

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	145	Skilled (SNF)	145	52,925	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	53	Sheltered Care (SC)	53	19,345	5
6		ICF/DD 16 or Less			6
7	198	TOTALS	198	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,089	5,790	19,582	31,461	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		12,537		12,537	12
13	DD 16 OR LESS					13
14	TOTALS	6,089	18,327	19,582	43,998	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.88%

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) None

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 Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location? Date started 05/01/1984

J. Was the facility purchased or leased after January 1, 1978? YES Date 05/01/1984 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified 145 and days of care provided 19,582

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Providence Downers Grove

0028605

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	531,406	65,388	138,805	735,599		735,599		735,599		1
2	Food Purchase		478,723		478,723		478,723	(18,057)	460,666		2
3	Housekeeping	218,795	43,225		262,020		262,020		262,020		3
4	Laundry	24,570	115,758		140,328		140,328		140,328		4
5	Heat and Other Utilities			234,844	234,844		234,844	15,177	250,021		5
6	Maintenance	200,195		336,121	536,316		536,316	(1,415)	534,901		6
7	Other (specify):*										7
8	TOTAL General Services	974,966	703,094	709,770	2,387,830		2,387,830	(4,295)	2,383,535		8
	B. Health Care and Programs										
9	Medical Director			30,575	30,575		30,575		30,575		9
10	Nursing and Medical Records	3,833,471	472,182	95,403	4,401,056		4,401,056		4,401,056		10
10a	Therapy										10a
11	Activities	289,700	39,443	944	330,087		330,087		330,087		11
12	Social Services	238,709		4,245	242,954		242,954		242,954		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,361,880	511,625	131,167	5,004,672		5,004,672		5,004,672		16
	C. General Administration										
17	Administrative			1,541,880	1,541,880		1,541,880	(1,352,570)	189,310		17
18	Directors Fees										18
19	Professional Services			73,785	73,785		73,785	21,004	94,789		19
20	Dues, Fees, Subscriptions & Promotions			41,731	41,731		41,731	2,479	44,210		20
21	Clerical & General Office Expenses	535,731	113,452	60,056	709,239		709,239	590,261	1,299,500		21
22	Employee Benefits & Payroll Taxes			1,365,528	1,365,528		1,365,528		1,365,528		22
23	Inservice Training & Education			2,272	2,272		2,272		2,272		23
24	Travel and Seminar			5,665	5,665		5,665	36,564	42,229		24
25	Other Admin. Staff Transportation			7,818	7,818		7,818	3,514	11,332		25
26	Insurance-Prop.Liab.Malpractice			407,088	407,088		407,088	335	407,423		26
27	Other (specify):* Mgmt - EE Benefits							271,544	271,544		27
28	TOTAL General Administration	535,731	113,452	3,505,823	4,155,006		4,155,006	(426,869)	3,728,137		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,872,577	1,328,171	4,346,760	11,547,508		11,547,508	(431,164)	11,116,344		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 Providence Downers Grove

#0028605

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			623,893	623,893		623,893	(13,178)	610,715			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			489,796	489,796		489,796	40,208	530,004			32
33	Real Estate Taxes			22,044	22,044		22,044	(13,131)	8,913			33
34	Rent-Facility & Grounds							9,667	9,667			34
35	Rent-Equipment & Vehicles			3,017	3,017		3,017		3,017			35
36	Other (specify):*											36
37	TOTAL Ownership			1,138,750	1,138,750		1,138,750	23,566	1,162,316			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,070,853	1,528,572	2,599,425		2,599,425		2,599,425			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			170,492	170,492		170,492		170,492			42
43	Other (specify):* Non-Allowable Co			704,637	704,637		704,637	(704,637)				43
44	TOTAL Special Cost Centers		1,070,853	2,403,701	3,474,554		3,474,554	(704,637)	2,769,917			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,872,577	2,399,024	7,889,211	16,160,812		16,160,812	(1,112,235)	15,048,577			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 **Providence Downers Grove**

0028605

Report Period Beginning: **01/01/2013**

Ending: **12/31/2013**

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(20,513)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,613)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(42,271)	30		9
10	Interest and Other Investment Income	(14,818)	32		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	(286,770)	43		24
25	Fund Raising, Advertising and Promotional	(33,613)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(21,309)	43		28
29	Other-Attach Schedule See Pg 5A	(390,163)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (822,070)		\$	30

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	2	
		Amount	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)	(290,165)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (290,165)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,112,235)		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	2	3	4	
		Yes	No	Amount	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		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Providence Downers Grove

ID# 0028605

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Nonallowable marketing costs	\$ (135,444)	43	1
2	Labs - Part A	(77,368)	43	2
3	X-Rays - Part A	(34,891)	43	3
4	Interrehab Physiatry	(72,000)	43	4
5	Residents Welfare	(40,392)	43	5
6	Accretion Expense	(2,850)	43	6
7	NonCare Real Estate Taxes	(22,044)	33	7
8	Disallow Non-allowable Legal	(450)	19	8
9	R&M Reclass to Fixed Assets per HFS rules	(4,724)	6	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		(390,163)	49

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
Rest Haven Illiana Christian Convalescent Home		Rest Haven Central	Palos Heights	Holland Home	South Holland	Sheltered Care
		Rest Haven South	South Holland	Village Woods	Crete	Independent Ret.
		Haven Park	Zeeland, MI	Providence Mgmt. & Development Co.	Tinley Park	Management Co.
		Plymouth Place	LaGrange Park	Providence Home		
		Park Place Christian Community	Elmhurst	Health Care	Tinley Park	Home Health
				Saratoga Grove	Downers Grove	Supportive Living

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES 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	2 Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 2,033	\$ 2,033	1
2	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	12,561	12,561	2
3	V	6 Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,739	2,739	3
4	V	17 Administrative	1,126,376	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	89,168	(1,037,208)	4
5	V	19 Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	17,756	17,756	5
6	V	20 Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,052	2,052	6
7	V	21 Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	405,351	405,351	7
8	V	21 Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	93,617	93,617	8
9	V	24 Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	30,262	30,262	9
10	V	25 Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,908	2,908	10
11	V	26 Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	277	277	11
12	V	27 Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	224,743	224,743	12
13	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	24,079	24,079	13
14	Total		\$ 1,126,376			\$ 907,546	\$ * (218,830)	14

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

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	32 Interest	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	\$ 45,542	\$	45,542	15
16	V	33 Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	7,377		7,377	16
17	V	34 Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	8,001		8,001	17
18	V								18
19	V								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		\$			\$ 60,920	\$ *	60,920	39

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

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	2 Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	\$ 423	\$	423	15
16	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	2,616		2,616	16
17	V	6 Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	570		570	17
18	V	17 Administrative	415,504	Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	100,142		(315,362)	18
19	V	19 Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	3,698		3,698	19
20	V	20 Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	427		427	20
21	V	21 Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	84,411		84,411	21
22	V	21 Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	19,495		19,495	22
23	V	24 Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	6,302		6,302	23
24	V	25 Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	606		606	24
25	V	26 Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	58		58	25
26	V	27 Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	46,801		46,801	26
27	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	5,014		5,014	27
28	V	32 Interest		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	9,484		9,484	28
29	V	33 Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	1,536		1,536	29
30	V	34 Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	1,666		1,666	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		\$ 415,504			\$ 283,249	\$ *	(132,255)	39

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1		N/A - Voluntary Board with no compensation. See Attached Schedule 7A							\$	1
2										2
3	No board member or related business provided services to this facility.									
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 Providence Downers Grove

0028605 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Rest Haven Illiana Christian Conv. Home
 Street Address 18601 North Creek Drive
 City / State / Zip Code Tinley Park, IL 60477
 Phone Number (708) 342-8100
 Fax Number (708) 342-8006

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	17	\$ 16,905	\$	11,175,266	\$ 2,033	1
2	5	Utilities	Accumulated Cost B	17	104,441		11,175,266	12,561	2
3	6	Maintenance - other	Accumulated Cost B	17	22,775		11,175,266	2,739	3
4	17	Administrative	Direct Cost A	1	1,152,003		1	89,168	4
5	19	Professional services - Other	Accumulated Cost B	17	147,633		11,175,266	17,756	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	17	17,064		11,175,266	2,052	6
7	21	Clerical & general - salary	Accumulated Cost B	17	3,370,313		11,175,266	405,351	7
8	21	Clerical & general - other	Accumulated Cost B	17	778,386		11,175,266	93,617	8
9	24	Travel & seminar	Accumulated Cost B	17	251,618		11,175,266	30,262	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	17	24,180		11,175,266	2,908	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	17	2,302		11,175,266	277	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	17	1,868,634		11,175,266	224,743	12
13	30	Depreciation	Accumulated Cost B	17	200,207		11,175,266	24,079	13
14	32	Interest	Accumulated Cost B	17	378,660		11,175,266	45,542	14
15	33	Real Estate Taxes	Accumulated Cost B	17	61,340		11,175,266	7,377	15
16	34	Rent - facility & grounds	Accumulated Cost B	17	66,528		11,175,266	8,001	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 8,462,989	\$		\$ 968,466	25

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Rest Haven Illiana Christian Conv. Home
 Street Address 18601 North Creek Drive
 City / State / Zip Code Tinley Park, IL 60477
 Phone Number (708) 342-8100
 Fax Number (708) 342-8006

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	17	\$ 16,905	\$	2,327,162	\$ 423	1
2	5	Utilities	Accumulated Cost B	17	104,441		2,327,162	2,616	2
3	6	Maintenance - other	Accumulated Cost B	17	22,775		2,327,162	570	3
4	17	Administrative	Direct Cost A	1	1,152,003		1	100,142	4
5	19	Professional services - Other	Accumulated Cost B	17	147,633		2,327,162	3,698	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	17	17,064		2,327,162	427	6
7	21	Clerical & general - salary	Accumulated Cost B	17	3,370,313		2,327,162	84,411	7
8	21	Clerical & general - other	Accumulated Cost B	17	778,386		2,327,162	19,495	8
9	24	Travel & seminar	Accumulated Cost B	17	251,618		2,327,162	6,302	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	17	24,180		2,327,162	606	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	17	2,302		2,327,162	58	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	17	1,868,634		2,327,162	46,801	12
13	30	Depreciation	Accumulated Cost B	17	200,207		2,327,162	5,014	13
14	32	Interest	Accumulated Cost B	17	378,660		2,327,162	9,484	14
15	33	Real Estate Taxes	Accumulated Cost B	17	61,340		2,327,162	1,536	15
16	34	Rent - facility & grounds	Accumulated Cost B	17	66,528		2,327,162	1,666	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 8,462,989	\$		\$ 283,249	25

Facility Name & ID Number

Providence Downers Grove

0028605

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	FHA Mortgage		X	Facility Refinance	Varies	08/15/2013	\$ 10,400,000	\$ 10,362,728	09/01/2048	3.6000	\$ 142,257	1					
2	Notes		X	Facility Improvements	Varies	Various	763,564	97,846	Various	Variable	701	2					
3	Tax Exempt Bonds		X	Additionas & Renovations	Varies	11/01/2004	9,450,000			Variable	221,206	3					
4												4					
5												5					
Working Capital																	
6	Notes		X	Operating	Varies	08/01/11	100,000	56,425	08/01/16	5.0000	3,348	6					
7	Refinancing Costs										99,751	7					
8												8					
9	TOTAL Facility Related						\$ 20,713,564	\$ 10,516,999			\$ 467,263	9					
B. Non-Facility Related*																	
10											55,026	10					
11											22,533	11					
12											(14,818)	12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ 62,741	14					
15	TOTALS (line 9+line14)						\$ 20,713,564	\$ 10,516,999			\$ 530,004	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 22,533 Line # 32

* 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.)

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 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.)	2012			\$	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.			Allocated from Home Office		
TOTAL REFUND	\$	For	Tax Year.		
			(Attach a copy of the real estate tax appeal board's decision.)	\$	8,913
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	8,913
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008		8		
	2009		9		
	2010		10		
	2011		11		
	2012		12		
Real estate taxes are allocated from a for-profit management company					
				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.

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? X 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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 105,900 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? (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? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

N/A

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	<u>Resident Care</u>	<u>29,200</u>	<u>1984</u>	<u>\$ 339,570</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	29,200		\$ 339,570	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	241		1984	1962	\$ 86,903	\$	40	\$	\$	\$ 86,903	4
5				1972	889,527		40			889,527	5
6				1976	34,742		40			34,742	6
7				1974	7,414	185	40	185		7,400	7
8				1975	55,878	1,397	40	1,397		54,483	8
	Improvement Type**										
9	Improvement			1976	4,115	103	40	103		3,914	9
10	Improvement			1977	33,527	838	40	838		31,006	10
11	Improvement			1980	6,049	151	40	151		5,134	11
12	Improvement			1981	7,380	185	40	185		6,105	12
13	Improvement			1983	22,839	571	40	571		17,701	13
14	Improvement			1984	253,714	9,250	40	9,250		249,903	14
15	Improvement			1985	297,491	7,437	40	7,437		215,673	15
16	Improvement			1986	275,406	6,885	40	6,885		192,780	16
17	Improvement			1987	24,035	601	40	601		16,227	17
18	Improvement			1988	509,896	12,747	40	12,747		331,422	18
19	Improvement			1989	4,381,420	109,536	40	109,536		2,738,400	19
20	Improvement			1989	90,660	2,267	40	2,267		56,675	20
21	Improvement			1990	155,196	3,880	40	3,880		93,120	21
22	Improvement			1991	5,021	126	40	126		2,898	22
23	Improvement			1992	75,453	1,886	40	1,886		41,492	23
24	Improvement			1993	26,281	657	40	657		13,797	24
25	Improvement			1994	16,231	405	40	405		8,100	25
26	Improvement			1995	128,962	3,224	40	3,224		59,644	26
27	Sign and landscaping			1996	4,764	119	40	119		2,083	27
28	Fence			1996	1,565	40	40	40		700	28
29	Renovate laundry and break rooms			1996	4,400	110	40	110		1,925	29
30	Whirlpool tubs			1996	20,200	505	40	505		8,837	30
31	Side rail			1996	2,293	57	40	57		998	31
32	Phone system			1996	35,085	877	40	877		23,170	32
33	Parking lot			1997	15,078	377	40	377		6,221	33
34	Landscaping			1997	10,839	271	40	271		4,471	34
35	Dining room renovation			1997	1,193	30	40	30		495	35
36	Hospitality room renovation			1997	34,830	871	40	871		14,371	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 Providence Downers Grove

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Activity / class room renovation	1997	\$ 3,476	\$ 87	40	\$ 87	\$	\$ 1,435	37
38	Carpeting	1997	1,521	38	40	38		627	38
39	Railing	1997	500	13	40	13		214	39
40	Laundry / break room renovation	1998	6,864	172	40	172		2,666	40
41	Compressor	1998	917		10			917	41
42	Roof repair	1998	2,320		10			2,320	42
43	Alarm system	1998	1,056		10			1,056	43
44	Hospitality room renovation	1998	12,605	316	40	316		4,898	44
45	Carpeting	1998	76,503		5			76,503	45
46	Wallpaper	1998	40,287		5			40,287	46
47	Roofing	1999	208,749		10			208,749	47
48	Therapy room renovation	1999	23,731		10			23,731	48
49	Resident room lighting	1999	23,965		10			23,965	49
50	Phone upgrade	1999	2,470		10			2,470	50
51	Renovations	1999	47,385		10			47,385	51
52	New door on oxygen room	1999	1,993		10			1,993	52
53	Landscaping	2000	59,350	1,484	40	1,484		20,034	53
54	Benches	2000	2,500	63	40	63		850	54
55	Room 18 renovation , wallcover, painting, tiling and carpet	2000	7,682		10			7,682	55
56	Therapy room renovation, wallcover, painting and tiling	2000	28,849		10			28,849	56
57	Beauty renovation, wallcover, painting, tiling and carpeting	2000	31,764		10			31,764	57
58	Common renovation, wallcover, painting, tiling and carpteing	2000	36,699		10			36,699	58
59	Kitchen renovation, wallcover, painting and tiling	2000	24,995		10			24,995	59
60	HVAC	2000	32,028		10			32,028	60
61	Doors	2000	3,300		10			3,300	61
62	Countertop	2000	654		10			654	62
63									63
64									64
65	Room renovation	2001	1,124,343		10			1,124,343	65
66	Rehab renovation	2001	82,557		10			82,557	66
67	Nurse call system	2001	114,755		10			114,755	67
68	Kitchen renovations	2001	3,800		10			3,800	68
69	HVAC	2001	3,000		10			3,000	69
70	TOTAL (lines 4 thru 69)		\$ 9,529,005	\$ 167,761		\$ 167,761	\$	\$ 7,174,843	70

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

Facility Name & ID Number Providence Downers Grove

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Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,529,005	\$ 167,761		\$ 167,761	\$	\$ 7,174,843	1
2	Doors	2001	3,187		10			3,187	2
3	Office remodeling	2001	35,071		10			35,071	3
4	HVAC	2001	28,200		10			28,200	4
5									5
6	landscaping	2002	25,539		10			25,539	6
7	Fence	2002	4,675		10			4,675	7
8	Nurse Call Station Renovation	2002	26,950	674	40	674		7,751	8
9	HVAC	2002	12,424	311	40	311		3,576	9
10									10
11	Renovations	2002	33,960	849	40	849		9,763	11
12	New Therapy Addition	2002	69,218	1,730	40	1,730		20,052	12
13	Landscaping	2001	10,400	260	40	260		2,990	13
14	Repair R3000 System	2002	3,922	98	40	98		1,127	14
15	Carpeting	2002	9,713	243	40	243		2,794	15
16	Bathroom remodeling	2003	12,350	618	20	618		6,489	16
17	Wallcoverings	2003	36,922	923	40	923		9,692	17
18	Floorcoverings	2003	42,356	1,059	40	1,059		11,119	18
19	Curtains and Blinds	2003	65,815	1,645	40	1,645		17,273	19
20	Landscaping and Fencing	2003	150,886	3,772	40	3,772		39,606	20
21	Parking, Curbs, and Sidewalks	2003	276,160	6,904	40	6,904		72,492	21
22	PT Wing / New Entry / New Admin. Offices	2003	1,754,047	43,852	40	43,852		466,369	22
23	Signage	2003	9,043	455	10	455		9,043	23
24	Gazebo	2003	5,436	272	20	272		2,754	24
25									25
26	Shelving	2003	1,328	65	10	65		1,328	26
27	Nurse call system	2004	33,450	3,345	10	3,345		31,778	27
28	Bath tub resurfacing	2004	4,750	238	20	238		2,261	28
29	Alzheimer Unit Renovation	2004	77,906	1,948	40	1,948		18,506	29
30	Fire Alarm	2004	1,795	180	10	180		1,748	30
31	Lighting	2004	501	50	10	50		486	31
32	Carpet	2004	2,374	237	10	237		2,303	32
33	Cabinets	2004	2,626	263	10	263		2,555	33
34	TOTAL (lines 1 thru 33)		\$ 12,270,009	\$ 237,752		\$ 237,752	\$	\$ 8,015,370	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,270,009	\$ 237,752		\$ 237,752	\$	\$ 8,015,370	1
2	Water heater	2004	2,997	300	10	300		2,850	2
3	Dentist office	2004	8,981	224	40	224		2,128	3
4	Expansion	2004	1,928	48	40	48		456	4
5									5
6	Carpeting	2005	2,050	205	10	205		1,743	6
7	Thermostats	2005	4,500	300	15	300		2,550	7
8	Handrails	2005	1,375	92	15	92		782	8
9	Sidewalks	2005	10,927	546	20	546		4,641	9
10	Bath Tub Conversions	2005	5,700	390	15	390		3,310	10
11	Carpeting	2005	7,904		7			7,904	11
12	Chiller	2005	6,101	306	20	306		2,601	12
13	Paving	2005	19,642	982	20	982		8,347	13
14	Boilers & HVAC	2005	13,435	672	20	672		5,712	14
15	Storage Tank & Water Lines	2005	1,125	56	20	56		476	15
16	Chiller	2005	540	28	20	28		238	16
17	Carpeting	2005	3,040		7			3,040	17
18	Smoke Detectors	2005	2,316	116	20	116		986	18
19	Generator	2005	1,122	56	20	56		476	19
20									20
21	Asbestos Retirement Obligation - West	2006	39,569	2,831	7	2,831		39,569	21
22	Sirens - West	2006	3,063	216	7	216		3,063	22
23	Door Alarm System - West	2006	33,453	3,346	10	3,346		25,095	23
24	West Office Remodel - West	2006	19,770	988	20	988		7,410	24
25	Heat A/C Valve - West	2006	4,400	294	15	294		2,205	25
26	Grading & Sodding of Front lawn - West	2006	5,060	338	15	338		2,535	26
27	Asbestos Retirement Obligation - Saratoga Grove	2006	9,695	686	7	686		9,695	27
28	Boilers	2006	37,695	2,512	15	2,512		18,840	28
29	Reception area renovation	2006	6,500	434	15	434		3,255	29
30	Gift Shop Lighting & Fixtures	2006	29,057	1,452	20	1,452		10,890	30
31	Office & Exit Doors	2006	5,164	258	20	258		1,935	31
32	Carpeting	2006	7,138	508	7	508		7,138	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,564,256	\$ 255,936		\$ 255,936	\$	\$ 8,195,240	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,564,256	\$ 255,936		\$ 255,936	\$	\$ 8,195,240	1
2	Door Repair - West	2007	5,670	284	20	284		2,130	2
3	Phone System - West	2007	70,262	7,026	10	7,026		52,695	3
4	Boiler	2007	9,686	969	15	969		7,106	4
5	Electrical Work - West	2007	3,120	156	20	156		1,170	5
6	Door Alarm Enhancement - West	2007	16,695	1,670	10	1,670		12,525	6
7	A/C Unit - West	2007	11,550	770	15	770		5,775	7
8	Water Heater - West	2007	9,370	625	15	625		4,687	8
9	Carpeting for Resident Rooms - West	2007	3,221	231	7	231		3,221	9
10	Rooftop HVAC unit	2007	15,300	1,020	15	1,020		7,650	10
11	Phone System - Saratoga Grove	2007	46,842	4,684	10	4,684		35,130	11
12	Replace bathtubs in 11 resident rooms - Saratoga Grove	2007	5,500	367	15	367		2,752	12
13	A/C Valve & ductwork replacement - Saratoga Grove	2007	6,227	311	20	311		2,333	13
14	Carpeting for Resident Rooms - Saratoga Grove	2007	15,453	1,101	7	1,101		15,453	14
15									15
16	Outdoor Lighting - West	2008	2,538	169	15	169		930	16
17	Landscapitng - Junipers	2008	8,895	593	15	593		3,262	17
18	Enlarge Oxygen Room	2008	4,513	113	40	113		621	18
19	Replace doors - Interior Main & Dining Room	2008	14,560	728	20	728		4,004	19
20	Dining Room - Architect	2008	2,800	140	20	140		770	20
21	Phone System - Labor/Wiring	2008	6,029	603	10	603		3,316	21
22	#64 & #74 Vinyl Planking	2008	6,442	644	10	644		3,542	22
23	Carpeting (SG)	2008	62,031	8,862	7	8,862		48,741	23
24	Window Treatments (SG)	2008	7,210	1,030	7	1,030		5,665	24
25									25
26	Remove & Replace sewer under nurses supply room & bathroom	2008	16,545	1,655	10	1,655		9,102	26
27	Remove wallpaper, repair wall, install new rail, paint	2008	4,000	400	10	400		2,200	27
28									28
29	SG-security camera	2009	3,347	478	7	478		2,024	29
30	Canopy sprinklers	2009	21,850	1,092	20	1,092		4,914	30
31	Fire Doors	2009	13,630	340	40	340		1,530	31
32	Main Dining Room Roof	2009	22,667	2,266	10	2,266		10,197	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,980,209	\$ 294,263		\$ 294,263	\$	\$ 8,448,685	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,980,209	\$ 294,263		\$ 294,263	\$	\$ 8,448,685	1
2	Emergency Outlets - Generator	2009	13,200	660	20	660		2,970	2
3	Fire Sprinkler Updates	2009	3,275	328	10	328		1,476	3
4	Flooring	2009	141,155	14,114	10	14,114		63,513	4
5	Plumbing	2009	33,500	1,676	20	1,676		7,542	5
6	Brick work	2009	4,575	228	20	228		912	6
7	Generator	2009	10,500	524	20	524		2,096	7
8									8
9	Dining Room Flooring	2010	41,313	4,131	10	4,131		14,459	9
10	Wanderguard System-West	2010	162,875	16,288	10	16,288		57,008	10
11	Flooring	2010	8,115	811	10	811		2,839	11
12	SG Boiler	2010	20,412	1,361	15	1,361		4,763	12
13	Wandergaurd SG	2010	178,160	17,816	10	17,816		62,356	13
14									14
15	Refrigeration repairs	2010	2,763	553	5	553		1,935	15
16	Gym Floor refurbishing	2010	2,886	289	10	289		1,011	16
17	Carpeting	2010	2,672	382	7	382		1,337	17
18	Flooring	2010	8,321	1,189	7	1,189		4,161	18
19									19
20	Carpeting	2011	5,500	786	7	786		1,965	20
21	Vinyl Flooring	2011	3,500	500	7	500		1,250	21
22	SG - Upper Level Carpeting	2011	36,787	5,255	7	5,255		13,137	22
23	Flooring	2011	37,935	3,794	10	3,794		9,485	23
24	Phone System	2011	43,163	4,316	10	4,316		10,789	24
25	SG - Roof Replacement	2011	82,238	8,224	10	8,224		20,560	25
26	Rooftop 5T A/C	2011	8,970	449	20	449		1,197	26
27	Water Heater/Boiler	2011	14,500	967	15	967		2,417	27
28	SG - Stabilize Floor	2011	7,650	383	20	383		957	28
29	SG - Upper Core ceiling/Lighting Upgrade	2011	8,863	443	20	443		1,108	29
30	SG - Signs	2011	8,210	547	15	547		1,368	30
31	SG - Blacktop & sidewalk repair	2011	10,859	543	20	543		1,358	31
32	SG - Gazebo	2011	3,460	173	20	173		432	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,885,566	\$ 380,993		\$ 380,993	\$	\$ 8,743,086	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,885,566	\$ 380,993		\$ 380,993	\$	\$ 8,743,086	1
2	SG - R&M Reclass - Installation of Backflow System	2011	6,621		10	662	662	1,655	2
3	SG - R&M Reclass - Carpeting	2011	5,576		10	558	558	1,395	3
4	SG - R&M Reclass - bathroom remodel								4
5	- Scrape/Scrub walls, patch cracks & holes, paint	2011	2,550		10	255	255	638	5
6	SG - R&M Reclass - Flush Plumbing in Building	2011	4,073		10	407	407	1,018	6
7	SG - R&M Reclass - Installation of new trip breaker in elevator								7
8	Mechanical Room	2011	2,500		10	250	250	625	8
9	SG - R&M Reclass - Replace valve for storage tank	2011	3,513		10	351	351	878	9
10									10
11	DG - R&M Reclass - Replace doubly Wye & concrete in floor	2011	7,450		10	745	745	1,863	11
12	DG - R&M Reclass - Paint walls	2011	6,500		10	650	650	1,625	12
13	DG - R&M Reclass - Sewer Repair	2011	8,350		10	835	835	2,088	13
14									14
15	Carpeting: Rooms 113, 116, 129, 213, 226, 216, 223, 227, 257	2012	6,822		7	975	975	1,462	15
16	Boiler	2012	19,675		15	1,312	1,312	1,968	16
17	Security System: Facility	2012	9,674		7	1,382	1,382	2,073	17
18	Automatic Front Door	2012	8,344		10	834	834	1,251	18
19	Chiller	2012	87,062		15	5,804	5,804	8,706	19
20	Canopy (Entry Way): Concrete, Electrical, Landscaping	2012	37,496		15	2,500	2,500	3,750	20
21	Dining Room Carpet	2012	31,500		7	4,500	4,500	6,750	21
22	Carpet: South Entrance	2012	9,195		7	1,314	1,314	1,971	22
23	Carpet: North Entrance	2012	10,300		7	1,471	1,471	2,207	23
24	Vinyl Flooring: Dining Room	2012	7,670		10	767	767	1,151	24
25	Vinyl Flooring: Resident Rooms	2012	102,985		10	10,299	10,299	15,448	25
26	Parking Lot: Seal	2012	22,462		10	2,246	2,246	3,369	26
27	Roofing	2012	4,933		10	493	493	740	27
28	SG - R&M Reclass - Carpeting: 2nd Floor Chapel	2012	4,718		7	674	674	1,011	28
29	SG - R&M Reclass - Chiller Circulating Pump	2012	7,965		15	531	531	797	29
30	DG - R&M Reclass - Roofing	2012	5,450		10	545	545	818	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,308,950	\$ 380,993		\$ 421,353	\$ 40,360	\$ 8,808,342	34

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

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 12F, Carried Forward		\$ 14,308,950	\$ 380,993		\$ 421,353	\$ 40,360	\$ 8,808,342	1
2									2
3	Carpeting Rooms: 8.9.14. 142.211.219.220.254	2013	9,148		7	653	653	653	3
4	SG Main Dining RM New Flooring	2013	11,077		15	369	369	369	4
5									5
6	DG - R&M Reclass - Fire Protection	2013	6,365		10	318	318	318	6
7	DG - R&M Reclass - Plumbing and heating	2013	8,595		10	430	430	430	7
8									8
9									9
10	Allocation from Home Office 2013	2013	612,922			21,932	21,932	179,516	10
11	To reconcile book depreciation			134,362		359	(134,003)		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	TOTAL (lines 1 thru 33)		\$ 14,957,057	\$ 515,355		\$ 445,414	\$ (69,941)	\$ 8,989,628	34

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

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	\$ 3,850,511	\$ 108,538	\$ 140,760	\$ 32,222	3-10	\$ 3,807,162	71
72	Current Year Purchases	35,058		1,753	1,753	3-10	1,753	72
73	Fully Depreciated Assets							73
74	Allocation from Home Office	652,201		7,044	7,044		624,491	74
75	TOTALS	\$ 4,537,770	\$ 108,538	\$ 149,557	\$ 41,019		\$ 4,433,406	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 Care	1984 Ford Bus	1989	\$ 47,590	\$	\$	\$	5	\$ 47,950	76
77	Resident Care	1995 Chevrolet K20 Truck	1995	22,494				5	22,494	77
78	Resident Care	2009 Ford 12 Passenger Bus	2009	47,748		9,550	9,550	5	42,975	78
79	See Attached Schedule 13A			38,690		6,193	6,193		23,202	79
80	TOTALS			\$ 156,522	\$	\$ 15,743	\$ 15,743		\$ 136,621	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)	\$ 19,990,919	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 623,893	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 610,715	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (13,178)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,559,656	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	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.

Providence Downers Grove

0028605

12/31/2013

Schedule 13A

Use	Model, Make and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
1 Resident Care	SG-Ford F250 Truck	2011	30,382		6,076	6,076	5	15,190
2 Allocation from home office			8,308		117	117		8,012
Totals			38,690	-	6,193	6,193		23,202

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	Allocated from Home Office				9,667			6
7	TOTAL				\$ 9,667			7

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 \$ _____

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 N/A.

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 3,017

Description: Dietary 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			\$ <u>N/A</u>	\$	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 Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2013 Ending: 12/31/2013
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	8,271	\$ 620,358	\$	8,271	\$ 620,358	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,721	204,038		2,721	204,038	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(2,3)	hrs		9,389	704,176	274	9,389	704,450	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescripts				1,070,579		1,070,579	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			\$	20,381	\$ 1,528,572	\$ 1,070,853	20,381	\$ 2,599,425	14	

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

Facility Name & ID Number Providence Downers Grove# 0028605Report Period Beginning: 01/01/2013Ending: 12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 27,871	\$ 27,871	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>80,000</u>)	1,038,986	1,038,986	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17,449	17,449	7
8	Accounts Receivable (owners or related parties)	639,505	639,505	8
9	Other(specify): <u>Due from Blue Cross/Blue Shield</u>	5,661	5,661	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,729,472	\$ 1,729,472	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	358,918	339,570	13
14	Buildings, at Historical Cost	16,220,729	14,957,057	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,106,514	4,694,292	16
17	Accumulated Depreciation (book methods)	(13,337,955)	(13,559,656)	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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,348,206	\$ 6,431,263	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,077,678	\$ 8,160,735	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 269,383	\$ 269,383	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	85,552	85,552	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,524	24,524	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	<u>Due to Related Parties</u>	304,849	304,849	36
37	<u>Due to Related Parties</u>	7,176,646	7,176,646	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,860,954	\$ 7,860,954	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	154,271	154,271	39
40	Mortgage Payable			40
41	Bonds Payable		10,362,728	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 154,271	\$ 10,516,999	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,015,225	\$ 18,377,953	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,062,453	\$ (10,217,218)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,077,678	\$ 8,160,735	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,626,278	1
2	Restatements (describe):		2
3	Prior period adjustments	68,907	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,695,185	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(632,732)	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)	\$ (632,732)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,062,453	24 *

* This must agree with page 17, line 47.

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.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,742,649	1
2	Discounts and Allowances for all Levels	(3,932,277)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,810,372	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,121,004	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,121,004	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	1,331	13
14	Non-Patient Meals	20,513	14
15	Telephone, Television and Radio	12,613	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,043,571	17
18	Sale of Supplies to Non-Patients	339,253	18
19	Laboratory	204,523	19
20	Radiology and X-Ray	146,812	20
21	Other Medical Services	9,762	21
22	Laundry	5,694	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,784,072	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	14,818	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,818	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See SCH 19A</u>	797,814	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 797,814	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,528,080	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,387,830	31
32	Health Care	5,004,672	32
33	General Administration	4,155,006	33
B. Capital Expense			
34	Ownership	1,138,750	34
C. Ancillary Expense			
35	Special Cost Centers	3,304,062	35
36	Provider Participation Fee	170,492	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,160,812	40
41	Income before Income Taxes (line 30 minus line 40)**	(632,732)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (632,732)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 787,033	44
45	Private Pay - Net Inpatient Revenue	4,204,490	45
46	Medicare - Net Inpatient Revenue	3,564,146	46
47	Other-(specify) <u>AI</u>	254,703	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,810,372	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.

Providence Downers Grove
Provider #: 0028605
1/1/2013 to 12/31/2013

Schedule 19A

XVII. SUPPORT SCHEDULE

E. Other Revenue

Line 28: Miscellaneous Income

Gain or Loss on Sale of Asset	
Other Income	-
Misc. Charges	(2,808)
Postage Revenue	-
Recreation Hall - DG	(1,850)
Recreation Hall - SG	
Guest Room Rental - SG	
AL-Gilead	(793,156)
Total Line 28	<u>(797,814)</u>

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	4,475	4,956	\$ 284,270	\$ 57.36	1
2	Assistant Director of Nursing	1,759	5,232	172,240	32.92	2
3	Registered Nurses	39,118	41,000	1,224,331	29.86	3
4	Licensed Practical Nurses	24,411	26,218	745,084	28.42	4
5	CNAs & Orderlies	98,600	104,229	1,351,425	12.97	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,952	2,080	44,766	21.52	9
10	Activity Assistants	10,805	11,417	165,558	14.50	10
11	Social Service Workers	10,374	11,086	238,709	21.53	11
12	Dietician	1,354	1,411	37,427	26.53	12
13	Food Service Supervisor	3,057	3,252	59,659	18.35	13
14	Head Cook	14,637	17,479	185,739	10.63	14
15	Cook Helpers/Assistants	24,369	25,357	248,581	9.80	15
16	Dishwashers					16
17	Maintenance Workers	11,858	12,468	200,195	16.06	17
18	Housekeepers	17,135	18,059	218,795	12.12	18
19	Laundry	1,834	1,957	24,570	12.55	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	26,590	31,521	535,731	17.00	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,701	2,861	56,121	19.62	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Concierge</u>	3,991	4,342	79,377	18.28	33
34	TOTAL (lines 1 - 33)	299,020	324,925	\$ 5,872,578 *	\$ 18.07	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant			35	
36	Medical Director	Monthly	30,575	9(3)	36
37	Medical Records Consultant	Monthly	2,857	10(3)	37
38	Nurse Consultant	Monthly	66,521	10(3)	38
39	Pharmacist Consultant	Monthly	2,865	10(3)	39
40	Physical Therapy Consultant	Monthly	1,200	39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	944	11(3)	44
45	Social Service Consultant	Monthly	675	12(3)	45
46	Other(specify) <u>Chapel Ministry</u>	Monthly	3,570	12(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 109,207		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses			50	
51	Licensed Practical Nurses			51	
52	Certified Nurse Assistants/Aides	1,085	23,160	10(3)	52
53	TOTAL (lines 50 - 52)	1,085	\$ 23,160		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jackie Terpstra	Administrator	0	\$ 189,310	Workers' Compensation Insurance	\$ 368,281	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	30,067	Advertising: Employee Recruitment		
				FICA Taxes	426,008	Health Care Worker Background Check		
				Employee Health Insurance	391,074	(Indicate # of checks performed)		
Amounts paid out of Home Office				Employee Meals		Patient Background Checks	257 7,198	
allocated in column 7.				Illinois Municipal Retirement Fund (IMRF)*		Life Services Network	32,588	
				Employee Education	2,355			
				Employee Welfare	51,372	Miscellaneous Licenses & Dues & Subs	1,811	
				Drug Testing	15,747	Allscrips	(1,856)	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 189,310	TDA Expense	75,253	Allocated from Home Office	2,479	
(List each licensed administrator separately.)				Uniforms	5,371	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,365,528	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 44,210	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees			\$ 1,541,880	N/A			Out-of-State Travel	\$
(Eliminated in Col. 7)								
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,541,880				In-State Travel	
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
Much Shelist	Legal		\$ 11,372					
Laner Muchin	Legal		14,376					
McGladrey & Pullen, LLP	Accounting		21,305					
Metro Infections	Operations		20,000					
Comdata	Consulting		22					
Jackson Lewis	Legal		519					
Miscellaneous	Consulting		5,741					
Various	Legal		450					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 73,785	TOTAL		\$	Seminar Expense	5,665
(If total legal fees exceed \$5,000, attach copy of invoices.)							Allocated from Home Office	36,564
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 42,229

* Attach copy of IMRF notifications

**See instructions.

Providence Life Services
Provider # 0028605
01/01/2013 to 12/31/2013

XIX. Support Schedule

C. Professional Services

Total (agree to Schedule V, Line 19 Column 4)	73,785
Plus Home Office	21,454
Less Non-Allowable Legal	(450)
Total (agrees to Schedule V Line 19 Column 8)	<u>94,789</u>

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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network - \$32,588
- (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? 7 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 53,226 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. 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. \$ 170,492
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. \$ (20,513)
- (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? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- 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 In progress
Firm Name: KPMG
- (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.