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.

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

I. IDPH License ID Number: 0015651

Facility Name: Bethany Terrace Nrsg Centre

Address: 8425 Waukegan Road (Number) Morton Grove (City) 60053 (Zip Code)

County: Cook

Telephone Number: (847) 965-8100 **Fax #** (847) 965-8104

HFS ID Number:

Date of Initial License for Current Owners: 02/13/1969

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: James Gregory **Telephone Number:** (773)989-1469
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 10/1/2012 to 9/30/2013 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) James Gregory
(Title) Corporate Controller

Paid Preparer

(Signed) (Date)
(Print Name and Title) Scott E. Martin, CPA, Director
(Firm Name & Address) Crowe Horwath LLP, 330 E Jefferson Blvd, PO Box 7, South Bend, IN 46624-0007
(Telephone) (574) 232-3992 Fax # (574) 236-8692

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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	103	Skilled (SNF)	103	37,595	1
2		Skilled Pediatric (SNF/PED)			2
3	170	Intermediate (ICF)	170	62,050	3
4		Intermediate/DD			4
5	2	Sheltered Care (SC)	2	730	5
6		ICF/DD 16 or Less			6
7	275	TOTALS	275	100,375	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	779	1,660	8,152	10,591	8
9	SNF/PED					9
10	ICF	8,075	20,205	1,869	30,149	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,854	21,865	10,021	40,740	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 40.59%

D. How many bed-hold days during this year were paid by the Department?
0 (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 on Wheels

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 [ ] NO [X]

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

I. On what date did you start providing long term care at this location?
Date started 02/13/1965

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 103 and days of care provided 7,064

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 09/30/2013 Fiscal Year: 09/30/2013

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	598,557	28,899		627,456	70	627,526		627,526			1
2	Food Purchase		313,638		313,638	(765)	312,873	(26,184)	286,689			2
3	Housekeeping	279,663	55,050	299	335,012		335,012		335,012			3
4	Laundry	108,224	12,658		120,882		120,882		120,882			4
5	Heat and Other Utilities			305,228	305,228		305,228		305,228			5
6	Maintenance	90,219	62,204	189,134	341,557	161	341,718		341,718			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,076,663	472,449	494,661	2,043,773	(534)	2,043,239	(26,184)	2,017,055			8
	B. Health Care and Programs											
9	Medical Director	37,000		21,600	58,600		58,600		58,600			9
10	Nursing and Medical Records	3,877,442	76,640	20,619	3,974,701	343	3,975,044	(3,874)	3,971,170			10
10a	Therapy	87,144	670	759,778	847,592		847,592		847,592			10a
11	Activities	83,241	524	7,363	91,128	255	91,383	(3)	91,380			11
12	Social Services	69,547			69,547		69,547		69,547			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,154,374	77,834	809,360	5,041,568	598	5,042,166	(3,877)	5,038,289			16
	C. General Administration											
17	Administrative			420,114	420,114	161,879	581,993	(109,656)	472,337			17
18	Directors Fees											18
19	Professional Services			74,007	74,007	(1,478)	72,529	(8,096)	64,433			19
20	Dues, Fees, Subscriptions & Promotions			51,281	51,281	5,388	56,669	(2,884)	53,785			20
21	Clerical & General Office Expenses	452,273	37,046	66,897	556,216	(160,705)	395,511		395,511			21
22	Employee Benefits & Payroll Taxes			1,100,710	1,100,710		1,100,710	(23,904)	1,076,806			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,828	9,828	(6,255)	3,573		3,573			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			80,708	80,708		80,708		80,708			26
27	Other (specify):*											27
28	**TOTAL General Administration**	452,273	37,046	1,803,545	2,292,864	(1,171)	2,291,693	(144,540)	2,147,153			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,683,310	587,329	3,107,566	9,378,205	(1,107)	9,377,098	(174,601)	9,202,497			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 Bethany Terrace Nrsg Centre #0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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			782,895	782,895		782,895		782,895			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			14,889	14,889	(343)	14,546		14,546			35
36	Other (specify):*											36
37	**TOTAL Ownership**			797,784	797,784	(343)	797,441		797,441			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		742,467	14,169	756,636	1,450	758,086		758,086			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			799	799		799	(379)	420			41
42	Provider Participation Fee			362,846	362,846		362,846		362,846			42
43	Other (specify):* Community Outrea	63,557		52,401	115,958		115,958	(115,958)				43
44	**TOTAL Special Cost Centers**	63,557	742,467	430,215	1,236,239	1,450	1,237,689	(116,337)	1,121,352			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,746,867	1,329,796	4,335,565	11,412,228		11,412,228	(290,938)	11,121,290			45

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

SCHEDULE V - Reclassifications

	Amount	To Line	From Line
IL Food Safety Sanitation Licenses	$ 70	1	24
Aviary Maintenance	161	6	20
Nursing Supplies	343	10	35
Net Flix (movies for residents)	112	11	24
Ready-to-go-activities	143	11	20
Administrator Salary	161,879	17	21
Software Subscription Fees	5,664	20	24
Morton Grove Vehicle Sticker	28	20	19
Recruiting Advertizing	1,000	21	24
Miscellaneous Expenses	174	21	24
Food Sanitation and Safety Training	765	24	2
Resident Dental Work	1,450	39	19

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	(25,892)	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
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(292)	2		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	(115,958)	43		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 PG5A	(15,236)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (157,378)		$	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)	(133,560)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (133,560)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (290,938)		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						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						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Bethany Terrace Nrsg Centre

ID# 0015651

Report Period Beginning: 10/1/2012

Ending: 9/30/2013

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Revenue Offset - Medical Records	$ (866)	10	1
2	Remove Agency Nursing not related to Bethany Terrace	(3,005)	10	2
3	Remove Unallowable Finance Charges	(3)	10	3
4	Remove Unallowable Finance Charges	(3)	11	4
5	Remove Patient Accts Consulting not related to Bethany	(8,096)	19	5
6	Remove LSN dues lobbying expenses	(2,884)	20	6
7	Revenue Offset - Gift shop	(379)	41	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**	(15,236)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	(26,184)	0	0	0	0	0	0	0	0	0	0	(26,184)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(26,184)	0	0	0	0	0	0	0	0	0	0	(26,184)	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	(3,874)	0	0	0	0	0	0	0	0	0	0	(3,874)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(3)	0	0	0	0	0	0	0	0	0	0	(3)	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	(3,877)	0	0	0	0	0	0	0	0	0	0	(3,877)	16
	C. General Administration													
17	Administrative	0	310,458	(420,114)	0	0	0	0	0	0	0	0	(109,656)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,096)	0	0	0	0	0	0	0	0	0	0	(8,096)	19
20	Fees, Subscriptions & Promotions	(2,884)	0	0	0	0	0	0	0	0	0	0	(2,884)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	212,718	(236,622)	0	0	0	0	0	0	0	0	(23,904)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(10,980)	523,176	(656,736)	0	0	0	0	0	0	0	0	(144,540)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(41,041)	523,176	(656,736)	0	0	0	0	0	0	0	0	(174,601)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 **Report Period Beginning:** 10/1/2012 **Ending:** 9/30/2013

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	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(379)	0	0	0	0	0	0	0	0	0	0	(379)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(115,958)	0	0	0	0	0	0	0	0	0	0	(115,958)	43
44	**TOTAL Special Cost Centers**	(116,337)	0	0	0	0	0	0	0	0	0	0	(116,337)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(157,378)	523,176	(656,736)	0	0	0	0	0	0	0	0	(290,938)	45

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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
Bethany Methodist Corporation	100%			Methodist Hospital of Chicago	Chicago	Hospital
				Chestnut Square	Glenview	Senior Living
				Bethany Retirement Community	Chicago	Independent Living
				Terrace Gardens	Morton Grove	Assisted Living
				Partners in Home Heal	Glenview	Home Health Agenc

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	17	Corporate salary	$	Bethany Methodist Corporation	100.00%	$ 84,514	$ 84,514	1
2	V	17	Corporate finance salaries		Bethany Methodist Corporation	100.00%	167,369	167,369	2
3	V	17	Corporate other		Bethany Methodist Corporation	100.00%	33,677	33,677	3
4	V	17	Corporate professional fees		Bethany Methodist Corporation	100.00%	19,843	19,843	4
5	V	17	Corporate finance other fees		Bethany Methodist Corporation	100.00%	(2,158)	(2,158)	5
6	V	17	Corporate finance supplies		Bethany Methodist Corporation	100.00%	2,681	2,681	6
7	V	17	Corporate finance purchased services		Bethany Methodist Corporation	100.00%	4,509	4,509	7
8	V	17	Corporate finance other expenses		Bethany Methodist Corporation	100.00%	23	23	8
9	V	22	Corporate employee benefits		Bethany Methodist Corporation	100.00%	4,796	4,796	9
10	V	22	Corporate finance employee benefits		Bethany Methodist Corporation	100.00%	7,870	7,870	10
11	V	22	Unemployment		Bethany Methodist Corporation	100.00%	1,206	1,206	11
12	V	22	Health insurance		Bethany Methodist Corporation	100.00%	2,465	2,465	12
13	V	22	Pension		Bethany Methodist Corporation	100.00%	196,381	196,381	13
14	Total			$			$ 523,176	$ * 523,176	14

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

VII. RELATED PARTIES (continued)

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)	
15	V			$	CARRY FORWARD TOTALS FROM PREVIOUS PAGE		$ 523,176	$ 523,176	15
16	V	22	Workman's compensation		Bethany Methodist Corporation	100.00%	3,124	3,124	16
17	V	22	Long-term disability		Bethany Methodist Corporation	100.00%	246	246	17
18	V	17	Corporate transfers	420,114	Bethany Methodist Corporation	100.00%		(420,114)	18
19	V	22	Corporate employee benefits transfers	239,992	Bethany Methodist Corporation	100.00%		(239,992)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 660,106			$ 526,546	$ * (133,560)	39

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	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	N/A								$		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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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 [X] NO [ ]

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

Name of Related Organization: Bethany Methodist Corporation
Street Address: 5025 North Paulina Street
City / State / Zip Code: Chicago, IL 60640
Phone Number: ((773) 989-1469
Fax Number: ((773) 989-1377

	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	17	Corporate salaries	Percent of Cost	100	Various	$ 853,681	$ 853,681	10	$ 84,514	1
2	17	Professional fees	Percent of Cost	100	Various	200,433		10	19,843	2
3	17	Other expenses	Percent of Cost	100	Various	340,171		10	33,677	3
4	22	Employee benefits	Percent of Cost	100	Various	63,440		8	4,796	4
5	17	Corporate finance salaries	Percent of Revenue	100	Various	929,826	929,826	18	167,369	5
6	17	Corporate finance supplies	Percent of Revenue	100	Various	14,894		18	2,681	6
7	17	Corporate finance purchased svcs	Percent of Revenue	100	Various	25,050		18	4,509	7
8	17	Corporate finance other expenses	Percent of Revenue	100	Various	128		18	23	8
9	17	Corporate finance other fees	Percent of Revenue	100	Various	(11,990)		18	(2,158)	9
10	22	Corporate finance empl benefits	Percent of Revenue	100	Various	43,721		18	7,870	10
11	22	Unemployment	Percent of Cost	100	Various	7,179		17	1,206	11
12	22	Health insurance	Percent of Cost	100	Various	14,670		17	2,465	12
13	22	Pension	Percent of Cost	100	Various	1,168,781		17	196,355	13
14	22	Workman's compensation	Percent of Cost	100	Various	18,591		17	3,123	14
15	22	Long-term Disability	Percent of Cost	100	Various	1,465		17	246	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,670,040	$ 1,783,507		$ 526,519	25

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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. **$** **N/A** **Line #** _____

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

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bethany Terrace Nrsg Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0015651

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 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.	N/A		$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,175 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

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

None

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	Facility	183,600	1995	$ 189,809	1
2	Terrland Triangle		1996	92,064	2
3	TOTALS	183,600		$ 281,873	3

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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			1965	1965	$ 1,249,972	$	40	$	$	$ 1,249,972	4
5			1965	1965	82,162		40			82,162	5
6			1997	1997	1,372,256	34,307	40	34,307		566,054	6
7			2000	2000	284,128	7,103	40	7,103		95,891	7
8			2001	2001	201,057	5,026	40	5,026		263,212	8
	Improvement Type**										
9	ASSET DEPRECIATION --1965			1965	655,879		Various			655,879	9
10	ASSET DEPRECIATION --1966			1966	59,405		Various			59,405	10
11	ASSET DEPRECIATION --1967			1967	145,657		Various			145,657	11
12	ASSET DEPRECIATION --1968			1968	896		Various			896	12
13	ASSET DEPRECIATION --1969			1969	16,700		Various			16,700	13
14	ASSET DEPRECIATION --1970			1970	9,003		Various			9,003	14
15	ASSET DEPRECIATION --1973			1973	98,059		Various			98,059	15
16	ASSET DEPRECIATION --1975			1975	63,079		Various			63,079	16
17	ASSET DEPRECIATION --1976			1976	135,350		Various			135,350	17
18	ASSET DEPRECIATION --1977			1977	102,368		Various			102,368	18
19	ASSET DEPRECIATION --1978			1978	3,156		Various			3,156	19
20	ASSET DEPRECIATION --1979			1979	24,316		Various			24,316	20
21	ASSET DEPRECIATION --1980			1980	19,092		Various			19,092	21
22	ASSET DEPRECIATION --1981			1981	14,029		Various			14,029	22
23	ASSET DEPRECIATION --1982			1982	73,203		Various			73,203	23
24	ASSET DEPRECIATION --1983			1983	258,058		Various			258,058	24
25	ASSET DEPRECIATION --1984			1984	118,729		Various			118,729	25
26	ASSET DEPRECIATION --1985			1985	606,905		Various			606,905	26
27	ASSET DEPRECIATION --1986			1986	653,329		Various			653,329	27
28	ASSET DEPRECIATION --1987			1987	174,234		Various			174,234	28
29	ASSET DEPRECIATION --1988			1988	317,438		Various			317,438	29
30	ASSET DEPRECIATION --1989			1989	327,350		Various			327,350	30
31	ASSET DEPRECIATION --1990			1990	6,538		Various			6,538	31
32	ASSET DEPRECIATION --1991			1991	41,840		Various			41,840	32
33	ASSET DEPRECIATION --1992			1992	1,342,752		Various			1,342,752	33
34	ASSET DEPRECIATION --1993			1993	379,324		Various			379,324	34
35	ASSET DEPRECIATION --1994			1994	290,572		Various			290,572	35
36	ASSET DEPRECIATION --1995			1995	85,023	2,580	Various	2,580		82,926	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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	ASSET DEPRECIATION -- 1996	1996	$ 1,400,184	$	Various	$	$	$ 1,400,184	37
38	ASSET DEPRECIATION -- 1997	1997	10,983		Various			10,983	38
39	ASSET DEPRECIATION -- 1998	1998	194,014	9,170	Various	9,170		154,236	39
40	ASSET DEPRECIATION -- 1999	1999	413,588	7,937	Various	7,937		292,684	40
41	ASSET DEPRECIATION -- 2000	2000	45,113	166	Various	166		41,483	41
42	ASSET DEPRECIATION -- 2001	2001	541,459	22,781	Various	22,781		371,912	42
43	ASSET DEPRECIATION -- 2002	2002	592,466	11,916	Various	11,916		590,330	43
44	ASSET DEPRECIATION -- 2003	2003	353,918	30,039	Various	30,039		321,123	44
45	ASSET DEPRECIATION -- 2004	2004	1,863,592	183,995	Various	183,995		1,133,509	45
46	ASSET DEPRECIATION -- 2005	2005	254,538	9,715	Various	9,715		123,655	46
47	ASSET DEPRECIATION -- 2006	2006	57,081	197	Various	197		29,763	47
48	ASSET DEPRECIATION -- 2007	2007	2,404,047	187,167	Various	187,167		1,217,726	48
49	ASSET DEPRECIATION -- 2008	2008	1,589,912	84,341	Various	84,341		410,759	49
50	ASSET DEPRECIATION -- 2009	2009	112,383	7,428	Various	7,428		31,728	50
51	BATHROOM HEATER FOR SYLVESTER SUITES SOUTH	2010	2,800	140	15	140		560	51
52	LAMINATED FLOORING FURNISH & INSTALL	2010	4,280	178	10	178		712	52
53	REPAIR TO PT HVAC UNIT ROOF - TOP	2010	12,980	162	20	162		648	53
54	ASSET DEPRECIATION -- (LESS THAN $2500)	2010	303,573	7,387	Various	7,387		289,758	54
55	UPGRADE FIRE ALARM SYSTEM	2011	2,592	259	10	259		626	55
56	REMODEL DENTAL OFFICE	2011	10,945	547	20	547		1,504	56
57	(LABOR/MATERIALS - BUILD PARTITION WALL, INSTALL DOOR, CABINETS W/COUNTER TOP,								57
58	PLUMBING, SINK, DENTAL APPARATUS, REMOVE/STORE OLD DENTAL CHAIRS, MOVE JUNCTION BOX FROM WALL TO FLOOR)								58
59	LAWN SPRINKLER SYSTEM REPAIR	2012	3,800	106	15	106		212	59
60	REPLACE DAMAGED SIDEWALK	2012	1,380	72	8	72		144	60
61	NEW ELECTRIC LINE FOR NEW DISH MACHINE	2012	3,500	117	20	117		234	61
62	STEEL DOOR AND FRAME	2012	1,584	33	20	33		66	62
63	ELECTRIC REPAIR	2012	9,400	196	20	196		392	63
64	(LABOR/MATERIALS - INSTALL THINWALL TO GENERATOR ON ROOF, JUNCTION BOXES & COVERS, REWIRE CONTROLL BOX,								64
65	SHORTEN ROOFTOP A/C UNIT, INSTALL ROOFTOP EXHAUST FAN HOUSING & RELATED WIRING/CIRCUIT BREAKERS)								65
66	REBUILD DOOR FRAME/REMOVE DOOR/REPLACE BRICK	2012	3,112	26	20	26		52	66
67	BOILER WATER LEAK REPAIR	2012	504	38	10	38		76	67
68	REPAIRED WATER LINE	2012	675	51	10	51		102	68
69									69
70	TOTAL (lines 4 thru 69)		$ 19,406,262	$ 613,180		$ 613,180	$	$ 14,702,639	70

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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		$ 19,406,262	$ 613,180		$ 613,180	$	$ 14,702,639	1
2	Building sprinkler system	2012	557,543	30,975	15	30,975		30,975	2
3	Fixed equipment - condenser fan motor installation	2012	3,612	331	10	331		331	3
4	Fixed equipment - air conditioner	2012	561	51	10	51		51	4
5	Fixed equipment - 3 compressors	2012	18,696	1,143	15	1,143		1,143	5
6	Fixed equipment - exhause vent/roof installation	2012	13,708	1,256	10	1,256		1,256	6
7	Fixed equipment - carrier package unit	2012	675	206	3	206		206	7
8	Fixed equipment - ice machine	2012	670	205	3	205		205	8
9	Building fire alarm	2012	114,886	11,489	10	11,489		13,403	9
10	Linolem flooring - gift shop, meeting room, corridor	2013	9,865	658	10	658		658	10
11	RTU - roof top unit	2013	13,899	154	15	154		154	11
12	Administration area sprinkler system	2013	1,680	37	15	37		37	12
13	Install drywall to opening between rooms	2013	2,206	110	5	110		110	13
14	Carpet	2013	1,180	59	5	59		59	14
15	Install new sinks, faucets, counter tops, plumbing	2013	4,015	50	20	50		50	15
16	Vanity light, rewire ceiling light for entrance	2013	978	16	5	16		16	16
17	Upgrade nurse call system	2013	5,580	1,240	3	1,240		1,240	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	TOTAL (lines 1 thru 33)		$ 20,156,016	$ 661,160		$ 661,160	$	$ 14,752,533	34

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	$ 2,153,698	$ 121,455	$ 121,455	$	Various	$ 1,801,815	71
72	Current Year Purchases	2,443	280	280		8	280	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,156,141	$ 121,735	$ 121,735	$		$ 1,802,095	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	Resident Activities	1999 Ford El Dorado Bus	2003	$ 19,125	$	$	$	5	$ 19,125	76
77										77
78										78
79										79
80	TOTALS			$ 19,125	$	$	$		$ 19,125	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)	$ 22,613,155	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 782,895	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 782,895	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)	$ 16,573,753	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	Not Applicable	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Remodeling	$ 4,993	92
93			93
94			94
95		$ 4,993	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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			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.	/2014	$
13.	/2015	$
14.	/2016	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 14,889 Description: Broda Chairs, Lifts, Specialty Beds, CPM Machines and Other Medical Equipment
(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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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?
   - [ ] YES
   - [X] NO

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

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

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

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 Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	$	3,692	$ 331,908	$	3,692	$ 331,908	1
2	Licensed Speech and Language Development Therapist	10A.3	hrs		905	72,832		905	72,832	2
3	Licensed Recreational Therapist	10A.3	hrs							3
4	Licensed Physical Therapist	10A.3	hrs		5,342	354,993	45	5,342	355,038	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): Therapy Mgr/ Resp Th	10A.1	1954	87,144				1,954	87,144	12
13	Other (specify): Therapy dept supplies	10A.2					670		670	13
14	TOTAL			$ 87,144	9,939	$ 759,733	$ 715	11,893	$ 847,592	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 Bethany Terrace Nrsg Centre **#** 0015651 **Report Period Beginning:** 10/1/2012 **Ending:** 9/30/2013

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 9/30/2013 **(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	$ 1,050	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (76,238))	1,647,871		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(611,671)		8
9	Other(specify): See Supplemental Schedule	71,638		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,108,888	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	281,873		13
14	Buildings, at Historical Cost	20,156,016		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,175,266		16
17	Accumulated Depreciation (book methods)	(16,573,753)		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): See Supplemental Schedule	187,558		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,226,960	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,335,848	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 122,654	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 123,654	$	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	See Supplemental Schedule	12,344		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 12,344	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 135,998	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 7,199,850	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,335,848	$	48

***(See instructions.)**

Facility Name & ID Number Bethany Terrace Nursing Centre **#** 0015651 **Report Period Beginning:** 10/1/2012 **Ending:** 9/30/2013

XV. BALANCE SHEET - Supplemental Schedule

Line 9 - Other Current Assets

Description	Amount
IDPA Participation Fees	$ 1,231
BT Bethany Terrace	70,407
	$ 71,638

Line 43 - Other Long-Term Liabilities

Description	Amount
Bethany Terrace Resident	$ 10,243
Memorial Fund	2,101
	$ 12,344

Line 23 - Other Long Term Assets

Description	Amount
Construction in Progress (Remodel)	$ 4,993
Deferred Bond Issuance Expense	364,102
Amortization of Bond Cost	(181,537)
	$ 187,558

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 8,018,866	1
2	Restatements (describe):		2
3	**Investment contract liability**	(290,111)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 7,728,755	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(528,898)	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) **Adjust for rounding**	(7)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (528,905)	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)**	$ 7,199,850	24 *

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	$ 11,461,296	1
2	Discounts and Allowances for all Levels	(3,872,986)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,588,310	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,408,836	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,408,836	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	379	12
13	Barber and Beauty Care	3,830	13
14	Non-Patient Meals	25,892	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	92,581	19
20	Radiology and X-Ray	14,100	20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 136,782	23
	D. Non-Operating Revenue		
24	Contributions	3,209	24
25	Interest and Other Investment Income***	148,034	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 151,243	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	(401,841)	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ (401,841)	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,883,330	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,043,773	31
32	Health Care	5,041,568	32
33	General Administration	2,292,864	33
	B. Capital Expense		
34	Ownership	797,784	34
	C. Ancillary Expense		
35	Special Cost Centers	873,393	35
36	Provider Participation Fee	362,846	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,412,228	40
41	**Income before Income Taxes (line 30 minus line 40)****	(528,898)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (528,898)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,448,061	44
45	Private Pay - Net Inpatient Revenue	5,038,021	45
46	Medicare - Net Inpatient Revenue	433,378	46
47	Other-(specify) Blue Cross - Net Inpatient Revenue	(114,467)	47
48	Other-(specify) Commercial Insurance, Charity, Other - Net Inpatient	783,317	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,588,310	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 **Bethany Terrace Nursing Centre** **#** **0015651** **Report Period Beginning:** **10/1/2012** **Ending:** **9/30/2013**

SCHEDULE XVII. INCOME STATEMENT - Supplemental Schedule

Line 28 - Other Revenue

Description	Amount
Bad debts	$ (408,900)
Chargeable medical supplies	5,901
Miscellaneous income - rebates	292
Miscellaneous income - medical records	866
	$ (401,841)

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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	1,984	2,110	$ 98,307	$ 46.59	1
2	Assistant Director of Nursing	1,880	2,080	81,474	39.17	2
3	Registered Nurses	30,604	33,939	935,341	27.56	3
4	Licensed Practical Nurses	20,429	23,216	516,277	22.24	4
5	CNAs & Orderlies	126,399	138,567	2,146,604	15.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,756	1,961	30,827	15.72	8
9	Activity Director	1,888	2,080	36,373	17.49	9
10	Activity Assistants	3,434	3,678	46,868	12.74	10
11	Social Service Workers	3,024	3,328	69,548	20.90	11
12	Dietician	2,056	2,080	70,054	33.68	12
13	Food Service Supervisor	5,938	6,828	81,722	11.97	13
14	Head Cook	5,454	6,059	72,875	12.03	14
15	Cook Helpers/Assistants	5,605	6,293	63,115	10.03	15
16	Dishwashers					16
17	Maintenance Workers	3,908	4,267	90,218	21.14	17
18	Housekeepers	24,500	26,425	279,663	10.58	18
19	Laundry	8,902	9,838	108,225	11.00	19
20	Administrator	2,072	2,343	161,879	69.09	20
21	Assistant Administrator					21
22	Other Administrative	3,677	3,941	101,192	25.68	22
23	Office Manager					23
24	Clerical	8,914	9,587	189,202	19.74	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director			37,000		27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,013	2,273	48,902	21.51	31
32	Other Health Care(specify)	3,233	3,551	106,853	30.09	32
33	Other(specify)	32,563	34,553	374,348	10.83	33
34	TOTAL (lines 1 - 33)	300,233	328,997	$ 5,746,867 *	$ 17.47	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		$		35
36	Medical Director		21,600	9.3	36
37	Medical Records Consultant	7	1,568	10.3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	5	250	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	30	1,560	11.3	44
45	Social Service Consultant				45
46	Other(specify) Dementia Consulting	6	312	10.3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	48	$ 25,290		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	8	128	10.3	52
53	TOTAL (lines 50 - 52)	8	$ 128		53

Facility Name & ID Number Bethany Terrace Nursing Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

XVIII. A. STAFFING AND SALARY COSTS SUPPLEMENTAL SCHEDULE - Line 32 Other Health Care

	Description	1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage
32 A	Central Service Tech	1,279	1,397	19,709	14.11
32 B	Physical Therapy Mgmt / Supervisor	1,880	2,080	84,866	40.80
32 C	Respiratory Therapist	74	74	2,278	30.78
	Total Line 32	3,233	3,551	$ 106,853	$ 30.09

XVIII. A. STAFFING AND SALARY COSTS SUPPLEMENTAL SCHEDULE - Line 33 Other

	Description	1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage
33 A	Food Service Workers	30,651	32,473	$ 310,792	$ 9.57
33 B	Community Outreach / Marketing	1,912	2,080	63,557	30.56
	Total Line 32	32,563	34,553	$ 374,349	$ 10.83

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Frank Bensema	Administrator	0	$ 161,879
(Reclassification Adjustment)			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 161,879

B. Administrative - Other

Description	Amount
Corporate Transfers Prior to Adjustments	$ 420,114
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 420,114

C. Professional Services

Vendor/Payee	Type	Amount
Posinelli	Legal Services	$ 6,809
CassidaySchade LLP	Legal Services	23,551
Posinelli Shughart	Patient Accts Consulting	8,648
Frost, Ruttenberg & RothBlatt, P.C.	Admin Consulting	331
Ravenswood Dental Group	Resident Dental Work	1,450
JSMA LLC	Life Safety, Assist with Licensure Change, Survey & Compliance	33,190
Village of Morton Grove	Vehicle Sticker	28
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 74,007

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 64,801
Unemployment Compensation Insurance	1,246
FICA Taxes	404,666
Employee Health Insurance	390,617
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Group Life Insurance	6,183
Tuition Reimbursement	0
Pension	196,381
Other Benefits	12,912
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,076,806

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,000
Health Care Worker Background Check (Indicate # of checks performed)	
Patient Background Checks	
Software Subscriptions Fees	32,612
Newspapers & Magazines	14,280
Life Services Network (LSN) Dues	5,128
Healthcare alerts, books	765
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 53,785

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	371
Seminar Expense	3,202
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,573

**See instructions.

Facility Name & ID Number Bethany Terrace Nursing Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

Page 21, C. Profession Fee Services - Detail of legal invoices

Inv #	Date	GL Acct.	Payee/Vendor	Amount	Comments	Unallowable Cost
962878	4/15/2013	78221073200	Posinelli	$ 1,050.00	General facility matters	
962880	4/15/2013	78221073200	Posinelli	4,114.50	General facility matters	
968426	5/8/2013	78221073200	Posinelli	780.00	General facility matters	
979884	6/19/2013	78221073200	Posinelli	430.00	General facility matters	
979922	6/19/2013	78221073200	Posinelli	357.00	General facility matters	
996363	8/20/2013	78221073200	Posinelli	78.00	General facility matters	
			Total Posinelli	**6,809.50**		
260288	9/18/2013	78221073200	CassidaySchade LLP	172.00	General facility matters	
258940	7/23/2013	78221073200	CassidaySchade LLP	336.50	General facility matters	
259706	8/22/2013	78221073200	CassidaySchade LLP	1,261.00	General facility matters	
259774	8/23/2013	78221073200	CassidaySchade LLP	2,822.70	General facility matters	
251423	10/11/2012	78221073200	CassidaySchade LLP	347.00	General facility matters	
252538	11/26/2012	78221073200	CassidaySchade LLP	2,794.40	General facility matters	
253919	1/17/2013	78221073200	CassidaySchade LLP	746.00	General facility matters	
254584	2/12/2013	78221073200	CassidaySchade LLP	720.50	General facility matters	
255534	3/19/2013	78221073200	CassidaySchade LLP	3,634.60	General facility matters	
256638	4/29/2013	78221073200	CassidaySchade LLP	918.00	General facility matters	
256997	5/15/2013	78221073200	CassidaySchade LLP	2,053.30	General facility matters	
257321	5/28/2013	78221073200	CassidaySchade LLP	3,352.00	General facility matters	
257911	6/19/2013	78221073200	CassidaySchade LLP	992.00	General facility matters	
258332	6/30/2013	78221073200	CassidaySchade LLP	2,154.30	General facility matters	
258841	7/18/2013	78221073200	CassidaySchade LLP	177.60	General facility matters	
260694	9/30/2013	78221073200	CassidaySchade LLP	1,069.00	General facility matters	
			Total CassidaySchade LLP	**23,550.90**		

Total Legal Invoices (rounded)	**$ 30,360**	**[A]**	**Total Unallowable Legal Expenses (rounded)**	**$ -**
Unallowable legal expenses	**-**			
Net Legal Services	**$ 30,360**			
Total Legal Expenses per General Ledger	**$ 30,360**	**[B]**		
Variance	**$ -**	**[A] - [B]**		

Facility Name & ID Number Bethany Terrace Nursing Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

Date	Payee	Topic	Attendee	Job Class	Location	Fee
10/2/2012	Joseph Mandarino	Food Safety Courses	Various Employees	Dietary	Bethany Terrace	$ 300
10/2/2012	Joseph Mandarino	Food Safety Courses	Jerick Veslino	Dietary	Bethany Terrace	150
10/24/2012	PESI Healthcare	Challenging Geriatric Behavior	Georgia A. Lannon	Nurse Admin	Schaumburg, IL	189
10/28/2012	Arlington Medical Supply	CPR	Various Employees	Various Job Classes	Bethany Terrace	175
12/26/2012	Harper College	Food Sanitation Training	Eva Querubin	Dietary	Palatine, IL	75
12/27/2012	Learning Services Network	Keeping up with SNF Regulatory Expectations	Teresita Arceo	Nurse Admin	Webinar	99
1/17/2013	CAPA	Alzheimer Program Update	Rosa Caputo	Nurse Admin	Woodridge, IL	5
2/6/2013	CAPA	Alzheimer Program Update	Rosa Caputo	Nurse Admin	Woodridge, IL	10
2/11/2013	Learning Services Network	2013 Medicare Update	Various Employees	Various Job Classes	Webinar	99
2/26/2013	Arlington Medical Supply	CPR	Various Employees	Various Job Classes	Bethany Terrace	100
4/3/2013	Arlington Medical Supply	CPR	Various Employees	Various Job Classes	Bethany Terrace	175
5/24/2013	Learning Services Network	NIU Outreach Seminar	Various Employees	Various Job Classes	Dekalb, IL	1,580
6/17/2013	CAPA	Life Enrichment (Activities) Program Update	Kelly Zehner	Activities	Woodridge, IL	5
9/18/2013	Cynthia Chow & Associates	Continuing Healthcare Education (Dietary)	Various Employees	Dietary	Chicago, IL	240
						371
Various	Seminar/Training Related Travel Expenses					
Net Expenses - Schedule 5, Line 24, Column 8						**3,573**

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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

Facility Name & ID Number Bethany Terrace Nrsg Centre # 0015651 Report Period Beginning: 10/1/2012 Ending: 9/30/2013

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. **LSN $5,128/Collaborative Healthcare $200**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes (Life Services Network** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(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? **N/A**

(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? **3 - 20 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **3,319** Line **10**

(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. **N/A**

(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.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **362,846**
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. $ **20,797**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0%**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

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

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

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