

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 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	5,893	4,912	18,462	29,267	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		12,481		12,481	12
13	DD 16 OR LESS					13
14	TOTALS	5,893	17,393	18,462	41,748	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.77%

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 14,803

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Providence Downers Grove

0028605

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	619,679	59,727	42,506	721,911		721,911		721,911		1
2	Food Purchase		506,150		506,150		506,150	(13,460)	492,690		2
3	Housekeeping	200,243	52,623		252,866		252,866		252,866		3
4	Laundry	24,315	174,037		198,352		198,352		198,352		4
5	Heat and Other Utilities			282,235	282,235		282,235	17,805	300,040		5
6	Maintenance	282,249		349,954	632,204		632,204	(23,042)	609,162		6
7	Other (specify):*										7
8	TOTAL General Services	1,126,486	792,537	674,696	2,593,718		2,593,718	(18,697)	2,575,021		8
	B. Health Care and Programs										
9	Medical Director			90,725	90,725		90,725		90,725		9
10	Nursing and Medical Records	3,157,342	622,551	75,741	3,855,633		3,855,633		3,855,633		10
10a	Therapy										10a
11	Activities	217,211	34,829	1,637	253,677		253,677		253,677		11
12	Social Services	211,487		6,621	218,109		218,109		218,109		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,586,040	657,379	174,724	4,418,144		4,418,144		4,418,144		16
	C. General Administration										
17	Administrative			1,572,024	1,572,024		1,572,024	(1,352,978)	219,046		17
18	Directors Fees										18
19	Professional Services			63,598	63,598		63,598	12,435	76,033		19
20	Dues, Fees, Subscriptions & Promotions			45,255	45,255		45,255	(2,460)	42,795		20
21	Clerical & General Office Expenses	772,694	126,898	69,196	968,788		968,788	457,319	1,426,107		21
22	Employee Benefits & Payroll Taxes			1,251,596	1,251,596		1,251,596		1,251,596		22
23	Inservice Training & Education			6,539	6,539		6,539		6,539		23
24	Travel and Seminar			5,514	5,514		5,514	43,127	48,641		24
25	Other Admin. Staff Transportation			7,214	7,214		7,214	2,882	10,096		25
26	Insurance-Prop.Liab.Malpractice			440,315	440,315		440,315	10,682	450,997		26
27	Other (specify):* Mgmt - EE Benefits							181,125	181,125		27
28	TOTAL General Administration	772,694	126,898	3,461,251	4,360,843		4,360,843	(647,868)	3,712,975		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,485,220	1,576,814	4,310,671	11,372,704		11,372,704	(666,565)	10,706,139		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:

01/01/2014

Ending:

12/31/2014

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			622,082	622,082		622,082	3,788	625,870			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			453,449	453,449		453,449	3,322	456,771			32
33	Real Estate Taxes			14,188	14,188		14,188	(5,433)	8,755			33
34	Rent-Facility & Grounds			1,578,041	1,578,041		1,578,041	(1,571,354)	6,687			34
35	Rent-Equipment & Vehicles			9,011	9,011		9,011		9,011			35
36	Other (specify):*											36
37	TOTAL Ownership			2,676,770	2,676,770		2,676,770	(1,569,677)	1,107,093			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		938,734	1,375,875	2,314,609		2,314,609		2,314,609			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,383	163,383		163,383		163,383			42
43	Other (specify):* Non-Allowable Co			507,854	507,854		507,854	(507,854)	0			43
44	TOTAL Special Cost Centers		938,734	2,047,113	2,985,847		2,985,847	(507,854)	2,477,993			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,485,220	2,515,548	9,034,554	17,035,321		17,035,321	(2,744,096)	14,291,225			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: **01/01/2014**

Ending: **12/31/2014**

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.)

		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	(17,004)	2		4
5	Telephone, TV & Radio in Resident Rooms	(10,684)	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	(20,840)	30		9
10	Interest and Other Investment Income	(11,328)	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	(123,909)	43		24
25	Fund Raising, Advertising and Promotional	(27,889)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(22,791)	43		28
29	Other-Attach Schedule See Page 5A	(508,723)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (743,168)		\$	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	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)	(2,000,928)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,000,928)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,744,096)		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

Providence Downers Grove

ID# 0028605

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Nonallowable marketing costs	\$ (170,810)	43	1
2	Labs - Part A	(76,014)	43	2
3	X-Rays - Part A	(19,116)	43	3
4	Interrehab Physiatry	(18,000)	43	4
5	Residents Welfare	(49,325)	43	5
6	Non-Care Real Estate Taxes	(14,188)	33	6
7	To reclass items >\$2500	(26,607)	6	7
8	Non-allowable marketing payroll	(129,621)	21	8
9	Disallow lobbying expenses	(5,042)	20	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		(508,723)	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%	\$ 2,865	\$ 2,865	1
2	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	14,395	14,395	2
3	V	6 Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,882	2,882	3
4	V	17 Administrative	1,146,204	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	13,924	(1,132,280)	4
5	V	19 Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,994	8,994	5
6	V	20 Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,911	1,911	6
7	V	21 Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	403,039	403,039	7
8	V	21 Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	79,932	79,932	8
9	V	24 Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	32,034	32,034	9
10	V	25 Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,330	2,330	10
11	V	26 Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,636	8,636	11
12	V	27 Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	119,904	119,904	12
13	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	19,911	19,911	13
14	Total		\$ 1,146,204			\$ 710,757	\$ * (435,447)	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 Providenc	100.00%	\$ 11,844	\$ 11,844
16	V	33 Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,078	7,078
17	V	34 Rent - facility & grounds	781,815	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	5,406	(776,409)
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 781,815			\$ 24,328	\$ * (757,487)

* 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 Providenc	100.00%	\$ 679	\$ 679
16	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,410	3,410
17	V	6 Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	683	683
18	V	17 Administrative	425,776	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%		(425,776)
19	V	19 Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,131	2,131
20	V	20 Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	453	453
21	V	21 Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	95,475	95,475
22	V	21 Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	18,935	18,935
23	V	24 Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,588	7,588
24	V	25 Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	552	552
25	V	26 Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,046	2,046
26	V	27 Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	28,404	28,404
27	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,717	4,717
28	V	32 Interest		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,806	2,806
29	V	33 Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,677	1,677
30	V	34 Rent - facility & grounds	796,226	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,281	(794,945)
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,222,002			\$ 170,837	\$ * (1,051,165)

* 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		\$			\$		15
16	V	2 Food		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			16
17	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			17
18	V	6 Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			18
19	V	17 Administrative		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	114,882	114,882	19
20	V	19 Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,053	1,053	20
21	V	20 Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	175	175	21
22	V	21 Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	160	160	22
23	V	21 Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			23
24	V	24 Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,818	2,818	24
25	V	25 Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			25
26	V	26 Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			26
27	V	27 Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	26,385	26,385	27
28	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			28
29	V	32 Interest		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			29
30	V	33 Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			30
31	V	34 Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%			31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 145,473	\$ * 145,473	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		\$			\$		15
16	V	<u>2</u> Food		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			16
17	V	<u>5</u> Utilities		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			17
18	V	<u>6</u> Maintenance - other		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			18
19	V	<u>17</u> Administrative		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	90,240	90,240	19
20	V	<u>19</u> Professional services - Other		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	257	257	20
21	V	<u>20</u> Dues, fees & subscriptions		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	43	43	21
22	V	<u>21</u> Clerical & general - salary		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	39	39	22
23	V	<u>21</u> Clerical & general - other		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			23
24	V	<u>24</u> Travel & seminar		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	687	687	24
25	V	<u>25</u> Other Admin. Staff transportation		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			25
26	V	<u>26</u> Insurance - Prop., Liab & Malpractice		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			26
27	V	<u>27</u> Mgmt. allocation of benefits		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%	6,432	6,432	27
28	V	<u>30</u> Depreciation		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			28
29	V	<u>32</u> Interest		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			29
30	V	<u>33</u> Real Estate Taxes		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			30
31	V	<u>34</u> Rent - facility & grounds		<u>Rest Haven Illiana Christian Convalescent Home d/b/a Providenc</u>	100.00%			31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$ 97,698	\$ * 97,698	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: 01/01/2014 Ending: 12/31/2014

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 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: 01/01/2014

Ending: 2/31/2014

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

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	87,875,602	17	\$ 24,161	\$ 10,420,476	\$ 2,865	1
2	5	Utilities	Accumulated Cost B	87,875,602	17	121,390	10,420,476	14,395	2
3	6	Maintenance - other	Accumulated Cost B	87,875,602	17	24,307	10,420,476	2,882	3
4	17	Administrative	Direct Cost A	1	1	779,795	1	13,924	4
5	19	Professional services - Other	Accumulated Cost B	87,875,602	17	75,849	10,420,476	8,994	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	87,875,602	17	16,118	10,420,476	1,911	6
7	21	Clerical & general - salary	Accumulated Cost B	87,875,602	17	3,398,815	10,420,476	403,039	7
8	21	Clerical & general - other	Accumulated Cost B	87,875,602	17	674,061	10,420,476	79,932	8
9	24	Travel & seminar	Accumulated Cost B	87,875,602	17	270,138	10,420,476	32,034	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	87,875,602	17	19,646	10,420,476	2,330	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	87,875,602	17	72,825	10,420,476	8,636	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	87,875,602	17	1,011,150	10,420,476	119,904	12
13	30	Depreciation	Accumulated Cost B	87,875,602	17	167,911	10,420,476	19,911	13
14	32	Interest	Accumulated Cost B	87,875,602	17	99,883	10,420,476	11,844	14
15	33	Real Estate Taxes	Accumulated Cost B	87,875,602	17	59,685	10,420,476	7,078	15
16	34	Rent - facility & grounds	Accumulated Cost B	87,875,602	17	45,590	10,420,476	5,406	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,861,324	\$	\$ 735,085	25

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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

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	87,875,602	17	\$ 24,161	\$ 2,468,487	\$ 679	1
2	5	Utilities	Accumulated Cost B	87,875,602	17	121,390	2,468,487	3,410	2
3	6	Maintenance - other	Accumulated Cost B	87,875,602	17	24,307	2,468,487	683	3
4	17	Administrative	Direct Cost A	1	1	779,795	1		4
5	19	Professional services - Other	Accumulated Cost B	87,875,602	17	75,849	2,468,487	2,131	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	87,875,602	17	16,118	2,468,487	453	6
7	21	Clerical & general - salary	Accumulated Cost B	87,875,602	17	3,398,815	2,468,487	95,475	7
8	21	Clerical & general - other	Accumulated Cost B	87,875,602	17	674,061	2,468,487	18,935	8
9	24	Travel & seminar	Accumulated Cost B	87,875,602	17	270,138	2,468,487	7,588	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	87,875,602	17	19,646	2,468,487	552	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	87,875,602	17	72,825	2,468,487	2,046	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	87,875,602	17	1,011,150	2,468,487	28,404	12
13	30	Depreciation	Accumulated Cost B	87,875,602	17	167,911	2,468,487	4,717	13
14	32	Interest	Accumulated Cost B	87,875,602	17	99,883	2,468,487	2,806	14
15	33	Real Estate Taxes	Accumulated Cost B	87,875,602	17	59,685	2,468,487	1,677	15
16	34	Rent - facility & grounds	Accumulated Cost B	87,875,602	17	45,590	2,468,487	1,281	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 6,861,324	\$	\$ 170,837	25

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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

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

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					\$	\$		\$	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 Providence Downers Grove

0028605 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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

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	28,878,547	4	\$	10,125,490	\$	1
2	5	Utilities	Accumulated Cost B	28,878,547	4		10,125,490		2
3	6	Maintenance - other	Accumulated Cost B	28,878,547	4		10,125,490		3
4	17	Administrative	Direct Cost A	1	1	393,684	1	114,882	4
5	19	Professional services - Other	Accumulated Cost B	28,878,547	4	3,002	10,125,490	1,053	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	28,878,547	4	500	10,125,490	175	6
7	21	Clerical & general - salary	Accumulated Cost B	28,878,547	4	455	10,125,490	160	7
8	21	Clerical & general - other	Accumulated Cost B	28,878,547	4		10,125,490		8
9	24	Travel & seminar	Accumulated Cost B	28,878,547	4	8,037	10,125,490	2,818	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	28,878,547	4		10,125,490		10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	28,878,547	4		10,125,490		11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	28,878,547	4	75,251	10,125,490	26,385	12
13	30	Depreciation	Accumulated Cost B	28,878,547	4		10,125,490		13
14	32	Interest	Accumulated Cost B	28,878,547	4		10,125,490		14
15	33	Real Estate Taxes	Accumulated Cost B	28,878,547	4		10,125,490		15
16	34	Rent - facility & grounds	Accumulated Cost B	28,878,547	4		10,125,490		16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 480,929	\$	\$ 145,473	25

Facility Name & ID Number Providence Downers Grove

0028605 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

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

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	28,878,547	4	\$	2,468,487	\$	1
2	5	Utilities	Accumulated Cost B	28,878,547	4		2,468,487		2
3	6	Maintenance - other	Accumulated Cost B	28,878,547	4		2,468,487		3
4	17	Administrative	Direct Cost A	1	1	393,684	2,468,487	90,240	4
5	19	Professional services - Other	Accumulated Cost B	28,878,547	4	3,002	2,468,487	257	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	28,878,547	4	500	2,468,487	43	6
7	21	Clerical & general - salary	Accumulated Cost B	28,878,547	4	455	2,468,487	39	7
8	21	Clerical & general - other	Accumulated Cost B	28,878,547	4		2,468,487		8
9	24	Travel & seminar	Accumulated Cost B	28,878,547	4	8,037	2,468,487	687	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	28,878,547	4		2,468,487		10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	28,878,547	4		2,468,487		11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	28,878,547	4	75,251	2,468,487	6,432	12
13	30	Depreciation	Accumulated Cost B	28,878,547	4		2,468,487		13
14	32	Interest	Accumulated Cost B	28,878,547	4		2,468,487		14
15	33	Real Estate Taxes	Accumulated Cost B	28,878,547	4		2,468,487		15
16	34	Rent - facility & grounds	Accumulated Cost B	28,878,547	4		2,468,487		16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 480,929	\$	\$ 97,698	25

Facility Name & ID Number

Providence Downers Grove

0028605

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					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 Mortgage	Varies	8/15/13	\$ 10,400,000	\$ 10,210,243	09/01/2048	0.0360	\$ 371,883	1				
2	Notes		X	Facility Improvements	Varies	Various	763,564		Various	Variable	641	2				
3												3				
4												4				
5												5				
Working Capital																
6	Notes		X	Operating	Varies	08/01/11	100,000	36,140	08/01/16	0.0500	2,361	6				
7	Amortization		X								12,497	7				
8												8				
9	TOTAL Facility Related						\$ 11,263,564	\$ 10,246,383			\$ 387,382	9				
B. Non-Facility Related*																
10											14,650	10				
11											66,068	11				
12											(11,329)	12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ 69,389	14				
15	TOTALS (line 9+line14)						\$ 11,263,564	\$ 10,246,383			\$ 456,771	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 66,068 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 2013 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.)	2013	\$		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.)		\$	8,755	5
			Allocated from Management Co.	
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.		\$	8,755	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2009 _____		8	
	2010 _____		9	
	2011 _____		10	
	2012 _____		11	
	2013 _____		12	
Real estate taxes are allocated from a for-profit management company				
			FOR BHF USE ONLY	
			13	FROM R. E. TAX STATEMENT FOR 2013 \$
			14	PLUS APPEAL COST FROM LINE 5 \$
			15	LESS REFUND FROM LINE 6 \$
			16	AMOUNT TO USE FOR RATE CALCULATION \$

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 Providence Downers Grove COUNTY DuPage
 FACILITY IDPH LICENSE NUMBER 0028605
 CONTACT PERSON REGARDING THIS REPORT Bill DeYoung
 TELEPHONE (708) 342-8100 FAX #: (708) 348-8006

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)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-09-01-203-007-1001</u>	<u>Home Office Building</u>	\$ <u>16,123.34</u>	\$ _____
2. <u>19-09-01-203-007-1006</u>	<u>Home Office Building</u>	\$ <u>19,413.82</u>	\$ _____
3. <u>19-09-01-203-007-1007</u>	<u>Home Office Building</u>	\$ <u>24,148.34</u>	\$ _____
4. _____	<u>Allocated From Home Office</u>	\$ _____	\$ <u>8,755.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>59,685.50</u></u>	\$ <u><u>8,755.00</u></u>

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? 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 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.**

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>29,200</u>	<u>1984</u>	<u>\$ 339,570</u>	1
2					2
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	14	40	14		7,414	7
8				1975	55,878	1,395	40	1,395		55,878	8
	Improvement Type**										
9	Improvement			1976	4,115	103	40	103		4,017	9
10	Improvement			1977	33,527	838	40	838		31,844	10
11	Improvement			1980	6,049	151	40	151		5,285	11
12	Improvement			1981	7,380	185	40	185		6,290	12
13	Improvement			1983	22,839	571	40	571		18,272	13
14	Improvement			1984	253,714	3,811	40	3,811		253,714	14
15	Improvement			1985	297,491	7,437	40	7,437		223,110	15
16	Improvement			1986	275,406	6,885	40	6,885		199,665	16
17	Improvement			1987	24,035	601	40	601		16,828	17
18	Improvement			1988	509,896	12,747	40	12,747		344,169	18
19	Improvement			1989	4,381,420	109,536	40	109,536		2,847,936	19
20	Improvement			1989	90,660	2,267	40	2,267		58,942	20
21	Improvement			1990	155,196	3,880	40	3,880		97,000	21
22	Improvement			1991	5,021	126	40	126		3,024	22
23	Improvement			1992	75,453	1,886	40	1,886		43,378	23
24	Improvement			1993	26,281	657	40	657		14,454	24
25	Improvement			1994	16,231	405	40	405		8,505	25
26	Improvement			1995	128,962	3,224	40	3,224		62,868	26
27	Sign and landscaping			1996	4,764	119	40	119		2,202	27
28	Fence			1996	1,565	40	40	40		740	28
29	Renovate laundry and break rooms			1996	4,400	110	40	110		2,035	29
30	Whirlpool tubs			1996	20,200	505	40	505		9,342	30
31	Side rail			1996	2,293	57	40	57		1,055	31
32	Phone system			1996	35,085	877	40	877		24,047	32
33	Parking lot			1997	15,078	377	40	377		6,598	33
34	Landscaping			1997	10,839	271	40	271		4,742	34
35	Dining room renovation			1997	1,193	30	40	30		525	35
36	Hospitality room renovation			1997	34,830	871	40	871		15,242	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

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Report Period Beginning:

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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	\$	\$ 1,522	37
38	Carpeting	1997	1,521	38	40	38		665	38
39	Railing	1997	500	13	40	13		227	39
40	Laundry / break room renovation	1998	6,864	172	40	172		2,838	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		5,214	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		21,518	53
54	Benches	2000	2,500	63	40	63		913	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	\$ 162,149		\$ 162,149	\$	\$ 7,336,992	70

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

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Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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	\$ 162,149		\$ 162,149	\$	\$ 7,336,992	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		8,425	8
9	HVAC	2002	12,424	311	40	311		3,887	9
10									10
11	Renovations	2002	33,960	849	40	849		10,612	11
12	New Therapy Addition	2002	69,218	1,730	40	1,730		21,782	12
13	Landscaping	2001	10,400	260	40	260		3,250	13
14	Repair R3000 System	2002	3,922	98	40	98		1,225	14
15	Carpeting	2002	9,713	243	40	243		3,037	15
16	Bathroom remodeling	2003	12,350	618	20	618		7,107	16
17	Wallcoverings	2003	36,922	923	40	923		10,615	17
18	Floorcoverings	2003	42,356	1,059	40	1,059		12,178	18
19	Curtains and Blinds	2003	65,815	1,645	40	1,645		18,918	19
20	Landscaping and Fencing	2003	150,886	3,772	40	3,772		43,378	20
21	Parking, Curbs, and Sidewalks	2003	276,160	6,904	40	6,904		79,396	21
22	PT Wing / New Entry / New Admin. Offices	2003	1,754,047	43,852	40	43,852		510,221	22
23	Signage	2003	9,043		10			9,043	23
24	Gazebo	2003	5,436	272	20	272		3,026	24
25									25
26	Shelving	2003	1,328		10			1,328	26
27	Nurse call system	2004	33,450	1,672	10	1,672		33,450	27
28	Bath tub resurfacing	2004	4,750	238	20	238		2,499	28
29	Alzheimer Unit Renovation	2004	77,906	1,948	40	1,948		20,454	29
30	Fire Alarm	2004	1,795	47	10	47		1,795	30
31	Lighting	2004	501	15	10	15		501	31
32	Carpet	2004	2,374	71	10	71		2,374	32
33	Cabinets	2004	2,626	71	10	71		2,626	33
34	TOTAL (lines 1 thru 33)		\$ 12,270,009	\$ 229,421		\$ 229,421	\$	\$ 8,244,791	34

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

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Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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	\$ 229,421		\$ 229,421	\$	\$ 8,244,791	1
2	Water heater	2004	2,997	147	10	147		2,997	2
3	Dentist office	2004	8,981	224	40	224		2,352	3
4	Expansion	2004	1,928	48	40	48		504	4
5									5
6	Carpeting	2005	2,050	205	10	205		1,948	6
7	Thermostats	2005	4,500	300	15	300		2,850	7
8	Handrails	2005	1,375	92	15	92		874	8
9	Sidewalks	2005	10,927	546	20	546		5,187	9
10	Bath Tub Conversions	2005	5,700	390	15	390		3,700	10
11	Carpeting	2005	7,904		7			7,904	11
12	Chiller	2005	6,101	306	20	306		2,907	12
13	Paving	2005	19,642	982	20	982		9,329	13
14	Boilers & HVAC	2005	13,435	672	20	672		6,384	14
15	Storage Tank & Water Lines	2005	1,125	56	20	56		532	15
16	Chiller	2005	540	28	20	28		266	16
17	Carpeting	2005	3,040		7			3,040	17
18	Smoke Detectors	2005	2,316	116	20	116		1,102	18
19	Generator	2005	1,122	56	20	56		532	19
20									20
21	Asbestos Retirement Obligation - West	2006	39,569		7			39,569	21
22	Sirens - West	2006	3,063		7			3,063	22
23	Door Alarm System - West	2006	33,453	3,346	10	3,346		28,441	23
24	West Office Remodel - West	2006	19,770	988	20	988		8,398	24
25	Heat A/C Valve - West	2006	4,400	294	15	294		2,499	25
26	Grading & Sodding of Front lawn - West	2006	5,060	338	15	338		2,873	26
27	Asbestos Retirement Obligation - Saratoga Grove	2006	9,695		7			9,695	27
28	Boilers	2006	37,695	2,512	15	2,512		21,352	28
29	Reception area renovation	2006	6,500	434	15	434		3,689	29
30	Gift Shop Lighting & Fixtures	2006	29,057	1,452	20	1,452		12,342	30
31	Office & Exit Doors	2006	5,164	258	20	258		2,193	31
32	Carpeting	2006	7,138		7			7,138	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,564,256	\$ 243,211		\$ 243,211	\$	\$ 8,438,451	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	\$ 243,211		\$ 243,211	\$	\$ 8,438,451	1
2	Door Repair - West	2007	5,670	284	20	284		2,414	2
3	Phone System - West	2007	70,262	7,026	10	7,026		59,721	3
4	Boiler	2007	9,686	969	15	969		8,075	4
5	Electrical Work - West	2007	3,120	156	20	156		1,326	5
6	Door Alarm Enhancement - West	2007	16,695	1,670	10	1,670		14,195	6
7	A/C Unit - West	2007	11,550	770	15	770		6,545	7
8	Water Heater - West	2007	9,370	625	15	625		5,312	8
9	Carpeting for Resident Rooms - West	2007	3,221		7			3,221	9
10	Rooftop HVAC unit	2007	15,300	1,020	15	1,020		8,670	10
11	Phone System - Saratoga Grove	2007	46,842	4,684	10	4,684		39,814	11
12	Replace bathtubs in 11 resident rooms - Saratoga Grove	2007	5,500	367	15	367		3,119	12
13	A/C Valve & ductwork replacement - Saratoga Grove	2007	6,227	311	20	311		2,644	13
14	Carpeting for Resident Rooms - Saratoga Grove	2007	15,453		7			15,453	14
15									15
16	Outdoor Lighting - West	2008	2,538	169	15	169		1,099	16
17	Landscapitng - Junipers	2008	8,895	593	15	593		3,855	17
18	Enlarge Oxygen Room	2008	4,513	113	40	113		734	18
19	Replace doors - Interior Main & Dining Room	2008	14,560	728	20	728		4,732	19
20	Dining Room - Architect	2008	2,800	140	20	140		910	20
21	Phone System - Labor/Wiring	2008	6,029	603	10	603		3,919	21
22	#64 & #74 Vinyl Planking	2008	6,442	644	10	644		4,186	22
23	Carpeting (SG)	2008	62,031	8,862	7	8,862		57,603	23
24	Window Treatments (SG)	2008	7,210	1,030	7	1,030		6,695	24
25									25
26	Remove & Replace sewer under nurses supply room & bathroom	2008	16,545	1,655	10	1,655		10,757	26
27	Remove wallpaper, repair wall, install new rail, paint	2008	4,000	400	10	400		2,600	27
28									28
29	SG-security camera	2009	3,347	478	7	478		2,502	29
30	Canopy sprinklers	2009	21,850	1,092	20	1,092		6,006	30
31	Fire Doors	2009	13,630	340	40	340		1,870	31
32	Main Dining Room Roof	2009	22,667	2,266	10	2,266		12,463	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,980,209	\$ 280,206		\$ 280,206	\$	\$ 8,728,891	34

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

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Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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	\$ 280,206		\$ 280,206	\$	\$ 8,728,891	1
2	Emergency Outlets - Generator	2009	13,200	660	20	660		3,630	2
3	Fire Sprinkler Updates	2009	3,275	328	10	328		1,804	3
4	Flooring	2009	141,155	14,114	10	14,114		77,627	4
5	Plumbing	2009	33,500	1,676	20	1,676		9,218	5
6	Brick work	2009	4,575	228	20	228		1,140	6
7	Generator	2009	10,500	524	20	524		2,620	7
8									8
9	Dining Room Flooring	2010	41,313	4,131	10	4,131		18,590	9
10	Wanderguard System-West	2010	162,875	16,288	10	16,288		73,296	10
11	Flooring	2010	8,115	811	10	811		3,650	11
12	SG Boiler	2010	20,412	1,361	15	1,361		6,124	12
13	Wandergaurd SG	2010	178,160	17,816	10	17,816		80,172	13
14									14
15	Refrigeration repairs	2010	2,763	553	5	553		2,488	15
16	Gym Floor refurbishing	2010	2,886	289	10	289		1,300	16
17	Carpeting	2010	2,672	382	7	382		1,719	17
18	Flooring	2010	8,321	1,189	7	1,189		5,350	18
19									19
20	Carpeting	2011	5,500	786	7	786		2,751	20
21	Vinyl Flooring	2011	3,500	500	7	500		1,750	21
22	SG - Upper Level Carpeting	2011	36,787	5,255	7	5,255		18,392	22
23	Flooring	2011	37,935	3,794	10	3,794		13,279	23
24	Phone System	2011	43,163	4,316	10	4,316		15,105	24
25	SG - Roof Replacement	2011	82,238	8,224	10	8,224		28,784	25
26	Rooftop 5T A/C	2011	8,970	449	20	449		1,646	26
27	Water Heater/Boiler	2011	14,500	967	15	967		3,384	27
28	SG - Stabilize Floor	2011	7,650	383	20	383		1,340	28
29	SG - Upper Core ceiling/Lighting Upgrade	2011	8,863	443	20	443		1,551	29
30	SG - Signs	2011	8,210	547	15	547		1,915	30
31	SG - Blacktop & sidewalk repair	2011	10,859	543	20	543		1,901	31
32	SG - Gazebo	2011	3,460	173	20	173		605	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,885,566	\$ 366,936		\$ 366,936	\$	\$ 9,110,022	34

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

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Report Period Beginning:

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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 12E, Carried Forward		\$ 13,885,566	\$ 366,936		\$ 366,936	\$	\$ 9,110,022	1
2	SG - R&M Reclass - Installation of Backflow System	2011	6,621		10	662	662	2,317	2
3	SG - R&M Reclass - Carpeting	2011	5,576		10	558	558	1,953	3
4	SG - R&M Reclass - bathroom remodel								4
5	- Scrape/Scrub walls, patch cracks & holes, paint	2011	2,550		10	255	255	893	5
6	SG - R&M Reclass - Flush Plumbing in Building	2011	4,073		10	407	407	1,425	6
7	SG - R&M Reclass - Installation of new trip breaker in elevator								7
8	Mechanical Room	2011	2,500		10	250	250	875	8
9	SG - R&M Reclass - Replace valve for storage tank	2011	3,513		10	351	351	1,229	9
10									10
11	DG - R&M Reclass - Replace doubly Wye & concrete in floor	2011	7,450		10	745	745	2,608	11
12	DG - R&M Reclass - Paint walls	2011	6,500		10	650	650	2,275	12
13	DG - R&M Reclass - Sewer Repair	2011	8,350		10	835	835	2,923	13
14									14
15	Carpeting: Rooms 113, 116, 129, 213, 226, 216, 223, 227, 257	2012	6,822		7	975	975	2,436	15
16	Boiler	2012	19,675		15	1,312	1,312	3,279	16
17	Security System: Facility	2012	9,674		7	1,382	1,382	3,455	17
18	Automatic Front Door	2012	8,344		10	834	834	2,086	18
19	Chiller	2012	87,062		15	5,804	5,804	14,510	19
20	Canopy (Entry Way): Concrete, Electrical, Landscaping	2012	37,496		15	2,500	2,500	6,249	20
21	Dining Room Carpet	2012	31,500		7	4,500	4,500	11,250	21
22	Carpet: South Entrance	2012	9,195		7	1,314	1,314	3,284	22
23	Carpet: North Entrance	2012	10,300		7	1,471	1,471	3,679	23
24	Vinyl Flooring: Dining Room	2012	7,670		10	767	767	1,918	24
25	Vinyl Flooring: Resident Rooms	2012	102,985		10	10,299	10,299	25,746	25
26	Parking Lot: Seal	2012	22,462		10	2,246	2,246	5,615	26
27	Roofing	2012	4,933		10	493	493	1,234	27
28	SG - R&M Reclass - Carpeting: 2nd Floor Chapel	2012	4,718		7	674	674	1,685	28
29	SG - R&M Reclass - Chiller Circulating Pump	2012	7,965		15	531	531	1,328	29
30	DG - R&M Reclass - Roofing	2012	5,450		10	545	545	1,363	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,308,950	\$ 366,936		\$ 407,296	\$ 40,360	\$ 9,215,637	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 12F, Carried Forward		\$ 14,308,950	\$ 366,936		\$ 407,296	\$ 40,360	\$ 9,215,637	1
2									2
3	Carpeting Rooms: 8.9.14. 142.211.219.220.254	2013	9,148		7	1,307	1,307	1,960	3
4	SG Main Dining RM New Flooring	2013	11,077		15	738	738	1,108	4
5									5
6	DG - R&M Reclass - Fire Protection	2013	6,365		10	637	637	955	6
7	DG - R&M Reclass - Plumbing and heating	2013	8,595		10	860	860	1,289	7
8									8
9	Rooftop Air Handling Unit	2014	13,725		15	458	458	458	9
10	Water Heater Deposit - Lincoln Wing Boiler Room	2014	10,000		15	333	333	333	10
11	Replace Water Heater - Lincoln Wing Boiler Room	2014	5,100		15	170	170	170	11
12	Rewallpaper Lincoln & Jefferson Wings	2014	19,043		7	1,360	1,360	1,360	12
13	Therapy Entrance Deposit	2014	6,955		20	174	174	174	13
14	Therapy Entrance recarpet	2014	3,902		7	279	279	279	14
15	Pump and Heating Coils - Basement Mechanical Rooms	2014	18,901		15	630	630	630	15
16	Boiler Replacement - Basement Boiler Room	2014	21,600		15	720	720	720	16
17	Resident Room Carpeting and replacement carpeting	2014	11,466		7	819	819	819	17
18	Emergency Power added - Upgraded electrical panel & circuits	2014	15,477		10	774	774	774	18
19	Doctors Office/Chart Room - Patching, sanding, priming and painting	2014	10,598		20	265	265	265	19
20	Signage - Entire Facility	2014	10,000		20	250	250	250	20
21	Washington Roof - 2nd Addition	2014	33,868		20	847	847	847	21
22	I Care Licensing	2014	10,199		3	1,700	1,700	1,700	22
23	Roof Replacement	2014	33,868		20	847	847	847	23
24	Carpet Installation In Units 119, 120, 209, 212, 224, 239, 245 & 257	2014	8,539		7	610	610	610	24
25	Fire Prevention Backflow	2014	5,640		20	141	141	141	25
26	Buffet Line Addition in Dining Room - Plumbing/water line installatio	2014	31,015		15	1,034	1,034	1,034	26
27	Wireless Internet	2014	42,459		10	2,123	2,123	2,123	27
28	New Window Treatments 2nd floor	2014	7,217		15	241	241	241	28
29	Fire Panel addition	2014	58,000		20	1,450	1,450	1,450	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,721,707	\$ 366,936		\$ 426,062	\$ 59,126	\$ 9,236,174	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:

01/01/2014

Ending:

12/31/2014

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 12G, Carried Forward		\$ 14,721,707	\$ 366,936		\$ 426,062	\$ 59,126	\$ 9,236,174	1
2									2
3	Concrete replacement	2014	14,755		20	369	369	369	3
4	Blacktop driveway & fix hole	2014	21,582		10	1,079	1,079	1,079	4
5									5
6									6
7									7
8	R/M Reclass: Alt. Energy Solutions transfer switch boiler rm	2014	3,614		10	181	181	181	8
9	R/M Reclass: West Town Mechanical pump replace boiler rm	2014	2,709		10	135	135	135	9
10	R/M Reclass: Thyssenkrupp Elevator valve install laundry rm	2014	3,950		20	99	99	99	10
11	R/M Reclass: Thyssenkrupp Elevator valve install laundry rm	2014	10,000		20	250	250	250	11
12	R/M Reclass: Jim Swan's Flooring Laundry room	2014	3,186		10	159	159	159	12
13	R/M Reclass: Suburban Door Check & Lock Serv.	2014	3,148		10	157	157	157	13
14	(nurse's aide 2nd floor office and lower level break room)								14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Allocation from Home Office 2014	2014	618,642			19,389	19,389	196,998	25
26	To reconcile book depreciation			144,423			(144,423)		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,403,293	\$ 511,359		\$ 447,880	\$ (63,479)	\$ 9,435,601	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	\$ 3,885,569	\$ 110,723	\$ 144,266	\$ 33,543	3-10	\$ 3,953,181	71
72	Current Year Purchases	194,774		17,636	17,636	3-10	17,636	72
73	Fully Depreciated Assets							73
74	Allocation from Home Office	670,177		5,239	5,239		641,537	74
75	TOTALS	\$ 4,750,520	\$ 110,723	\$ 167,141	\$ 56,418		\$ 4,612,354	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		4,773	4,773	5	47,748	78
79	See Attached Schedule 13A			38,768		6,076	6,076		29,354	79
80	TOTALS			\$ 156,600	\$	\$ 10,849	\$ 10,849		\$ 147,546	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)	\$ 20,649,983	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 622,082	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 625,870	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 3,788	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 14,195,501	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	21,266
2	Allocation from home office			8,386					8,088
Totals				38,768	-	6,076	6,076		29,354

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	Allocated from Home Office				6,687			6
7	TOTAL				\$ 6,687			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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ 9,011

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: 01/01/2014 Ending: 12/31/2014
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.)

<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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	\$	7,946	\$	595,978	\$	7,946	\$	595,978	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,630		197,229		2,630		197,229	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39(2,3)	hrs		7,769		582,668		7,769		582,668	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					938,734			938,734	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			\$	18,345	\$	1,375,875	\$	938,734	18,345	\$	2,314,609	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: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$ 65,274	\$ 65,274	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>154,764</u>)	1,717,559	1,717,559	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	144,069	144,069	6
7	Other Prepaid Expenses	16,469	16,469	7
8	Accounts Receivable (owners or related parties)	493,800	493,800	8
9	Other(specify): <u>Due from Blue Cross/Blue Shield</u>	9,847	9,847	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,447,019	\$ 2,447,019	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	401,345	1,693,106	14
15	Leasehold Improvements, at Historical Cost	16,246,023	13,710,187	15
16	Equipment, at Historical Cost	4,291,593	4,907,120	16
17	Accumulated Depreciation (book methods)	(13,960,038)	(14,195,501)	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): <u>See 17A</u>	366,754	366,754	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,704,595	\$ 6,821,236	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,151,614	\$ 9,268,255	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 322,239	\$ 322,239	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	158,066	158,066	29
30	Accrued Salaries Payable	76,029	76,029	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,256	11,256	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>	282,971	282,971	36
37	<u>See Schedule 17A</u>	1,824,880	1,824,880	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,675,440	\$ 2,675,440	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	36,140	36,140	39
40	Mortgage Payable	10,052,177	10,052,177	40
41	Bonds Payable			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)	\$ 10,088,317	\$ 10,088,317	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,763,757	\$ 12,763,757	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,612,143)	\$ (3,495,502)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,151,614	\$ 9,268,255	48

*(See instructions.)

Facility Name: Providence Downers Grove
IDPH License ID Number: 0028605
Fiscal Year End: 12/31/2014

Schedule 17A

XV. Balance Sheet

Line 23 Long-Term Assets Other (specify):

Description	Operating	After Consolidation
Escrow-Replacement Reserve	348,789	348,789
Escrow-MIP	17,965	17,965
Total - Line 23	366,754	366,754

XV. Balance Sheet

Line 37 Other Current Liabilities (specify)

Description	Operating	After Consolidation
Due to 54	1,131,255	1,131,255
Due to IDPA	61,384	61,384
Due to Marian Joy -O/P	181,462	181,462
Deferred Financing Costs	(321,871)	(321,871)
Accrued Interest Payable	41,210	41,210
Misc. Accrued Liabilities	630,658	630,658
Asbestos Retirement Obligation	80,949	80,949
Asbestos Retirement Obligation	19,833	19,833
Total - Line 37	1,824,880	1,824,880

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,062,453	1
2	Restatements (describe):		2
3	Prior period adjustments	(3,377,103)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,314,650)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(297,493)	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)	\$ (297,493)	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)	\$ (2,612,143)	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	\$ 13,146,617	1	
2	Discounts and Allowances for all Levels	(3,693,408)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,453,208	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	3,775,284	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,775,284	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	327	13	
14	Non-Patient Meals	17,004	14	
15	Telephone, Television and Radio	10,684	15	
16	Rental of Facility Space	958,887	16	
17	Sale of Drugs	1,068,436	17	
18	Sale of Supplies to Non-Patients	249,200	18	
19	Laboratory	148,617	19	
20	Radiology and X-Ray	93,604	20	
21	Other Medical Services	16,445	21	
22	Laundry	8,280	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,571,483	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	11,328	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,328	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	<u>See SCH 19A</u>	926,525	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 926,525	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,737,828	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	2,593,718	31	
32	Health Care	4,418,144	32	
33	General Administration	4,360,843	33	
B. Capital Expense				
34	Ownership	2,676,770	34	
C. Ancillary Expense				
35	Special Cost Centers	2,822,463	35	
36	Provider Participation Fee	163,383	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,035,321	40	
41	Income before Income Taxes (line 30 minus line 40)**	(297,493)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (297,493)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,572,395	44
45	Private Pay - Net Inpatient Revenue	4,006,156	45
46	Medicare - Net Inpatient Revenue	(1,607,049)	46
47	Other-(specify) <u>AI</u>	481,706	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,453,208	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.

^ - This entity is a cash basis taxpayer

Facility Name: Providence Downers Grove
IDPH License ID Number: 0028605
Fiscal Year End: 12/31/2014

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

<u>Description</u>	<u>Amount</u>
Misc Income	(18,192)
Recreation Hall	(1,800)
AL- Gilead	(906,533)
Total - Line 28	<u><u>(926,525)</u></u>

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	2,102	2,321	\$ 138,770	\$ 59.79	1
2	Assistant Director of Nursing					2
3	Registered Nurses	31,616	33,869	1,101,089	32.51	3
4	Licensed Practical Nurses	17,570	18,930	486,176	25.68	4
5	CNAs & Orderlies	100,542	106,270	1,373,718	12.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,848	4,160	98,532	23.69	9
10	Activity Assistants	9,219	9,920	118,679	11.96	10
11	Social Service Workers	7,306	7,900	211,487	26.77	11
12	Dietician	1,350	1,420	38,611	27.19	12
13	Food Service Supervisor	6,008	6,733	124,476	18.49	13
14	Head Cook	6,036	6,428	96,505	15.01	14
15	Cook Helpers/Assistants	25,673	24,091	360,087	14.95	15
16	Dishwashers					16
17	Maintenance Workers	14,195	15,238	282,249	18.52	17
18	Housekeepers	14,859	16,316	200,243	12.27	18
19	Laundry	1,826	1,940	24,315	12.53	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	39,693	36,619	772,694	21.10	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	2,665	2,825	57,589	20.39	31
32	Other Health Care					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	284,508	294,980	\$ 5,485,220 *	\$ 18.60	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	Monthly	\$ 35	1(3)	35
36	Medical Director	Monthly	90,725	9(3)	36
37	Medical Records Consultant	Monthly	3,148	10(3)	37
38	Nurse Consultant	Monthly	66,470	10(3)	38
39	Pharmacist Consultant	Monthly	6,123	10(3)	39
40	Physical Therapy Consultant			39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	25	1,637	11(3)	44
45	Social Service Consultant	Monthly	675	12(3)	45
46	Other(specify) Chapel Ministry	Monthly	5,947	12(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)	25	\$ 174,760		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		N/A		51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name: Providence Downers Grove
IDPH License ID Number: 0028605
Fiscal Year End: 12/31/2014

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

<u>Vendor</u>	<u>Type</u>	<u>Amount</u>
	Total (agree to Schedule V, line 19, column 3)	<u>63,598</u>
Allocated from Management Company	Professional Services	12,435
	Total (agree to Schedule V, line 19, column 8)	<u>76,033</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: 01/01/2014 Ending: 12/31/2014

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 - \$8,963
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Nes
- (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? 6.5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,826 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. \$ 163,383
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. \$ 17,004
- (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) 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. Yes
Attach invoices and a summary of services for all architect and appraisal fees.