

Facility Name & ID Number Swann Special Care Center

0035485 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

III. STATISTICAL DATA

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

No Change

	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		Skilled (SNF)			1
2	<u>123</u>	Skilled Pediatric (SNF/PED)	<u>123</u>	<u>44,895</u>	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>123</u>	TOTALS	<u>123</u>	<u>44,895</u>	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	
8	SNF				8
9	SNF/PED	<u>42,131</u>	<u>365</u>		<u>42,496</u>
10	ICF				10
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	<u>42,131</u>	<u>365</u>		<u>42,496</u>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.66%

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

262 (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

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 08/15/1989

J. Was the facility purchased or leased after January 1, 1978?

YES Date 08/15/1989 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: FYE 6/30/14 Fiscal Year: FYE 6/30/14

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

Facility Name & ID Number

Swann Special Care Center

0035485

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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	240,325	17,240	29,049	286,614		286,614	(102,315)	184,299		1
2	Food Purchase		138,395		138,395		138,395	(20,759)	117,636		2
3	Housekeeping		58,017	142,776	200,793		200,793	(30,119)	170,674		3
4	Laundry	18,717	9,164	100,350	128,231		128,231	(19,235)	108,996		4
5	Heat and Other Utilities			85,348	85,348		85,348	(6,292)	79,056		5
6	Maintenance	76,802	8,427	46,041	131,270	12	131,282		131,282		6
7	Other (specify):*										7
8	TOTAL General Services	335,844	231,243	403,564	970,651	12	970,663	(178,720)	791,943		8
	B. Health Care and Programs										
9	Medical Director			45,600	45,600		45,600		45,600		9
10	Nursing and Medical Records	2,996,470	387,432	25,154	3,409,056	(11,737)	3,397,319	(509,598)	2,887,721		10
10a	Therapy		41,146	153,293	194,439		194,439	(29,166)	165,273		10a
11	Activities	208,759	1,596	1,767	212,122		212,122	(31,818)	180,304		11
12	Social Services			1,132	1,132		1,132	(170)	962		12
13	CNA Training					11,737	11,737		11,737		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,205,229	430,174	226,946	3,862,349		3,862,349	(570,752)	3,291,597		16
	C. General Administration										
17	Administrative	86,790		124,454	211,244	149,010	360,254	(54,038)	306,216		17
18	Directors Fees										18
19	Professional Services			813,822	813,822	(346,510)	467,312	(139,219)	328,093		19
20	Dues, Fees, Subscriptions & Promotions			42,711	42,711	21,128	63,839	(32,387)	31,452		20
21	Clerical & General Office Expenses	110,084	12,377	81,583	204,044	115,576	319,620	(59,722)	259,898		21
22	Employee Benefits & Payroll Taxes			816,057	816,057	1,905	817,962	(216,897)	601,065		22
23	Inservice Training & Education			11,968	11,968	1,738	13,706	(2,254)	11,452		23
24	Travel and Seminar			8,516	8,516	27,772	36,288	(2,382)	33,906		24
25	Other Admin. Staff Transportation			21	21		21	(4,190)	(4,169)		25
26	Insurance-Prop.Liab.Malpractice			1,432	1,432	6,073	7,505	36,423	43,928		26
27	Other (specify):* Indigent Care			(50,580)	(50,580)		(50,580)	50,580			27
28	TOTAL General Administration	196,874	12,377	1,849,984	2,059,235	(23,308)	2,035,927	(424,086)	1,611,841		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,737,947	673,794	2,480,494	6,892,235	(23,296)	6,868,939	(1,173,558)	5,695,381		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 Swann Special Care Center

#0035485

Report Period Beginning: 07/01/2013 Ending: 06/30/2014

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					9,215	9,215	147,615	156,830			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							210,622	210,622			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			557,362	557,362	13,652	571,014	(557,362)	13,652			34
35	Rent-Equipment & Vehicles			14,093	14,093	429	14,522		14,522			35
36	Other (specify):*							62,098	62,098			36
37	TOTAL Ownership			571,455	571,455	23,296	594,751	(137,027)	457,724			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,294,322	17,602	500,521	1,812,445		1,812,445	(1,773,246)	39,199			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			448,828	448,828		448,828		448,828			42
43	Other (specify):* Radiology			779	779		779		779			43
44	TOTAL Special Cost Centers	1,294,322	17,602	950,128	2,262,052		2,262,052	(1,773,246)	488,806			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,032,269	691,396	4,002,077	9,725,742		9,725,742	(3,083,831)	6,641,911			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

Swann Special Care Center

STATE OF ILLINOIS

35485

Report Period Beginning:

7/1/2013

Ending:

Swann Special Care Center
Schedule V Supplemental Schedule
Reclassifications

DESCRIPTION	INCREASE	DECREASE	SCH V LINE.COL
<u>1 Reclassification of Hoosier Care Group Expenses:</u>			
Administrative (Rel. Party Group Expense Allocation)		(110,419)	17.5
Administration	79,617		17.5
Professional Services	12,579		19.5
Dues, Fees, Subscriptions & Promotions	18,212		20.5
Clerical & General Office Expenses	11		21.5
<u>2 Reclassification of ELC Corporate Expenses</u>			
Professional Services (Rel. Party Mgmt. Fee)		(372,177)	19.5
Maintenance	12		6.5
Administrative	179,812		17.5
Professional Services	13,088		19.5
Dues, Fees, Subscriptions & Promotions	2,916		20.5
Clerical & General Office Expenses	115,565		21.5
Employee Benefits & Payroll Taxes	1,905		22.5
Inservice Training & Education	1,738		23.5
Travel & Seminar	27,772		24.5
Insurance - Prop.Liab.Malpractice	6,073		26.5
Depreciation	9,215		30.5
Rent - Facility & Grounds	13,652		34.5
Rent - Equipment	429		35.5
<u>3 Reclassification of C.N.A. Training Expenses for Trainers/Trainees</u>			
C.N.A. Training	11,737		13.5
Nursing & Medical Records		(11,737)	10.5

Purpose of Seminar	Name of Attendee	Title of Attendee	Exp Amount
Cathy A Taylor CLASS: Choking & 1st Aid for 9 adults	Various Employees		115
Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for July - September	All Employees		1,694
Cathy A Taylor CLASS: CPR, 1st Aid, & AED class for 8 adults	Various Employees		280
Suburban Law Enforcement Academy Criminal History Record Information Training Symposium for Non-Criminal Justice Users	Various Employees		25
Cathy A Taylor CLASS: Choking & 1st Aid for 19 adults	Various Employees		380
A Jeff Vose, Sangamon County ROE Illinois State Board of Education Conference	John Lawrence	Education - Teachers	135
National Alliance on Mental Illness Reimburse for EDI conference	Kym Halberstadt	Executive Director	225
Cathy A Taylor CLASS: Choking & 1st Aid for 8 adults	Various Employees		280
Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for October - December	All Employees		1,694
Cathy A Taylor CLASS: Choking & 1st Aid for 8 adults	Various Employees		280
Cathy A Taylor CLASS: Choking & 1st Aid for 7 adults	Various Employees		158

	Cathy A Taylor CLASS: Choking & 1st Aid for 7 adults	Various Employees		245
A	AMDA AMDA Conference	John Noffsinger	Director of Marketing	63
	Cathy A Taylor Choking & 1st Aid Certification Cards for 12 adults	Various Employees		72
	Safe Food Handlers Corporation CLASS: Comprehensive Food Safety Course	David Shafer	Cook	145
	Cathy A Taylor CLASS: Choking & 1st Aid for 12 adults	Various Employees		420
	Cathy A Taylor CLASS: Choking & 1st Aid for 11 adults	Various Employees		220
	Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for January - March	All Employees		1,744
	AANAC CLASS: Resident Assessment Coding Certification	Yvonne Vandosdol	Regional Director of Clinical Services	10
	Cathy A Taylor CLASS: Choking & 1st Aid for 8 adults	Various Employees		280
	Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for April - June	All Employees		1,744
	In-Pulse Training CLASS: CPR/AED for 11 students	Various Employees		385
	Safe Food Handlers Corporation CLASS: Comprehensive Food Safety Course	Jefferson Acierito	Cook	145
	Safe Food Handlers Corporation CLASS: Comprehensive Food Safety Course	April Miner	Cook	145

Illinois Health Care Association DD symposium	Kym Halberstadt Mary J Breeze	Executive Director Director of Nursing	125 125
Silverchair Learning Systems Core Curriculum Education Software Quarterly Bill - billing for May - June	All Employees		835
Line 23 Column 4 Total:			11,968
Line 23 Column 5 Reclassification - Corporate/Home Office Allocated Costs:			1,738
Line 23 Column 6 Total:			13,706
<i>Unallowable Amounts above removed through SCH 5 Adjustments:</i>			
A Non-care related amounts noted above:			(198)
Allocation for non-care-related Education and Day Training (See Pg 11.2 & 5A)			(2,056)
Line 23 Column 8 Total:			11,452

nter
Schedule

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

VI. ADJUSTMENT DETAIL

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

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

		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	(1,773,246)	39		3
4	Non-Patient Meals	(59,323)	1		4
5	Telephone, TV & Radio in Resident Rooms	(6,292)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,326)	32		10
11	Discounts, Allowances, Rebates & Refunds	(120)	21		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)	(21)	25		16
17	Non-Care Related Fees	(198)	23		17
18	Fines and Penalties	(210)	20		18
19	Entertainment	(222)	24		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(69,122)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	50,580	27		24
25	Fund Raising, Advertising and Promotional	(31,743)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See PG 5A	(1,177,706)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,071,949)		\$	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)	(342,540)	17, 19	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (342,540)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,414,489)		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					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Swann Special Care Center

ID# 0035485

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Contributions Received - Income Offset	\$ (11,659)	21	1
2	Unallowable Depr Exp (below threshold, non-cap)	(71,350)	30	2
3	Unallowable Lobbying Portion of ILHCA Dues	(2,778)	20	3
4	Unallowable Travel expenses	(883)	24	4
5	Unallowable Day Trng & Education Alloc - Dietary	(42,992)	1	5
6	Unallowable Day Trng & Education Alloc - Food	(20,759)	2	6
7	Unallowable Day Trng & Education Alloc - Hskpg	(30,119)	3	7
8	Unallowable Day Trng & Education Alloc - Laundry	(19,235)	4	8
9	Unallowable Day Trng & Education Alloc - Nursing	(509,598)	10	9
10	Unallowable Day Trng & Education Alloc - Therapy	(29,166)	10a	10
11	Unallowable Day Trng & Education Alloc - Activities	(31,818)	11	11
12	Unallowable Day Trng & Education Alloc - Soc Svcs	(170)	12	12
13	Unallowable Day Trng & Education Admin Alloc	(54,038)	17	13
14	Unallowable Day Trng & Education Prof Svcs Alloc	(70,097)	19	14
15	Unallowable Day Trng & Education Dues/Fees Alloc	(9,576)	20	15
16	Unallowable Day Trng & Education Clerical Alloc	(47,943)	21	16
17	Unallowable Day Trng & Education EE Ben Alloc	(216,897)	22	17
18	Unallowable Day Trng & Education Insrv/Trn Alloc	(2,056)	23	18
19	Unallowable Day Trng & Education Travel/Seminar Allo	(1,277)	24	19
20	Unallowable Day Trng & Education Admin Transp Alloc	(4,169)	25	20
21	Unallowable Day Trng & Education Insur Alloc	(1,126)	26	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	(1,177,706)		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
Hoosier Care, Inc.	100%	Exceptional Care and Training Center	Sterling, IL	Medical Rehabilitation	Lexington, KY	Mgmt Co.
		Walter Lawson Children's Home	Loves Park, IL	Hoosier Care Investme	Nashville, TN	NFP Affiliated Co.
		Vernon Manor Children's Home	Wabash, IN	Champaign Facility C	Champaign, IL	Property Co.
		Richland-Bean Blossom Health Care Center	Ellettsville, IN			
		Exceptional Living Centers of Brazil	Brazil, IN			
		Randolph Nursing Home	Winchester, IN			

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	Group Cost Center	\$ 124,454	Hoosier Care, Inc.	100.00%	\$ 110,419	\$ (14,035)	1	
2	V			Note: See Schedule VIII for Allocation of Col. 7 amt and reclassification to functional expense lines on Schedule V.				2	
3	V							3	
4	V							4	
5	V	Rel. Party Management Fee	688,800	Medical Rehabilitation Centers, LLC dba Exceptional Living Centers	37.50%	372,177	(316,623)	5	
6	V			Hoosier Care owns a beneficial interest in MRC				6	
7	V			Note: Please see Schedule VIII for Allocation of Col. 7 amt and reclassification to functional expense lines on Sch V.				7	
8	V							8	
9	V							9	
10	V							10	
11	V	PLEASE SEE DISCLOSURE AND ADJUSTMENTS CONTINUED ON THE NEXT PAGE (6A):						(11,882)	11
12	V							12	
13	V							13	
14	Total		\$ 813,254			\$ 482,596	\$ * (342,540)	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	34 Rel. Party Bldg/Equip Rent	\$ 557,362	Champaign Facility Company, LLC	100.00%	\$	\$ (557,362)
16	V			This facility company is under 100% common			
17	V			ownership with SSCC, and therefore the "rent" paid			
18	V			to the facility company has been removed from this report,			
19	V			and the actual expenses of the facility company have been			
20	V			added here:			
21	V	30 Actual Depreciation of Rel Pty		-Depreciation		218,965	218,965
22	V	32 Actual Interest of Rel Pty		-Interest (net of interest income)		207,561	207,561
23	V	32 Actual Amort of Debt Cost-Rel Pty		-Amort of Debt Costs		7,387	7,387
24	V	26 Actual Insurance of Rel Pty		-Insurance		37,549	37,549
25	V	36 Actual Mortgage Ins of Rel Pty		-Mortgage Insurance		62,098	62,098
26	V	20 Actual Accting Fees of Rel Pty		-Accounting Fees		11,920	11,920
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		\$ 557,362			\$ 545,480	\$ * (11,882)

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

VII. RELATED PARTIES (continued)

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

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

	1 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	John Foos	Board Member	Governance	0%					\$	1
2	John Gillmor	Board Member	Governance	0%						2
3	Bruce Hutson	Board Member	Governance	0%						3
4	Jo Anne Corbitt	Board Member	Governance	0%						4
5	Douglas Smith	Board Member	Governance	0%						5
6	Stephen Wood	Board Member	Governance	0%						6
7	NOTE: Fees are paid by SSCC (through the Hoosier Care, Inc. group/home cost center detailed on Pg 8) to Hoosier Care Investments, LLC ("HCI"; an affiliated not-for-									7
8	which go toward, among other things solely within the control of HCI, fees for members of the Boards of Directors of HCI affiliated facilities, Swann Special									8
9	Care Center being one of many. Therefore no Board Fees or compensation are paid directly by, or known to SSCC, but rather the fees paid by HoosierCare to HCI are									9
10	combined with similar fees paid by other facilities, for HCI to provide governance and managerial oversight, including payment by HCI to Board members of each legal									10
11	entity. Fees paid by other facilities, if known, are shown on Page 7.1; The entire amount of fees included on this report, grouped on Line 17, is disclosed here:									11
12								ADMIN FEES	79,617	17.8
13								TOTAL	\$ 79,617	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

STATE OF ILLINOIS

Facility Name & ID Number

Swann Special Care Center

0035485

Report Period Beginning: 7/1/2013

Ending:

VII. RELATED PARTIES (continued)

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

*** 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.**

Amounts paid for Home Office Administration Fees by other Nursing Homes

Walter Lawson Children's Home	66,344	Illinois
Swann Special Care Center	79,617	Illinois
Exceptional Care & Training Center	48,668	Illinois
Vernon Manor Children's Home	45,363	Indiana
Exceptional Living Center of Brazil	56,710	Indiana
Richland-Bean Blossom Health Care	48,168	Indiana
Randolph Nursing Home	41,545	Indiana

Net allowable Related Party Management Fees paid by other Nursing Homes

Walter Lawson Children's Home	310,130	Illinois
Swann Special Care Center	372,177	Illinois
Exceptional Care & Training Center	227,501	Illinois
Vernon Manor Children's Home	212,053	Indiana
Exceptional Living Center of Brazil	265,096	Indiana
Richland-Bean Blossom Health Care	225,165	Indiana
Randolph Nursing Home	194,205	Indiana

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning:

07/01/2013

Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Hoosier Care, Inc.
 Street Address 1050 Chinoe Road, Suite 350
 City / State / Zip Code Lexington, KY 40502
 Phone Number (859) 255-0075
 Fax Number (859) 281-5150

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	17	Administrative	Direct Cost	40,915,656	7	\$ 386,413	\$ 0	8,430,286	\$ 79,617	1
2	19	Professional Services	Direct Cost	40,915,656	7	61,051	0	8,430,286	12,579	2
3	20	Dues, Fees, Subscriptions & Prom	Direct Cost	40,915,656	7	88,392	0	8,430,286	18,212	3
4	21	Clerical & General Office Expens	Direct Cost	40,915,656	7	53	0	8,430,286	11	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					\$ 535,909	\$		\$ 110,419	25

Facility Name & ID Number Swann Special Care Center

0035485 Report Period Beginning: 7/1/2013

Ending: 06/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Medical Rehabilitation Centers, LLC, db
 Street Address 1050 Chinoe Road, Suite 350
 City / State / Zip Code Lexington, KY 40502
 Phone Number (859) 255-0075
 Fax Number (859) 281-5150

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	6	Maintenance	Direct Costs	15	\$ 120		8,430,286	\$ 12
2	17	Administrative	Direct Costs	15	1,739,864	1,739,864	8,430,286	179,812
3	19	Professional Services	Direct Costs	15	126,640		8,430,286	13,088
4	20	Dues, Fees, Subscriptions	Direct Costs	15	28,212		8,430,286	2,916
5	21	Clerical & General Office	Direct Costs	15	1,118,216	944,495	8,430,286	115,565
6	22	Employee Benefits & Payroll Tax	Direct Costs	15	18,436		8,430,286	1,905
7	23	Inservice Training & Education	Direct Costs	15	16,818		8,430,286	1,738
8	25	Travel & Seminar	Direct Costs	15	268,725		8,430,286	27,772
9	26	Insurance	Direct Costs	15	58,760		8,430,286	6,073
10	30	Depreciation	Direct Costs	15	89,168		8,430,286	9,215
11	32	Interest	Direct Costs	15	0		8,430,286	0
12	34	Rent - Facility & Grounds	Direct Costs	15	132,093		8,430,286	13,652
13	35	Rent - Equipment	Direct Costs	15	4,150		8,430,286	429
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25	TOTALS				\$ 3,601,202	\$ 2,684,359		\$ 372,177

a Exceptional Living Centers

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Facility Name & ID Number

Swann Special Care Center

0035485

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	LP Mortgage HUD Loan		X	Facility Purchase Financing	\$33,276.00	11/1/12	\$ 8,377,500	\$ 8,092,628	11/1/42	0.0254	\$ 207,788	1					
2												2					
3												3					
4												4					
5												5					
Working Capital																	
6	GE Healthcare Finance		X	Working Capital		10/27/11	5,000,000		10/27/14	Variable		6					
7												7					
8												8					
9	TOTAL Facility Related				\$33,276.00		\$ 13,377,500	\$ 8,092,628			\$ 207,788	9					
B. Non-Facility Related*																	
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$	14					
15	TOTALS (line 9+line14)						\$ 13,377,500	\$ 8,092,628			\$ 207,788	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 62,098 Line # 36

* 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.)		\$			2	
3. Under or (over) accrual (line 2 minus line 1).		\$			3	
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$			4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$			7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2009 _____	8	FOR BHF USE ONLY			
	2010 _____	9				
	2011 _____	10			13 FROM R. E. TAX STATEMENT FOR 2013 \$	13
	2012 _____	11			14 PLUS APPEAL COST FROM LINE 5 \$	14
	2013 _____	12			15 LESS REFUND FROM LINE 6 \$	15
Note: This facility became exempt from Property Taxes starting on 1/1/1996			16	AMOUNT TO USE FOR RATE CALCULATION \$	16	

NOTES:

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

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Swann Special Care Center COUNTY Whiteside

FACILITY IDPH LICENSE NUMBER 0035485

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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) <u>Tax Index Number</u>	(B) <u>Property Description</u>	(C) <u>Total Tax</u>	(D) <u>Tax Applicable to Nursing Home</u>
1.	TAX EXEMPT		\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
TOTALS			\$	\$

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,257 B. General Construction Type: Exterior Block & Brick Frame Wood 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).

Swann School Education Program, operated offsite; cost removal adjustments & allocation to remove associated costs shown on SCH V and further explanation on Pg 11.

Swann Developmental Day Training Program, operated offsite; cost removal adjustments & allocation to remove associated costs shown on SCH V and further explanation on Pg 11.

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: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>SNF / PED</u>	<u>89,603</u>	<u>1989</u>	<u>\$ 538,000</u>	1
2					2
3	TOTALS	89,603		\$ 538,000	3

Swann Special Care Center
Schedule X Supplemental Schedule
Item 14 - Allocation of non-long term care costs

(E) Swann Special Care Center operates Education and Developmental Day Training programs in dedicated spaces offsite from the skilled nursing facility. All costs specifically attributable to these programs in dedicated GL accounts, including wages/salaries, supplies, rent and occupancy costs, have been grouped in line 39 of Schedule V, "Ancillary Service Centers", and are removed via adjustment on Schedule VI, Line 3. In addition, a portion of all other cost centers and expense items which provide benefits and support to the Education and Day Training programs are removed via adjustment on Schedule VI, Line 29. The following allocation methodology is utilized:

Costs incurred which benefit multiple operational programs are identified, segregated, and reported each year in conjunction with required cost report filings to the Illinois Purchased Care Review Board for the Educational program. The percentage of costs identified for each program from the most recent ILPCRB report are utilized to calculate the portion attributable to Day Training and Education which is removed in this Cost Report. A percentage of wages and salaries expense, identifiable to each specific program and position, is utilized to allocate Employee benefits (payroll taxes are already tracked and removed separately). Hours of operation of each program are utilized to allocate administrative, overhead, and support services.

The results of these allocations appear on Schedule VI, as adjustments to remove shared costs attributable to non-long term care services.

	SNF	DT	EDU
Use % of Salaries for alloc of EE Benefits/PR Taxes	61%	26%	13%
Use % of total program hours operated for other items	85%	12%	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	87	1989	1978	\$ 2,592,000	\$ 56,275	10-40	\$ 56,275		\$ 1,743,185	4
5	9									5
6	8									6
7	8									7
8	11									8
Improvement Type**										
9	FIRE DOORS		7/16/1990	2,751.00	-	10-0			2,751.00	9
10	STORM WINDOW		6/17/1991	4,224.50	-	10-0			4,224.50	10
11	FIRE DOORS		6/20/1991	3,675.00	-	10-0			3,675.00	11
12	SPRINKLER/EXIT DEVICES OD		1/30/1992	3,162.00	-	10-0			3,162.00	12
13	ROOFING		12/4/1992	3,900.00	-	10-0			3,900.00	13
14	SPRINKLER SYSTEM		3/30/1993	14,460.00	-	10-0			14,460.00	14
15	MAT'L & LABOR - WALL COVERING - VARIOUS FACILITY SPACES		5/20/1993	3,190.36	-	10-0			3,190.36	15
16	MAT'L & LABOR - WALL PAPERING - VARIOUS FACILITY AREAS		6/28/1993	3,000.00	-	10-0			3,000.00	16
17	CARPET AND RUBBER BASE		7/23/1993	2,848.00	-	10-0			2,848.00	17
18	FIRE DOORS, CLOSETS, TILE		11/1/1993	5,225.00	-	10-0			5,225.00	18
19	MATERIALS FOR LEASEHOLD I		2/1/1995	7,858.06	-	3-0			7,858.06	19
20	HOODS, FANS, ANSUL SYSTEM		3/14/1995	2,500.00	-	10-0			2,500.00	20
21	LABOR FOR INSTALLATION FOR KITCHEN EXHAUST FAN & HO		4/6/1995	3,995.00	-	10-0			3,995.00	21
22	LABOR & MATERIALS TO REPLACE COMMERCIAL-GRADE FACILITY WAT		6/15/1995	3,750.00	-	10-0			3,750.00	22
23	WALK-IN COOLER		10/24/1995	3,333.55	-	10-0			3,333.55	23
24	CONSTRUCT SHELVING,BEDS,S		12/18/1996	2,964.00	-	3-0			2,964.00	24
25										25
26	REPLACE 2 ROOFTOP HVAC UN		12/7/1998	17,650.00	-	10-0			17,650.00	26
27	REMOVE/RPLCE HOT WATER HE		5/25/1999	3,000.00	-	10-0			3,000.00	27
28	REPLACE RELAY ON GENERATO		10/5/1999	2,782.29	-	10-0			2,782.29	28
29	BALANCE-INSTALL ALARM SYS		6/29/2000	2,730.00	-	5-0			2,730.00	29
30	INSTALL CLINICAL SINK.		7/18/2000	3,030.00	-	5-0			3,030.00	30
31	INSTALL DOORS AT KENWOOD		7/18/2000	4,028.41	268.56	15-0	269		3,759.84	31
32	REPLACE GATE VALVE/INSTAL		9/8/2000	6,005.22	400.35	15-0	400		5,538.09	32
33	NEW FLOOR DRAINS IN SHOWE		1/24/2001	3,180.00	212.00	15-0	212		2,862.10	33
34	INSTALL SHOWER DRAINS		7/16/2001	10,500.00	525.00	20-0	525		6,825.00	34
35										35
36	REPLACE DOORS		1/2/2002	3,000.00	-	5-0			3,000.00	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 Swann Special Care Center

0035485

Report Period Beginning:

07/01/2013

Ending:

06/30/2014

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		
37	SECURITY SYSTEM	2/21/2002	\$ 3,165.00	\$ -	5-0	\$	\$	\$ 3,165.00	37
38	INTERNET SET-UP-WIRING, C	2/21/2002	6,140.86	409.39	15-0	409		5,083.33	38
39									39
40	INSTALL TWO SINKS	5/13/2002	3,561.00	-	5-0			3,561.00	40
41	CARPET AND INSTALLATION	7/16/2002	2,954.00	-	10-0			2,954.00	41
42	INSTALL A/C ROOFTOP UNIT	8/26/2002	8,237.31	549.15	15-0	549		6,544.01	42
43	INSTALLED NEW PHONE SYS.S	10/15/2002	2,735.00	-	5-0			2,735.00	43
44	HEIGHT ADJ. SUPINE TUB	12/16/2002	8,469.14	-	10-0			8,469.14	44
45									45
46	CENTRAL HEAT/AIR ROOFTOP	1/22/2003	5,180.00	345.33	15-0	345		3,971.31	46
47	ELECTRIC WATER HEATER	3/17/2003	5,600.00	-	10-0			5,600.00	47
48	Rooftop unit installed; heat/air wing 3	7/31/2003	10,910.00	727.33	15-0	727		7,940.02	48
49									49
50	roofing project-Wing 1,2,4 (23318.33+431	6/8/2005	66,485.00	4,432.33	15-0	4,432		40,260.33	50
51	Re-tile shower room	4/27/2006	10,714.00	714.27	15-0	714		5,833.20	51
52	Deposit for duro last roof	7/13/2006	10,000.00	666.67	15-0	667		5,333.36	52
53	Duro last roof - payment #2	7/13/2006	4,383.92	292.26	15-0	292		2,338.08	53
54	100 amp sub panel	9/25/2006	2,649.59	176.64	15-0	177		1,368.96	54
55	Re-tile shower room #10	9/27/2006	11,642.00	776.13	15-0	776		6,015.01	55
56	Replace walls in dishwasher area	12/5/2006	7,477.26	498.48	15-0	498		3,780.14	56
57	Re-tile shower room #3	12/15/2006	11,642.00	776.13	15-0	776		5,885.65	57
58	Re-tile shower room #4	12/28/2006	11,642.00	776.13	15-0	776		5,820.98	58
59	Re-tile shower room #s 5,6,7	3/15/2007	12,746.00	849.73	15-0	850		6,231.35	59
60	Rpl motors on roof exhaust fans (7)	8/7/2007	2,667.17	266.72	10-0	267		1,844.81	60
61	Upgrade lighting system in education bld	8/21/2007	6,501.38	433.43	15-0	433		2,961.77	61
62	Re-tile team 6 bathroom	8/29/2007	7,560.92	504.06	15-0	504		3,444.41	62
63	Wire breakroom & outlets for nurses stat	12/4/2007	2,574.32	171.62	15-0	172		1,129.83	63
64	Replace 2 doors in laundry area	2/29/2008	4,187.00	279.13	15-0	279		1,767.82	64
65	Remodel conf room (cabinets, counter, c-	7/10/2008	2,536.02	253.60	10-0	254		1,521.60	65
66	Addnl outlets (4 ea.) in rooms 5,6,8,9,	12/4/2008	7,625.00	508.33	15-0	508		2,838.18	66
67	Compressor for a/c unit	9/11/2009	2,830.00	283.00	10-0	283		1,367.83	67
68	Induct air purifiers (8) and required el	12/14/2009	3,637.79	363.78	10-0	364		1,667.32	68
69	Outlets (24) in resident rooms	10/9/2010	12,618.04	841.20	15-0	841		3,154.50	69
70	TOTAL (lines 4 thru 69)		\$ 2,977,814	\$ 73,576		\$ 73,576	\$	\$ 2,019,787	70

**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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,977,814	\$ 73,576		\$ 73,576	\$	\$ 2,019,787	1
2	Outlets in rooms 3b/1b/5a/6a/5b/6b	12/16/2010	8,280.00	552.00	15-0	552		1,932.00	2
3	Outlets in rooms 7a/7b/13/14/17/11b/12a/	1/24/2011	13,800.00	920.00	15-0	920		3,143.33	3
4	Compressor & blower wheel	6/28/2011	2,575.00	257.50	10-0	258		772.50	4
5	Sprinklers for ext eaves on west wing	9/20/2011	4,275.00	427.50	10-0	428		1,175.63	5
6	Tile floor & walls of bathrooms (3)	11/29/2011	19,853.80	1,323.59	15-0	1,324		3,419.27	6
7	Heat exchanger	12/12/2011	4,035.00	403.50	10-0	404		1,042.38	7
8	Network drops (32) for Paige II	12/13/2011	2,550.00	255.00	10-0	255		658.75	8
9	Heat exchanger	3/16/2012	6,570.00	657.00	10-0	657		1,478.25	9
10	Renovate shower rooms #2/14/15	4/23/2012	19,500.00	1,300.00	15-0	1,300		2,816.67	10
11	Weatherization project	7/1/2012	3,099.00	309.90	10-0	310		619.80	11
12	Flooring for shower room	10/18/2012	6,000.00	600.00	10-0	600		1,000.00	12
13	Exterior painting & waterproofing	10/26/2012	9,752.00	650.13	15-0	650		1,083.55	13
14	Emergency generator	2/28/2013	63,610.00	4,240.67	15-0	4,241		5,654.23	14
15	IDPH Electrical Work(Project:Swann Gener	5/1/2013	32,000.00	2,133.33	15-0	2,133		2,488.89	15
16	New Flooring Installed	5/1/2013	6,132.50	408.83	15-0	409		476.97	16
17	New Flooring Installed - 3rd Shower	5/13/2013	6,000.00	400.00	15-0	400		466.67	17
18	IDPH Electrical Work(Project:Swann Gener	6/25/2013	17,855.00	1,190.33	15-0	1,190		1,190.33	18
19	Drain Tile Installation	10/23/2013	11,896.63	793.11	10-0	793		793.11	19
20	Security System for Front Door	3/5/2014	3,547.00	118.23	10-0	118		118.23	20
21	Mop Room Renovation	4/14/2014	3,520.00	88.00	10-0	88		88.00	21
22	Mop Room Renovation	4/15/2014	4,635.75	115.89	10-0	116		115.89	22
23	RESURFACE PARKING LOT	11/1/1993	19,115.00	-	10-0			19,115.00	23
24	REPLACE UNDERGROUND FUEL	11/11/1998	9,223.00	461.15	20-0	461		7,224.73	24
25	RE-SEAL AND RE-STRIPE PAR	7/1/2002	2,810.00	-	10-0			2,810.00	25
26	Install draining system in courtyard	2/2/2004	9,267.57	-	7-0			9,267.57	26
27	Parking lot/dumpster pad repaved	10/20/2006	8,073.00	807.30	10-0	807		6,189.30	27
28	Fence/dumpster enclosure	12/16/2006	2,750.00	275.00	10-0	275		2,062.50	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,278,539	\$ 92,264		\$ 92,264	\$	\$ 2,096,990	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	\$ 251,795	\$ 43,835	\$ 43,835	\$	3-10	\$ 180,903	71
72	Current Year Purchases	30,411	4,942	4,942		3-7	4,942	72
73	Fully Depreciated Assets	647,273	6,574	6,574		3-10	647,273	73
74	Depr Exp - Rel Pty Alloc Sch VIII		9,215	9,215				74
75	TOTALS	\$ 929,479	\$ 64,566	\$ 64,566	\$		\$ 833,118	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	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)	\$ 4,746,018	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 156,830	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 156,830	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,930,108	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	Transportation Equip Not Allowed	\$ 180,325	\$ 11,936	\$ 156,209	86
87	Assets below IL Capital Threshold	529,577	26,246	431,073	87
88	Assets Disallowed by DHS Cap Review	1,156,556	33,168	845,015	88
89					89
90					90
91	TOTALS	\$ 1,866,458	\$ 71,350	\$ 1,432,297	91

G. Construction-in-Progress

	Description	Cost	
92	Prelim Design Work	\$ 10,607	92
93	IT System Progress	10,182	93
94			94
95		\$ 20,789	95

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

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Not Applicable - Facility Leased from 100% Commonly-owned Related Party (See Sch VII)

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	Corp Group Office Allocation		N/A	12/1/2011	13,652	10	10	5
6								6
7	TOTAL				\$ 13,652			7

10. Effective dates of current rental agreement:

Beginning 12/1/2011

Ending 12/1/2021

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. 6/30/15 \$ Corp Alloc Amt

13. 6/30/16 \$ Corp Alloc Amt

14. 6/30/17 \$ Corp Alloc Amt

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

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

16. Rental Amount for movable equipment: \$ 14,522 Description: Copy/Scanners: \$4,801; Postage Meter: \$1,786; Short Term Medical Equip: \$7,506; Corp Alloc: \$429

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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 checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></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)		3,486		3,486
4	Clinical Wages (b)		6,972		6,972
5	In-House Trainer Wages (c)		894		894
6	Transportation				
7	Contractual Payments		385		385
8	CNA Competency Tests				
9	TOTALS	\$	\$ 11,737	\$	\$ 11,737
10	SUM OF line 9, col. 1 and 2 (e)	\$	11,737		

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	7
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	7

- (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		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	10a.3	hrs	\$	1,412	\$ 67,690				1,412	\$ 67,690					1
2	Licensed Speech and Language Development Therapist		hrs		1,120	78,159				1,120	78,159					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	10a.3	hrs		122	6,261				122	6,261					4
5	Physician Care	39.3	visits			9,600					9,600					5
6	Dental Care	39.3	visits		127	5,345				127	5,345					6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy	39.3	# of prescripts		105	6,488				105	6,488					9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	39.3	hrs		12	900				12	900					10
11	Academic Education		hrs													11
12	Other (specify): <u>Respiratory Therapy</u>	10a.3			39	1,162				39	1,162					12
13	Other (specify): <u>Note: Line 5 Physician Care is flat fee Neurologist evals</u>															13
14	TOTAL			\$	2,937	\$ 175,605	\$			2,937	\$ 175,605	\$				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 Swann Special Care Center

0035485

Report Period Beginning: 07/01/2013

Ending:

06/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2014

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,444	\$ 23,006	1
2	Cash-Patient Deposits	92,964	92,964	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 92,821)	1,647,090	1,647,090	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	107,830	138,582	6
7	Other Prepaid Expenses	17,527	17,527	7
8	Accounts Receivable (owners or related parties)	4,205,710	4,205,710	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,072,565	\$ 6,124,879	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		538,000	13
14	Buildings, at Historical Cost		4,576,277	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		1,498,198	16
17	Accumulated Depreciation (book methods)		(4,362,405)	17
18	Deferred Charges		386,236	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Goodwill</u>)	531,191	531,191	22
23	Other(specify): <u>CIP</u>		20,789	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 531,191	\$ 3,188,286	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,603,756	\$ 9,313,165	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 397,406	\$ 397,683	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	92,964	92,964	28
29	Short-Term Notes Payable		196,028	29
30	Accrued Salaries Payable	432,991	432,991	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,000	21,000	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		17,129	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Intercompany/Due to Lessor</u>	85,205	191,817	36
37	<u>Rounding</u>		2	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,029,566	\$ 1,349,614	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,896,601	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)	\$	\$ 7,896,601	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,029,566	\$ 9,246,215	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,574,190	\$ 66,950	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,603,756	\$ 9,313,165	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,204,886	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,204,886	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	369,304	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)	\$ 369,304	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)	\$ 5,574,190	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Swann Special Care Center# 0035485Report Period Beginning: 07/01/2013Ending: 06/30/2014

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,307,749	1
2	Discounts and Allowances for all Levels	1,005	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,308,754	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education	813,150	9
10	Other Government Grants	59,323	10
11	CNA Training Reimbursements	35,245	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 907,718	23
D. Non-Operating Revenue			
24	Contributions	11,659	24
25	Interest and Other Investment Income***	4,326	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15,985	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Day Training</u>	1,862,589	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,862,589	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,095,046	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	970,663	31
32	Health Care	3,862,349	32
33	General Administration	2,035,927	33
B. Capital Expense			
34	Ownership	594,751	34
C. Ancillary Expense			
35	Special Cost Centers	1,813,224	35
36	Provider Participation Fee	448,828	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,725,742	40
41	Income before Income Taxes (line 30 minus line 40)**	369,304	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 369,304	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,211,893	44
45	Private Pay - Net Inpatient Revenue	91,250	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Insurance Revenue</u>	1,005	47
48	Other-(specify) <u>Hospice Revenue</u>	4,606	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,308,754	49

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

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

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

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

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2013

Ending:

06/30/2014

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	1,937	2,130	\$ 80,745	\$ 37.91	1
2	Assistant Director of Nursing	1,899	2,092	73,998	35.37	2
3	Registered Nurses	33,227	36,330	1,040,752	28.65	3
4	Licensed Practical Nurses	10,856	11,644	237,236	20.37	4
5	CNAs & Orderlies	107,839	116,394	1,478,231	12.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,470	5,934	65,179	10.98	8
9	Activity Director	1,916	2,158	43,303	20.07	9
10	Activity Assistants	15,621	17,025	165,456	9.72	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,797	2,044	49,768	24.35	13
14	Head Cook	13,031	14,142	190,557	13.47	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	4,069	4,532	76,802	16.95	17
18	Housekeepers					18
19	Laundry	2,008	2,127	18,717	8.80	19
20	Administrator	1,835	2,076	86,790	41.81	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,324	6,928	110,084	15.89	24
25	Vocational Instruction	45,494	49,146	558,599	11.37	25
26	Academic Instruction	20,075	22,510	400,430	17.79	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	14,620	16,303	271,419	16.65	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	3,966	4,357	63,874	14.66	30
31	Medical Records					31
32	Other Health C: Unit Coord	2,053	2,177	20,329	9.34	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	294,037	320,049	\$ 5,032,269 *	\$ 15.72	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	740	\$ 27,380	1, 3	35
36	Medical Director	N/A	45,600	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant	437	24,664	10, 3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	20	1,132	12, 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,197	\$ 98,776		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			52
53	TOTAL (lines 50 - 52)	\$		53

Swann Special Care Center
 Schedule XIX Supplemental Schedule
 Travel & Seminar In-State detail:

DESCRIPTION	Amount	SCH V LINE.COL
<u>1 In-State Travel Detail</u>		
Kym Halberstadt, Exec Director, care-related in-state travel	113	24.3
Monette Castellano, Activities, care-related in-state travel	30	24.3
Mary Breeze, Director of Nursing, care-related in state travel	61	24.3
Kym Halberstadt, Exec Director, care-related in-state travel	728	24.3
Ashley Peete, care-related in-state travel	10	24.3
Gale Kirkpatrick, Maintenance, care-related in-state travel	131	24.3
Monette Castellano, Activities, care-related in-state travel	16	24.3
Ashley Peete, care-related in-state travel	15	24.3
Maribel Laughlin, Asst DoN, care-related in-state travel	53	24.3
Ashley Peete, care-related in-state travel	22	24.3
Janie Breeze, Director of Nursing, care-related in-state travel	55	24.3
Ashley Peete, care-related in-state travel	20	24.3
Kym Halberstadt, Exec Director, care-related in-state travel	561	24.3
Kym Halberstadt, Exec Director, care-related in-state travel	377	24.3
Mary Breeze, Director of Nursing, care-related in state travel	63	24.3
Ashley Peete, care-related in-state travel	10	24.3
Kym Halberstadt, Exec Director, care-related in-state travel	249	24.3
Mary Breeze, Director of Nursing, care-related in state travel	32	24.3
Maribel Laughlin, Asst DoN, care-related in-state travel	133	24.3
Corporate/Group travel allocation of operations personnel	4,439	24.3
	<u>7,118</u>	
<u>1 Out-of-State Travel (All to Home Office or Care-related training) Detail</u>		
Kym Halberstadt, Exec Director, care-related out-state travel	293	24.3
	<u>293</u>	

Facility Name & ID Number

Swann Special Care Center

35485

Report Period Beginning: 7/1/2013

Ending: 6/30/2014

Swann Special Care Center
Schedule XIX Supplemental Schedule
Legal Fees Detail

DATE	DESCRIPTION	Amount
1 Legal Fees detail for SCH XIX-C		
8/6/2013	Stoll-Keenon-Ogden PLLC	\$ 557.80
8/6/2013	Stoll-Keenon-Ogden PLLC	\$ 733.00
8/31/2013	Stoll-Keenon-Ogden PLLC	\$ 803.55
9/23/2013	Hinshaw & Culbertson, LLP	\$ 401.00
9/23/2013	Hinshaw & Culbertson, LLP	\$ 1,061.50
9/23/2013	Hinshaw & Culbertson, LLP	\$ 1,775.50
9/23/2013	Hinshaw & Culbertson, LLP	\$ 326.65
9/23/2013	Hinshaw & Culbertson, LLP	\$ 3,789.50
9/23/2013	Hinshaw & Culbertson, LLP	\$ 517.50
9/23/2013	Hinshaw & Culbertson, LLP	\$ 927.50
9/23/2013	Hinshaw & Culbertson, LLP	\$ 795.00
9/23/2013	Duane Morris LLP	\$ 41.67
10/8/2013	Stoll-Keenon-Ogden PLLC	\$ 173.00
10/8/2013	Stoll-Keenon-Ogden PLLC	\$ 278.09
10/8/2013	Bradley Arant Boult Cummings LLP	\$ 258.97
10/15/2013	Duane Morris LLP	\$ 20.84
10/15/2013	SmithAmundsen	\$ 200.00
10/21/2013	Stoll-Keenon-Ogden PLLC	\$ 52.00
11/5/2013	Bradley Arant Boult Cummings LLP	\$ 437.02
11/19/2013	Hinshaw & Culbertson, LLP	\$ 1,325.00
11/19/2013	Hinshaw & Culbertson, LLP	\$ 2,411.50
11/30/2013	Bradley Arant Boult Cummings LLP	\$ 1,726.34
12/5/2013	Hinshaw & Culbertson, LLP	\$ 5,245.90
12/31/2013	jb-rcl ap 53141 GE portion	\$ (129.33)
12/31/2013	jb-rcls ap 58824 GE portion	\$ (1,287.06)
1/20/2014	Stoll-Keenon-Ogden PLLC	\$ 13.00
1/30/2014	Duane Morris LLP	\$ 20.83
2/7/2014	Hinshaw & Culbertson, LLP	\$ 8,793.43
3/17/2014	Stoll-Keenon-Ogden PLLC	\$ 13.50
3/17/2014	Stoll-Keenon-Ogden PLLC	\$ 13.50

3/24/2014	Hinshaw & Culbertson, LLP	\$22,714.60
3/24/2014	Hinshaw & Culbertson, LLP	\$11,566.75
	Baker, Donelson, Bearman, Caldwell &	
4/28/2014	Berkowitz, PC	\$ 299.00
4/28/2014	Stoll-Keenon-Ogden PLLC	\$ 540.00
4/28/2014	Stoll-Keenon-Ogden PLLC	\$ 13.50
5/31/2014	Hinshaw & Culbertson, LLP	\$ 3,328.42
6/23/2014	Hinshaw & Culbertson, LLP	\$ 1,906.15
6/23/2014	Hinshaw & Culbertson, LLP	\$ 2,200.85
6/30/2014	6.14 Accrued Expenses #2	\$ 13.50
6/30/2014	6.14 Accrued Expenses #2	\$ 40.50
6/30/2014	6.14 Accrued Expenses #2	\$ 730.67
6/30/2014	6.14 Accrued Expenses #2	\$ 13.50
6/30/2014	6.14 Accrued Expenses #2	\$ 162.50
7/28/2013	In-House Counsel Legal Fees	\$ 1,650.00
8/31/2013	In-House Counsel Legal Fees	\$ 748.52
9/30/2013	In-House Counsel Legal Fees	\$ 1,378.65
10/31/2013	In-House Counsel Legal Fees	\$ 1,253.78
11/30/2013	In-House Counsel Legal Fees	\$ 1,303.49
12/31/2013	In-House Counsel Legal Fees	\$ 1,825.22
12/31/2013	In-House Counsel Legal Fees	\$ (99.83)
1/31/2014	In-House Counsel Legal Fees	\$ 1,423.71
2/28/2014	In-House Counsel Legal Fees	\$ 1,081.13
3/31/2014	In-House Counsel Legal Fees	\$ 1,429.23
4/30/2014	In-House Counsel Legal Fees	\$ 1,361.04
5/31/2014	In-House Counsel Legal Fees	\$ 1,255.99
6/30/2014	In-House Counsel Legal Fees	\$ 696.11
6/30/2014	In-House Counsel Legal Fees	\$ 590.65
8/16/2013	Bradley Arant Boult Cummings LLP	\$ 36.52
12/17/2013	DeWitt Ross & Stevens	\$ 67.79
12/27/2013	Taft Stettinius & Hollister LLP	\$ 35.31
		<hr/>
		90,864
		<hr/>

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	None	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
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16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Swann Special Care Center

0035485

Report Period Beginning: 07/01/2013 Ending: 06/30/2014

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. ILHCA, \$4,262 Net after Sch VI adj
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 95,483 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 448,828
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 59,323
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? See Pg 21.1
If YES, attach a complete explanation. Home Office & Training
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Crowe Horwath
- (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.