year Purchases	110,409	7,796	7,796		10	7,796	72
73	Fully Depreciated Assets	1,426,121					1,426,121	73
74								74
75	TOTALS	$ 1,728,551	$ 71,591	$ 71,591	$		$ 1,493,420	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Transport	99 Ford bus	1999	$ 49,239	$	$	$	10	$ 49,239	76
77	Maintenance	98 Dodge Pickup	1999	13,280				10	13,280	77
78	Patient Transport	07 Chevy Van	2008	35,100	3,510	3,510		10	21,060	78
79	Patient Transport	05 Chevy bus	2005	46,122	4,612	4,612		10	41,508	79
80	TOTALS			$ 143,741	$ 8,122	$ 8,122	$		$ 125,087	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)	$ 11,050,250	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 376,149	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 366,880	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (9,269)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,566,348	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Apartments Various	$ 445,391	$ 9,079	$ 384,591	86
87	Condos Various	1,496,782	44,180	859,474	87
88	Duplexes Various	1,000,561	23,905	884,749	88
89	Rental Units Various	747,362	1,658	11,836	89
90	Garages Various	35,248	459	31,562	90
91	TOTALS	$ 3,725,344	$ 79,281	$ 2,172,212	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	$ 612,966	92
93			93
94			94
95		$ 612,966	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [x] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

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

9. Option to Buy: [ ] YES [x] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2014	$
13.	/2015	$
14.	/2016	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

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

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

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [x]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA 80

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

B. EXPENSES

ALLOCATION OF COSTS (d)

			1	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)		12,483	567	13,050
6	Transportation					
7	Contractual Payments					
8	CNA Competency Tests			1,645	65	1,710
9	TOTALS		$	$ 14,128	$ 632	$ 14,760
10	SUM OF line 9, col. 1 and 2	(e)	$ 14,128			14,760

C. CONTRACTUAL INCOME

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

$ 610

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	22
2. From other facilities (f)	1
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	23

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	$	246	$ 21,267	$	246	$ 21,267	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		230	14,685		230	14,685	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		277	23,876		277	23,876	4
5	Physician Care	39.3	visits							5
6	Dental Care	39.3	visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39.2	# of prescrpts				38,905		38,905	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Exceptional Care	39.2								12
13	Other (specify): Medical Supplies	39.2					17,587		17,587	13
14	TOTAL			$	753	$ 59,828	$ 56,492	753	$ 116,319	14

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2013 (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	$ 3,274,101	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	378,610		3
4	Supply Inventory (priced at FIFO)	46,303		4
5	Short-Term Investments			5
6	Prepaid Insurance	80,754		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	$ 3,779,768	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,026,056		13
14	Buildings, at Historical Cost	11,639,959		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,166,979		16
17	Accumulated Depreciation (book methods)	(7,619,855)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Progress	612,966		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	$ 7,826,105	$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	$ 11,605,873	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 119,047	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	304,981		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,589		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	68,840		36
37	Life Lease Deferred Income	148,453		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	$ 642,910	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Life Lease Equity	2,002,510		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	$ 2,002,510	$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	$ 2,645,420	$	46
47	TOTAL EQUITY(page 18, line 24)	$ 8,960,453	$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	$ 11,605,873	$	48

*(See instructions.)

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	$ 8,953,971	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments		4
5	Rounding	(1)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	$ 8,953,970	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	6,483	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)	$ 6,483	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	$ 8,960,453	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,014,758	1
2	Discounts and Allowances for all Levels	(542,902)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	$ 6,471,856	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	317,189	6
7	Oxygen	22,564	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	$ 339,753	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	23,029	13
14	Non-Patient Meals	17,054	14
15	Telephone, Television and Radio	14,466	15
16	Rental of Facility Space		16
17	Sale of Drugs	48,144	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,454	19
20	Radiology and X-Ray		20
21	Other Medical Services	135,539	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	$ 244,686	23
	D. Non-Operating Revenue		
24	Contributions	419,682	24
25	Interest and Other Investment Income***	65,960	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	$ 485,642	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	7,053	28
28a	Non-Care Facility	249,299	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	$ 256,352	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	$ 7,798,289	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,486,869	31
32	Health Care	3,805,436	32
33	General Administration	1,636,006	33
	B. Capital Expense		
34	Ownership	473,245	34
	C. Ancillary Expense		
35	Special Cost Centers	129,960	35
36	Provider Participation Fee	260,290	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	$ 7,791,806	40
41	Income before Income Taxes (line 30 minus line 40)**	6,483	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	$ 6,483	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 828,266	44
45	Private Pay - Net Inpatient Revenue	5,529,869	45
46	Medicare - Net Inpatient Revenue	113,720	46
47	Other-(specify) Rounding		47
48	Other-(specify) Rounding		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,471,856	49

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

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

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

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,048	2,048	$ 65,937	$ 32.20	1
2	Assistant Director of Nursing	1,872	1,872	57,456	30.69	2
3	Registered Nurses	29,429	32,505	979,754	30.14	3
4	Licensed Practical Nurses	17,279	19,121	410,787	21.48	4
5	CNAs & Orderlies	112,354	123,587	1,682,851	13.62	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,141	3,486	57,798	16.58	8
9	Activity Director	2,080	2,080	33,307	16.01	9
10	Activity Assistants	16,718	18,102	191,477	10.58	10
11	Social Service Workers	3,221	3,402	64,409	18.93	11
12	Dietician					12
13	Food Service Supervisor	3,963	4,171	74,674	17.90	13
14	Head Cook	4,051	4,403	59,526	13.52	14
15	Cook Helpers/Assistants	13,915	15,128	171,121	11.31	15
16	Dishwashers	7,392	7,932	79,455	10.02	16
17	Maintenance Workers	7,264	7,841	150,202	19.16	17
18	Housekeepers	11,290	12,577	138,366	11.00	18
19	Laundry	10,924	12,083	133,030	11.01	19
20	Administrator	1,835	1,835	104,424	56.91	20
21	Assistant Administrator					21
22	Other Administrative	8,356	9,284	95,368	10.27	22
23	Office Manager	1,835	1,835	78,788	42.94	23
24	Clerical	1,691	1,964	19,801	10.08	24
25	Vocational Instruction	409	409	13,050	31.91	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	261,067	285,665	$ 4,661,581 *	$ 16.32	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	191	$ 10,624	1.3	35
36	Medical Director	24	4,800	9.3	36
37	Medical Records Consultant	24	1,671	10.3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	68	6,780	10.3	39
40	Physical Therapy Consultant	87	5,578	10a.3	40
41	Occupational Therapy Consultant	9	572	10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	10	669	10a.3	43
44	Activity Consultant	8	475	11.3	44
45	Social Service Consultant	8	475	12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	428	$ 31,644		49

C. CONTRACT NURSES

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

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
See Schedule			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 207,665

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
		$
See Schedule		
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 26,919

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 131,808
Unemployment Compensation Insurance	
FICA Taxes	343,234
Employee Health Insurance	472,022
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Hepatitis Immunization	
Employee Life/Disability	9,975
Employee Physicals	11,695
Uniform Allowance	
Tax Deferred Annuity	105,531
Non-Care Employee Benefits	(11,452)
Rounding	(1)
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,062,812

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 70
Advertising: Employee Recruitment	10,628
Health Care Worker Background Check	840
(Indicate # of checks performed 65)	
Patient Background Checks 35	350
Life Services Network Dues	7,874
Journal Star & Pantagraph Newspaper	960
Nursing Manuals & Oth Subscriptions	497
Other Membership Dues \ Licenses	3,312
Activity Manuals & Oth Subscriptions	143
Less: Public Relations Expense	( )
Non-allowable advertising	(8,014)
Yellow page advertising	(295)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,365

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	482
Seminar Expense	12,076
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 12,558

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Apostolic Christian Home of Eureka # 0012328 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network Dues 7,874

(3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 6

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 44,712 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. $ 260,290
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ Has any meal income been offset against related costs? Yes Indicate the amount. $ 17,054

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

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

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.