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.

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

I. IDPH License ID Number: 0020610

Facility Name: Wabash Christian Retirement

Address: 216 College Blvd (Number) Carmi (City) 62821 (Zip Code)

County: White

Telephone Number: 618-382-4644 **Fax #** 618-382-2350

HFS ID Number:

Date of Initial License for Current Owners: 6/1/1974

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Susan McGhee **Telephone Number:** 314-587-7903
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2013 to June 30, 2014 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Susan McGhee
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title) Steve Howell, Director
(Firm Name & Address) CliftonLarsonAllen, LLP, 600 Washington Avenue, Suite 1800 St. Louis, MO 63101
(Telephone) 314-925-4497 Fax # 314-925-4350

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	156	Skilled (SNF)	156	56,940	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	156	TOTALS	156	56,940	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	25,851	12,829	8,906	47,586	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,851	12,829	8,906	47,586	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.57%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Meals served to prisoners

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 6/1/1974

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 156 and days of care provided 7,885

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 6/30/2014 Fiscal Year: 6/30/2014

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	330,431	24,371	13,618	368,420		368,420		368,420			1
2	Food Purchase		285,258		285,258		285,258	(2,538)	282,720			2
3	Housekeeping	162,041	40,445		202,486		202,486		202,486			3
4	Laundry	67,069	4,257		71,326		71,326		71,326			4
5	Heat and Other Utilities			193,929	193,929		193,929	(2,124)	191,805			5
6	Maintenance	131,093	40,995	39,420	211,508		211,508	5,974	217,482			6
7	Other (specify):*											7
8	**TOTAL General Services**	690,634	395,326	246,967	1,332,927		1,332,927	1,312	1,334,239			8
	B. Health Care and Programs											
9	Medical Director			6,600	6,600		6,600		6,600			9
10	Nursing and Medical Records	2,955,416	174,463	9,060	3,138,939		3,138,939	(8)	3,138,931			10
10a	Therapy		6,355	1,263,707	1,270,062		1,270,062		1,270,062			10a
11	Activities	122,309	2,734		125,043		125,043	189	125,232			11
12	Social Services	171,237	209	6,991	178,437		178,437		178,437			12
13	CNA Training											13
14	Program Transportation			11,275	11,275		11,275	(11,275)				14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,248,962	183,761	1,297,633	4,730,356		4,730,356	(11,094)	4,719,262			16
	C. General Administration											
17	Administrative	122,635	1,206	616,267	740,108		740,108	(477,185)	262,923			17
18	Directors Fees											18
19	Professional Services			39,286	39,286		39,286	46,639	85,925			19
20	Dues, Fees, Subscriptions & Promotions			26,878	26,878		26,878		26,878			20
21	Clerical & General Office Expenses	192,177	8,974	231,970	433,121		433,121	130,542	563,663			21
22	Employee Benefits & Payroll Taxes			1,012,896	1,012,896		1,012,896	52,870	1,065,766			22
23	Inservice Training & Education							(80,454)	(80,454)			23
24	Travel and Seminar			11,954	11,954		11,954	21,238	33,192			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			145,482	145,482		145,482	2,147	147,629			26
27	Other (specify):* Marketing	88,119	428	32,151	120,698		120,698	(120,698)				27
28	**TOTAL General Administration**	402,931	10,608	2,116,884	2,530,423		2,530,423	(424,901)	2,105,522			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,342,527	589,695	3,661,484	8,593,706		8,593,706	(434,683)	8,159,023			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 Wabash Christian Retirement #0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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			376,503	376,503		376,503	46,462	422,965			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			67,444	67,444		67,444	(12,873)	54,571			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			31,922	31,922		31,922		31,922			35
36	Other (specify):* **FIN 47 Accretion**			7,184	7,184		7,184		7,184			36
37	**TOTAL Ownership**			483,053	483,053		483,053	33,589	516,642			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			429,253	429,253		429,253	(17,051)	412,202			39
40	Barber and Beauty Shops			16,951	16,951		16,951		16,951			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			325,741	325,741		325,741		325,741			42
43	Other (specify):* **Apt/Congregate**			49,123	49,123		49,123	(49,123)				43
44	**TOTAL Special Cost Centers**			821,068	821,068		821,068	(66,174)	754,894			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,342,527	589,695	4,965,605	9,897,827		9,897,827	(467,268)	9,430,559			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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	(2,944)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,384)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(80,454)	23		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	(138,513)	21		24
25	Fund Raising, Advertising and Promotional	(120,698)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(62,552)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (409,545)		$	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	(57,723)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (57,723)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (467,268)		37

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

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

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

Wabash Christian Retirement

ID# 0020610

Report Period Beginning: July 1, 2013

Ending: June 30, 2014

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Charity Care	$ (1,976)	21	1
2	Vending	406	2	2
3	Activity	189	11	3
4	Apt/Congregate	(49,123)	43	4
5	Transportation	(11,275)	14	5
6	Late Fees & Penalties	(12)	21	6
7	Miscellaneous	(675)	21	7
8	Telephone Service Revenue	(78)	21	8
9	Late Fees, Finance Charges	(8)	10	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**	(62,552)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wabash Christian Retirement **#** 0020610 **Report Period Beginning:** July 1, 2013 **Ending:** June 30, 2014

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,538)	0	0	0	0	0	0	0	0	0	0	(2,538)	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	(4,384)	2,260	0	0	0	0	0	0	0	0	0	(2,124)	5
6	Maintenance	0	5,974	0	0	0	0	0	0	0	0	0	5,974	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(6,922)	8,234	0	0	0	0	0	0	0	0	0	1,312	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	(8)	0	0	0	0	0	0	0	0	0	0	(8)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	189	0	0	0	0	0	0	0	0	0	0	189	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	(11,275)	0	0	0	0	0	0	0	0	0	0	(11,275)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(11,094)	0	0	0	0	0	0	0	0	0	0	(11,094)	16
	C. General Administration													
17	Administrative	0	(477,185)	0	0	0	0	0	0	0	0	0	(477,185)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	46,639	0	0	0	0	0	0	0	0	0	46,639	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(141,254)	271,796	0	0	0	0	0	0	0	0	0	130,542	21
22	Employee Benefits & Payroll Taxes	0	52,870	0	0	0	0	0	0	0	0	0	52,870	22
23	Inservice Training & Education	(80,454)	0	0	0	0	0	0	0	0	0	0	(80,454)	23
24	Travel and Seminar	0	21,238	0	0	0	0	0	0	0	0	0	21,238	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	2,147	0	0	0	0	0	0	0	0	0	2,147	26
27	Other (specify):*	(120,698)	0	0	0	0	0	0	0	0	0	0	(120,698)	27
28	**TOTAL General Administration**	(342,406)	(82,495)	0	0	0	0	0	0	0	0	0	(424,901)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(360,422)	(74,261)	0	0	0	0	0	0	0	0	0	(434,683)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Wabash Christian Retirement # 0020610 **Report Period Beginning:** July 1, 2013 **Ending:** June 30, 2014

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	46,462	0	0	0	0	0	0	0	0	0	46,462	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	(12,873)	0	0	0	0	0	0	0	0	0	(12,873)	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	33,589	0	0	0	0	0	0	0	0	0	33,589	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	(17,051)	0	0	0	0	0	0	0	0	0	(17,051)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(49,123)	0	0	0	0	0	0	0	0	0	0	(49,123)	43
44	**TOTAL Special Cost Centers**	(49,123)	(17,051)	0	0	0	0	0	0	0	0	0	(66,174)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(409,545)	(57,723)	0	0	0	0	0	0	0	0	0	(467,268)	45

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached Listing of Board of Directors						

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	$	Midwest Christian Villages, Inc. dba: Christian Homes, Inc.	100.00%	$ 2,260	$ 2,260	1
2	V	6	Maintenance				5,974	5,974	2
3	V	17	Administrative	616,267			139,082	(477,185)	3
4	V	19	Professional Services				46,639	46,639	4
5	V	21	Clerical				271,077	271,077	5
6	V	22	Employee Benefits				52,870	52,870	6
7	V	24	Travel and Seminar				21,238	21,238	7
8	V	26	Insurance				2,147	2,147	8
9	V	30	Depreciation				46,462	46,462	9
10	V	32	Interest				(12,873)	(12,873)	10
11	V	21	Other Administrative Expense				719	719	11
12	V								12
13	V	39	Pharmacy Services	346,570	Senior Care Pharmacy	0.00%	329,519	(17,051)	13
14	Total			$ 962,837			$ 905,114	$ * (57,723)	14

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	This workpaper is not applicable								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: ne 30, 2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		This workpaper is not applicable				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	Bond Fund	X		Debt Relocation	$1,381.00	3/1/2005	$ 366,253	$ 235,743	9/1/2011	0.0572	$ 13,260	1
2	Illinois Finance Authority		X	Renovation Projects	$2,540.00	6/30/2007	586,567	875,160	5/15/2031	0.0567	51,029	2
3	Illinois Finance Authority		X	Renovation Projects		7/29/2010	53,720	53,381	5/15/2027	0.0613	3,155	3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$3,921.00		$ 1,006,540	$ 1,164,284			$ 67,444	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,006,540	$ 1,164,284			$ 67,444	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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 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 2014 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:		
2009		8
2010		9
2011		10
2012		11
2013		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wabash Christian Retirement COUNTY White

FACILITY IDPH LICENSE NUMBER 0020610

CONTACT PERSON REGARDING THIS REPORT This Page is N/A

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	This page is 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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,480 B. General Construction Type: Exterior Masonry Frame Wood & Steel Number of Stories 1

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

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

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

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

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

Duplex Buildings

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	60,480	1974	$ 56,683	1
2	Home Office Allocation			8,877	2
3	TOTALS	60,480		$ 65,560	3

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	80		1974	1958	$ 1,040,410	$	40	$	$	$ 1,040,410	4
5	78		1976	1976	724,843	18,121	40	18,121		696,807	5
6											6
7											7
8	Home Office Allocation				86,147	9,973		9,973		60,259	8
	Improvement Type**										
9	1975 Fixed Assets			1975	10,000		VARIOUS			10,000	9
10	1978 Fixed Assets			1978	13,972		VARIOUS			13,972	10
11	1981 Fixed Assets			1981	6,683		VARIOUS			6,683	11
12	1982 Fixed Assets			1982	37,046		VARIOUS			37,046	12
13	1985 Fixed Assets			1985	35,240	699	VARIOUS	699		34,657	13
14	1987 Fixed Assets			1987	2,447		VARIOUS			2,447	14
15	1989 Fixed Assets			1989	1,341		VARIOUS			1,341	15
16	1990 Fixed Assets			1990	1,231		VARIOUS			1,231	16
17	1991 Fixed Assets			1991	2,189		VARIOUS			2,189	17
18	1992 Fixed Assets			1992	23,667		VARIOUS			23,667	18
19	1993 Fixed Assets			1993	2,395		VARIOUS			2,395	19
20	1994 Fixed Assets			1994	33,141	1,231	VARIOUS	1,231		33,141	20
21	1995 Fixed Assets			1995	86,447	2,750	VARIOUS	2,750		54,129	21
22	1997 Fixed Assets			1997	14,771		VARIOUS			14,771	22
23	1998 Fixed Assets			1998	7,303		VARIOUS			7,303	23
24	1999 Fixed Assets			1999	13,980		VARIOUS			13,980	24
25	2000 Fixed Assets			2000	252,644	6,585	VARIOUS	6,585		98,219	25
26	2001 Fixed Assets			2001	20,594	1,243	VARIOUS	1,243		17,844	26
27	2002 Fixed Assets			2002	19,056	986	VARIOUS	986		16,169	27
28	2003 Fixed Assets			2003	201,389	6,584	VARIOUS	6,584		166,650	28
29	2004 Fixed Assets			2004	248,664	18,230	VARIOUS	18,230		177,884	29
30	2005 Fixed Assets			2005	155,231	8,093	VARIOUS	8,093		100,366	30
31	2006 Fixed Assets			2006	286,458	20,742	VARIOUS	20,742		169,639	31
32	2007 Fixed Assets			2007	148,045	12,790	VARIOUS	12,790		112,031	32
33	2008 Fixed Assets			2008	334,432	33,383	VARIOUS	33,383		196,898	33
34	Chapel remodel-artwork&table			2009	807	81	10	81		437	34
35	egress lighting			2009	1,238	124		124		650	35
36	Light Fixtures			2009	553	55		55		290	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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	Door coding locks	2009	$ 6,745	$ 675	10	$ 675	$	$ 3,429	37
38	Roof	2009	144,092	14,409	10	14,409		66,042	38
39	Chapel Roof	2009	1,505	151	10	151		702	39
40	New Windows Wing 7	2009	10,397	1,040	10	1,040		5,112	40
41	New Carpet & Tile for East Lobby	2009	1,178	118	10	118		550	41
42	Sprinkler System	2009	22,000	2,200	10	2,200		10,450	42
43	Seal coat & Striping for Parking Lot	2009	4,714	471	10	471		2,278	43
44	New screens for gutters	2010	2,700	270	10	270		1,215	44
45	Sprinkler System	2010	112,380	11,238	10	11,238		50,571	45
46	New Roof - SNF	2010	163,717	8,186	20	8,186		34,108	46
47	New Gutters & Downspouts	2010	720	72	10	72		294	47
48	Beauty Shop Exit Door	2010	7,859	786	10	786		2,947	48
49	Convert Activity Room	2010	4,382	438	10	438		1,643	49
50	Wing 1 - Bathroom	2010	67,815	6,782	10	6,782		27,126	50
51	LSC Corrections	2010	22,567	2,257	10	2,257		9,027	51
52	BTU Furnace	2010	563	56	10	56		202	52
53	Wing 3 - Lighting	2010	375	38	10	38		134	53
54	Dining Room - Fire Doors	2010	4,900	490	10	490		1,797	54
55	Parking Lot	2010	34,607	3,461	10	3,461		12,978	55
56	Medical Records Storage Shed	2010	7,860	786	10	786		2,882	56
57	Bathroom Flooring	2011	739	74	10	74		246	57
58	PTAC Units	2011	7,046	705	10	705		2,407	58
59	Public Bathrooms - Wallpaper	2011	159	16	10	16		52	59
60	Delta Lavatory Faucets - Wide	2011	4,084	408	10	408		1,396	60
61	Delta Lavatory Faucets - Regular	2011	1,227	123	10	123		419	61
62	Room 301 - Bathroom remodel	2011	5,858	586	10	586		2,050	62
63	Room 302 - Bathroom Remodel	2011	8,598	860	10	860		3,009	63
64	Room 303 - Bathroom Remodel	2011	8,648	865	10	865		3,027	64
65	Wing 3 - Asbestos Removal	2011	12,348	1,235	10	1,235		4,219	65
66	Wing 3 - Refurb	2011	1,751	175	10	175		613	66
67	Wing 3 - Fixtures	2011	426	43	10	43		146	67
68	Wing 3 - Flooring	2011	14,485	1,448	10	1,448		4,828	68
69	Wing 2 - HVACs	2011	5,062	506	10	506		1,561	69
70	TOTAL (lines 4 thru 69)		$ 4,503,873	$ 202,636		$ 202,636	$	$ 3,370,967	70

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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		$ 4,503,873	$ 202,636		$ 202,636	$	$ 3,370,967	1
2	Wing 9 - HVAC	2011	2,247	225	10	225		693	2
3	Boiler section module, piping valves,	2011	9,790	1,632	6	1,632		4,215	3
4	Duct Booster AXC150B 6", ventilation m	2011	1,073	215	5	215		608	4
5	Wall Cabinets -ADON office concord whi	2011	978	65	15	65		174	5
6	Wall Cabinets - Nurses station wing 6	2011	489	33	15	33		87	6
7	Door - Steel & Frame - Haven House wat	2011	1,112	56	20	56		144	7
8	Haven Water Damage-restore floors, wal	2011	47,843	4,784	10	4,784		12,758	8
9	Garden Homes Landscaping	2011	2,129	213	10	213		656	9
10	Garden Homes Sidewalk	2011	1,049	105	10	105		323	10
11	Garden Home sidewalk concrete	2011	870	87	10	87		261	11
12	Sealcoat Parking Lot and stripe	2011	5,007	1,669	3	1,669		4,729	12
13	Medical Building Fire Suppression	2011	6,752	675	10	675		2,026	13
14	WEIL MCCAIN 550 ULTRA BOILERS	2012	84,800	4,240	20	4,240		7,420	14
15	Landscape - Wall Block	2012	832	83	10	83		194	15
16	LANDSCAPING PAVERS AND PLANTS	2012	2,672	267	10	267		468	16
17	Walkway Pavilion Cover - Therapy Gym	2013	17,876	1,192	15	1,192		1,589	17
18	Flooring - Therapy Tub	2013	1,914	191	10	191		271	18
19	Therapy Gym - Foundation	2013	88,366	3,535	25	3,535		5,302	19
20	Therapy Gym - Roof	2013	9,403	940	10	940		1,410	20
21	Therapy Gym - Siding	2013	5,400	540	10	540		810	21
22	Therapy Gym - Doors and Casework	2013	23,870	1,591	15	1,591		2,387	22
23	Therapy Gym - Windows	2013	3,000	150	20	150		225	23
24	Therapy Gym - Flooring	2013	8,000	800	10	800		1,200	24
25	Therapy Gym - Handrails	2013	2,770	185	15	185		277	25
26	Therapy Gym - HVAC	2013	12,646	1,265	10	1,265		1,897	26
27	Therapy Gym - Masonry	2013	23,500	940	25	940		1,410	27
28	Therapy Gym - Painting	2013	12,500	2,500	5	2,500		3,750	28
29	Therapy Gym - Sprinklers and Smoke Ala	2013	8,936	894	10	894		1,340	29
30	Therapy Gym - Plumbing & Electric	2013	105,457	5,273	20	5,273		7,909	30
31	Therapy Gym - Signage	2013	256	51	5	51		77	31
32	Therapy Gym - Architectural Drawings	2013	39,722	3,972	10	3,972		5,958	32
33	Therapy Gym - Walls/Trusses/Drywall	2013	52,477	2,099	25	2,099		3,149	33
34	TOTAL (lines 1 thru 33)		$ 5,087,608	$ 243,102		$ 243,102	$	$ 3,444,685	34

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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		$ 5,087,608	$ 243,102		$ 243,102	$	$ 3,444,685	1
2	FLOOD LIGHTS	2013	2,349	235	10	235		333	2
3	PRIVACY WALL - OUTPATIENT RECEPTION AR	2013	2,761	138	20	138		161	3
4	WING 6 - 2.5 TON HVAC	2013	2,216	443	5	443		554	4
5	WING 7 - PUMP FURNACE	2013	1,394	93	15	93		139	5
6	Electric - Sewer Grinder	2013	5,354	357	15	357		476	6
7	10 Ton A/C Roof Unit for Dining Room	2013	6,471	647	10	647		647	7
8	Chapel Door Keypad Locks	2013	1,873	172	10	172		172	8
9	Kitchen - (20) 4ft LED Ceiling Lights	2013	5,480	335	15	335		335	9
10	Kitchen - Overhead Lights	2013	548	24	15	24		24	10
11	Patient Hand Rails - OP Therapy Entrance	2013	670	45	15	45		45	11
12	1.5 HP Garbage Disposal - Kitchen	2013	2,100	420	5	420		420	12
13	Carpet - Front Office & Conference Roo	2013	3,496	524	5	524		524	13
14	Front Entrance - Remodel Railings	2013	2,678	223	10	223		223	14
15	Hot Water Heater & Storage Tank	2013	39,447	3,287	10	3,287		3,287	15
16	Front Office Inpro Wall Covering	2013	4,730	710	5	710		710	16
17	Install of Walk-in Cooler/Freezer Comb	2013	36,623	1,424	15	1,424		1,424	17
18	Replace 6in Sewer Main sidewalk	2013	5,594	205	25	205		205	18
19	Replace kitchen drain	2014	5,400	45	10	45		45	19
20	Bearing assembly for Water Softner	2014	2,365	118	10	118		118	20
21	IS3200 Door Kit Accutech - Chapel Door	2014	4,286	71	10	71		71	21
22	Wainscot replace in office	2014	2,359	79	10	79		79	22
23	Landscape wing 7 entrance	2014	2,261	19	10	19		19	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)		$ 5,228,065	$ 252,716		$ 252,716	$	$ 3,454,697	34

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	$ 685,904	$ 84,009	$ 84,009	$	various	$ 434,756	71
72	Current Year Purchases	216,522	20,908	20,908		various	20,908	72
73	Fully Depreciated Assets	349,792	13,693	13,693		various	349,792	73
74	Home Office Allocation	339,600	32,902	32,902			202,447	74
75	TOTALS	$ 1,591,818	$ 151,512	$ 151,512	$		$ 1,007,903	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	See Attachment		Various	$ 83,220	$ 13,120	$ 13,120	$	4	$ 69,193	76
77										77
78										78
79	Home Office Allocation			30,978	3,586	3,586			17,643	79
80	TOTALS			$ 114,198	$ 16,706	$ 16,706	$		$ 86,836	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)	$ 6,999,641	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 420,934	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 420,934	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)	$ 4,549,436	85	

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Duplex	$ 568,251	$ 21,574	$ 404,672	86
87	Land	9,228			87
88					88
89					89
90					90
91	TOTALS	$ 577,479	$ 21,574	$ 404,672	91

G. Construction-in-Progress

	Description	Cost	
92	Home Office Allocation	$ 132	92
93	Residential Bathroom Remodel	4,286	93
94			94
95		$ 4,418	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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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.	/2015	$
13.	/2016	$
14.	/2017	$

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: $ 31,922 Description: See attachment
    (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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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.

   Wabash Christian Retirement Center only hires certified CNAs

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A-3	hrs	$	12,027	$ 505,114	$	12,027	$ 505,114	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		3,448	192,587		3,448	192,587	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-3	hrs		17,938	566,006		17,938	566,006	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	33,413	$ 1,263,707	$	33,413	$ 1,263,707	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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of June 30, 2014 (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	$ 3,837,296	$	1
2	Cash-Patient Deposits	12,610		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 186,079)	1,597,522		3
4	Supply Inventory (priced at)	22,888		4
5	Short-Term Investments			5
6	Prepaid Insurance	15,414		6
7	Other Prepaid Expenses	14,670		7
8	Accounts Receivable (owners or related parties)	215,047		8
9	Other(specify): Accrued Int. / Other A/R	4,913		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,720,360	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	701,870		11
12	Long-Term Investments	604,094		12
13	Land	65,910		13
14	Buildings, at Historical Cost	5,438,913		14
15	Leasehold Improvements, at Historical Cost	241,715		15
16	Equipment, at Historical Cost	1,364,978		16
17	Accumulated Depreciation (book methods)	(4,673,758)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	858,051		21
22	Other Long-Term Assets (spe CIP	4,286		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,606,059	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,326,419	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ (476,659)	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,210		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	383,908		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	6,945		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Accrued Liabilities	290,520		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 218,924	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	1,164,284		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Deferred Entrance Fees	52,646		43
44	Due to Life Right Residents	24,217		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,241,147	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,460,071	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 8,866,348	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,326,419	$	48

*(See instructions.)

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 8,756,432	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 8,756,432	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	109,916	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)**	$ 109,916	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)**	$ 8,866,348	24 *

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,191,451	1
2	Discounts and Allowances for all Levels	(2,431,318)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,760,133	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,079,727	6
7	Oxygen	39,846	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,119,573	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	20,524	13
14	Non-Patient Meals	2,944	14
15	Telephone, Television and Radio	4,384	15
16	Rental of Facility Space		16
17	Sale of Drugs	543,612	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	40,143	19
20	Radiology and X-Ray	25,167	20
21	Other Medical Services	71,033	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 707,807	23
	D. Non-Operating Revenue		
24	Contributions	119,542	24
25	Interest and Other Investment Income***	80,454	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 199,996	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Retirement Center	81,103	28
28a	Miscellaneous	139,131	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 220,234	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,007,743	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,332,927	31
32	Health Care	4,730,356	32
33	General Administration	2,530,423	33
	B. Capital Expense		
34	Ownership	483,053	34
	C. Ancillary Expense		
35	Special Cost Centers	495,327	35
36	Provider Participation Fee	325,741	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,897,827	40
41	**Income before Income Taxes (line 30 minus line 40)****	109,916	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 109,916	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,981,915	44
45	Private Pay - Net Inpatient Revenue	1,743,179	45
46	Medicare - Net Inpatient Revenue	(454,390)	46
47	Other-(specify) HMO/Nursing	82,624	47
48	Other-(specify) Medicare Advantage/Outpatient Part B	(593,195)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 3,760,133	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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 Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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	2,676	3,161	$ 83,240	$ 26.33	1
2	Assistant Director of Nursing	6,960	7,358	119,187	16.20	2
3	Registered Nurses	23,286	25,659	599,148	23.35	3
4	Licensed Practical Nurses	31,198	34,473	639,341	18.55	4
5	CNAs & Orderlies	114,414	123,928	1,379,741	11.13	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	1,727	2,011	26,195	13.03	9
10	Activity Assistants	9,515	10,271	96,114	9.36	10
11	Social Service Workers	10,922	11,706	171,237	14.63	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	0	0	0		14
15	Cook Helpers/Assistants	30,142	32,386	330,431	10.20	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	6,018	6,701	131,093	19.56	17
18	Housekeepers	15,105	16,372	162,041	9.90	18
19	Laundry	6,740	7,016	67,069	9.56	19
20	Administrator	2,012	2,276	113,871	50.04	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	1,867	2,079	47,199	22.71	22
23	Office Manager	2,272	2,455	73,426	29.91	23
24	Clerical	5,375	5,865	80,316	13.69	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	3,984	4,274	46,982	10.99	31
32	Other Health C: MDS Coordinator/	3,869	4,155	87,777	21.13	32
33	Other(specify) Community Nurse	3,779	4,152	88,119	21.22	33
34	TOTAL (lines 1 - 33)	281,860	306,296	$ 4,342,527 *	$ 14.18	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	279	$ 13,618	3.1.3	35
36	Medical Director	66	6,600	3.9.3	36
37	Medical Records Consultant	56	1,282	3.10.3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	180	4,143	3.10.3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	86	5,358	3.12.3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	667	$ 31,001		49

C. CONTRACT NURSES

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

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Sandra Bryant	Administrator	0	$ 122,635
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 122,635

B. Administrative - Other

Description	Amount
Management Fees	$ 616,267
TOTAL (agree to Schedule V, line 17, col. 3)	$ 616,267
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Cincinnati Insurance Co	Legal	$ 3,049
Davis & Campbell	Legal	5,382
Heyl, Royster, Voelker	Legal	171
Polsinelli Shughart	Legal	28,571
Receivable Management Services	Legal	179
My Innerview	Professional Services	359
National Research	Professional Services	1,455
NRAI, Inc.	Professional Services	120
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 39,286

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 106,759
Unemployment Compensation Insurance	14,499
FICA Taxes	314,113
Employee Health Insurance	557,460
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	423
Employee Uniforms	(3,330)
Employee Expense	15,472
457 Plan Expense	7,500
Home Office Allocation	52,870
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,065,766

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	$
Advertising: Employee Recruitment	973
Health Care Worker Background Check	
(Indicate # of checks performed 40)	900
Patient Background Checks 237	2,380
License/Dues/Subscriptions	22,625
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 26,878

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 2,481
In-State Travel	8,190
Seminar Expense	1,283
Home Office Allocation	21,238
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 33,192

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 2014

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	This workpaper is not applicable.		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Wabash Christian Retirement # 0020610 Report Period Beginning: July 1, 2013 Ending: June 30, 201

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **LSN, $8,748.35**

(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? **N/A**

(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? **5 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **68,210** 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. $ **325,741**
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **NONE** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **2,944**

(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? **YES** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **17,270**
c. What percent of all travel expense relates to transportation of nurses and patients? **NONE**
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. $ **N/A**

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

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.