

Facility Name & ID Number Providence Downers Grove

0052373 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	53,070	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	96	Sheltered Care (SC)	96	35,136	5
6		ICF/DD 16 or Less			6
7	241	TOTALS	241	88,206	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	7,611	5,990	16,023	29,624	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		30,216		30,216	12
13	DD 16 OR LESS					13
14	TOTALS	7,611	36,206	16,023	59,840	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.84%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

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 05/01/84

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ 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 12,722

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	654,337	100,976		755,313		755,313		755,313		1
2	Food Purchase		533,001		533,001		533,001	(6,851)	526,150		2
3	Housekeeping	198,119	76,498		274,617		274,617		274,617		3
4	Laundry	23,817	139,114		162,931		162,931		162,931		4
5	Heat and Other Utilities			264,987	264,987		264,987	15,400	280,387		5
6	Maintenance	208,319		299,120	507,439		507,439	4,239	511,678		6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	1,084,592	849,589	564,107	2,498,288		2,498,288	12,788	2,511,076		8
	B. Health Care and Programs										
9	Medical Director			158,613	158,613		158,613		158,613		9
10	Nursing and Medical Records	3,614,624	169,370	103,377	3,887,371		3,887,371		3,887,371		10
10a	Therapy										10a
11	Activities	180,800	97,025	2,156	279,981		279,981		279,981		11
12	Social Services	199,914		6,355	206,269		206,269		206,269		12
13	CNA Training										13
14	Program Transportation	52,037		3,055	55,092		55,092		55,092		14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	4,047,375	266,395	273,556	4,587,326		4,587,326		4,587,326		16
	C. General Administration										
17	Administrative	76,296		2,139,897	2,216,193		2,216,193	(2,139,897)	76,296		17
18	Directors Fees										18
19	Professional Services			40,297	40,297		40,297	48,257	88,554		19
20	Dues, Fees, Subscriptions & Promotions			92,332	92,332		92,332	(31,120)	61,212		20
21	Clerical & General Office Expenses	268,193	9,414	260,671	538,278		538,278	909,907	1,448,185		21
22	Employee Benefits & Payroll Taxes			1,359,384	1,359,384		1,359,384		1,359,384		22
23	Inservice Training & Education			2,672	2,672		2,672		2,672		23
24	Travel and Seminar			5,240	5,240		5,240	15,565	20,805		24
25	Other Admin. Staff Transportation			2,944	2,944		2,944	9,178	12,122		25
26	Insurance-Prop.Liab.Malpractice			47,761	47,761		47,761	212,340	260,101		26
27	Other (specify):* See Supplemental							135,268	135,268		27
28	TOTAL General Administration	344,489	9,414	3,951,198	4,305,101		4,305,101	(840,502)	3,464,599		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,476,456	1,125,398	4,788,861	11,390,715		11,390,715	(827,714)	10,563,001		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Providence Downers Grove
 Medicaid Cost Report
 01/01/16 - 12/31/16

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 15 - Other Health Care Services				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 27 - Other General Administration				
Alloc. Providence Life Services				-
Gen. Admin. Employee Benefits			135,268	135,268
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>135,268</u>	<u>135,268</u>

**Providence Downers Grove
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 3 Supplemental Schedule - Other Staff Administration Travel Expense

Employee	Travel Purpose	Travel Destination	Travel Date	Expenses			Total
				Travel	Accommodations	Meals	
Amirabelle Berndl	Business Matters	Various	Various	112	-	-	112
Andriana McDowell	Business Matters	Various	Various	57	-	-	57
Beverly Hoitsma	Business Matters	Various	Various	135	-	-	135
Debbie Wade	Business Matters	Various	Various	36	-	-	36
Heather Cozzi	Business Matters	Various	Various	41	-	-	41
Jamie Moorman	Business Matters	Various	Various	336	-	-	336
Jolleen Simonson	Business Matters	Various	Various	70	-	-	70
Joseph Elizalde	Business Matters	Various	Various	48	-	-	48
Joseph Nowak	Business Matters	Various	Various	144	-	-	144
Lorna Dedin	Business Matters	Various	Various	16	-	-	16
Marilou Villabroza	Business Matters	Various	Various	27	-	-	27
Megan Tengerstrom	Business Matters	Various	Various	54	-	-	54
Percy Bhagat	Business Matters	Various	Various	113	-	-	113
Rebecca Greeley	Business Matters	Various	Various	303	-	-	303
Rev. Heino Blaauw	Business Matters	Various	Various	262	-	-	262
Roland Del Rosario	Business Matters	Various	Various	122	-	-	122
Stephanie Cullen	Business Matters	Various	Various	453	-	-	453
Steve Szot	Business Matters	Various	Various	48	-	-	48
Other	Business Matters	Various	Various	568	-	-	568
							-
							-
							-
							-
Alloc. Providence Life Services				9,178	-	-	9,178
							-
							-
							-
							-
							-
							-
							-
Total				12,122	-	-	12,122

Facility Name & ID Number

Providence Downers Grove

#0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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							679,435	679,435			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			195	195		195	368,331	368,526			32
33	Real Estate Taxes							18,138	18,138			33
34	Rent-Facility & Grounds			1,116,579	1,116,579		1,116,579	(1,088,063)	28,516			34
35	Rent-Equipment & Vehicles			13,100	13,100		13,100		13,100			35
36	Other (specify):* See Supplemental							63,914	63,914			36
37	TOTAL Ownership			1,129,874	1,129,874		1,129,874	41,755	1,171,629			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,158,883	1,713,810	2,872,693		2,872,693		2,872,693			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			182,341	182,341		182,341		182,341			42
43	Other (specify):* See Supplemental	175,043		6,709	181,752		181,752	(181,752)				43
44	TOTAL Special Cost Centers	175,043	1,158,883	1,902,860	3,236,786		3,236,786	(181,752)	3,055,034			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,651,499	2,284,281	7,821,595	15,757,375		15,757,375	(967,711)	14,789,664			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	(17,091)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(482)	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	(106,640)	21		24
25	Fund Raising, Advertising and Promotional	(11,369)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(21,785)	20		28
29	Other-Attach Schedule Supplemental Schedule	(211,246)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (368,613)		\$	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)	(599,098)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (599,098)		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (967,711)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' PREPARATION REPORT

BHF USE ONLY							
48		49		50		51	52

Providence Downers Grove

ID# 0052373

Report Period Beginning: 01/01/16

Ending: 12/31/16

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Revenue	\$ (6,615)	21	1
2	Gifts	(1,954)	21	2
3	Marketing	(181,752)	43	3
4				4
5				5
6				6
7	Providence Downers Grove, LLC			7
8	Professional Fees	(8,250)	19	8
9	Amortization	(12,675)	31	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	(211,246)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Providence Downers Grove# 0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(17,091)	0	10,240	0	0	0	0	0	0	0	0	(6,851)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	15,400	0	0	0	0	0	0	0	0	15,400	5
6	Maintenance	0	0	4,239	0	0	0	0	0	0	0	0	4,239	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(17,091)	0	29,879	0	12,788	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	(2,139,897)	0	0	0	0	0	0	0	0	(2,139,897)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,250)	8,250	48,257	0	0	0	0	0	0	0	0	48,257	19
20	Fees, Subscriptions & Promotions	(33,154)	0	2,034	0	0	0	0	0	0	0	0	(31,120)	20
21	Clerical & General Office Expenses	(115,209)	0	1,025,116	0	0	0	0	0	0	0	0	909,907	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	15,565	0	0	0	0	0	0	0	0	15,565	24
25	Other Admin. Staff Transportation	0	0	9,178	0	0	0	0	0	0	0	0	9,178	25
26	Insurance-Prop.Liab.Malpractice	0	209,453	2,887	0	0	0	0	0	0	0	0	212,340	26
27	Other (specify):*	0	0	135,268	0	0	0	0	0	0	0	0	135,268	27
28	TOTAL General Administration	(156,613)	217,703	(901,592)	0	(840,502)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(173,704)	217,703	(871,713)	0	(827,714)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	632,488	46,947	0	0	0	0	0	0	0	0	679,435	30
31	Amortization of Pre-Op. & Org.	(12,675)	12,675	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(482)	358,491	10,322	0	0	0	0	0	0	0	0	368,331	32
33	Real Estate Taxes	0	17,313	825	0	0	0	0	0	0	0	0	18,138	33
34	Rent-Facility & Grounds	0	(1,116,579)	28,516	0	0	0	0	0	0	0	0	(1,088,063)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	63,914	0	0	0	0	0	0	0	0	0	63,914	36
37	TOTAL Ownership	(13,157)	(31,698)	86,610	0	41,755	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(181,752)	0	0	0	0	0	0	0	0	0	0	(181,752)	43
44	TOTAL Special Cost Centers	(181,752)	0	0	0	0	0	0	0	0	0	0	(181,752)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(368,613)	186,005	(785,103)	0	(967,711)	45							

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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)		
1	V	34	Rent	\$ 1,116,579	Providence Downers Grove, LLC	100.00%	\$	\$ (1,116,579)	1
2	V	32	Interest	250	Providence Downers Grove, LLC	100.00%		(250)	2
3	V	19	Professional Fees		Providence Downers Grove, LLC	100.00%	8,250	8,250	3
4	V	21	Office and Clerical		Providence Downers Grove, LLC	100.00%			4
5	V	26	Insurance		Providence Downers Grove, LLC	100.00%	209,453	209,453	5
6	V	30	Depreciation		Providence Downers Grove, LLC	100.00%	632,488	632,488	6
7	V	31	Amortization		Providence Downers Grove, LLC	100.00%	12,675	12,675	7
8	V	32	Interest		Providence Downers Grove, LLC	100.00%	358,741	358,741	8
9	V	33	Real Estate Taxes		Providence Downers Grove, LLC	100.00%	17,313	17,313	9
10	V	36	Mortgage Insurance		Providence Downers Grove, LLC	100.00%	63,914	63,914	10
11	V								11
12	V								12
13	V								13
14	Total		\$ 1,116,829			\$ 1,302,834	\$ *	186,005	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Providence Life Services	100.00%						1
2								2
3	Board of Directors / Governors							3
4								4
5	Tim Breems	N/A	Providence Healthcare & Rehabilitation	Palos Heights, IL	Village Woods	Crete, IL	Ast. & Ind. Living	5
6	Calvin Tamelng	N/A	Providence Healthcare & Rehabilitation	Downers Grove, IL	Saratoga Grove	Downers Grove, IL	Ast. & Ind. Living	6
7	Justin Kats	N/A	Providence Healthcare & Rehabilitation	Zeeland, MI	Royal Atrium Inn	Zeeland, MI	Ast. & Ind. Living	7
8	Sharon Clousing	N/A	Park Place Health & Wellness Center	Elmhurst, IL	Park Place	Elmhurst, IL	Ast. & Ind. Living	8
9	Richard Schutt	N/A	Park Place of St. John	St. John, IN	Park Place St. John	St. John, IN	Ind. Living	9
10	Lucette Bamford	N/A	Victorian Village Health & Wellness Ctr	Homer Glen, IL	Victorian Village	Home Glen, IL	Ast. & Ind. Living	10
11	Hal Brown	N/A	Plymouth Place	Lagrange Park, IL	Emerald Meadows	Grand Rapids, MI	Ast. Living	11
12	Jean Cavanaugh	N/A			Thomas Park	Orland Park, IL	Ind. Living	12
13	Dr. Al Diepstra	N/A			Arbor Place	Lisle, IL	Ind. Living	13
14	Gary Ellens	N/A			Providence at Home	Tinley Park, IL	Home Health	14
15	Howard Hoff	N/A			Providence Hospice	Tinley Park, IL	Hospice	15
16	Ken Schoon	N/A			Providence Mgmt.			16
17	Tim Smits	N/A			& Development Co	Tinley Park, IL	Mgmt. Company	17
18	Don Van Dyk	N/A			Providence Palos			18
19	Richard Van Hattem	N/A			Heights, LLC	Tinley Park, IL	Bldg. Company	19
20	Robert Van Staalduined	N/A			Providence Downers			20
21	Robert Workman	N/A			Grove, LLC	Tinley Park, IL	Bldg. Company	21
22	Norma Aardema	N/A			Providence Zeeland	Tinley Park, IL	Bldg. Company	22
23	Janice DeBoer	N/A			Providence of Grand			23
24	Don DeGraff	N/A			Rapids, LLC	Tinley Park, IL	Bldg. Company	24
25	Arnold Kolenhoven	N/A						25
26	Jim Lagestee	N/A						26
27	Bruce Leep	N/A						27
28	Dick Molenhouse	N/A						28
29	Roy Van Eck	N/A						29
30	Sam Van Til	N/A						30

SEE ACCOUNTANTS' PREPARATION REPORT

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	02 Food	\$	Providence Life Services	100.00%	\$ 10,240	\$	10,240	15
16	V	05 Utilities		Providence Life Services	100.00%	15,400		15,400	16
17	V	06 Maintenance		Providence Life Services	100.00%	4,239		4,239	17
18	V	17 Administration	2,139,897	Providence Life Services	100.00%	0		(2,139,897)	18
19	V	19 Professional Services		Providence Life Services	100.00%	47,989		47,989	19
20	V	20 Dues and Subscriptions		Providence Life Services	100.00%	1,961		1,961	20
21	V	21 Office and Clerical - Salary		Providence Life Services	100.00%	527,105		527,105	21
22	V	21 Office and Clerical - Other		Providence Life Services	100.00%	198,891		198,891	22
23	V	24 Travel and Seminar		Providence Life Services	100.00%	15,565		15,565	23
24	V	25 Other Admin. Staff Trans.		Providence Life Services	100.00%	9,139		9,139	24
25	V	26 Insurance		Providence Life Services	100.00%	2,887		2,887	25
26	V	27 Gen. Admin. - Emp. Ben.		Providence Life Services	100.00%	70,627		70,627	26
27	V	30 Depreciation		Providence Life Services	100.00%	46,947		46,947	27
28	V	32 Interest		Providence Life Services	100.00%	10,322		10,322	28
29	V	33 Real Estate Taxes		Providence Life Services	100.00%	825		825	29
30	V	34 Rent - Facility and Grounds		Providence Life Services	100.00%	28,516		28,516	30
31	V								31
32	V	19 Professional Services		Providence Life Services	100.00%	268		268	32
33	V	20 Dues and Subscriptions		Providence Life Services	100.00%	73		73	33
34	V	21 Office and Clerical - Salary		Providence Life Services	100.00%	287,597		287,597	34
35	V	21 Office and Clerical		Providence Life Services	100.00%	11,523		11,523	35
36	V	25 Other Admin. Staff Trans.		Providence Life Services	100.00%	39		39	36
37	V	27 Gen. Admin. - Emp. Ben.		Providence Life Services	100.00%	64,641		64,641	37
38	V								38
39	Total		\$ 2,139,897			\$ 1,354,794	\$ *	(785,103)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 01/01/16 Ending: 12/31/16

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								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Providence Palos Heights, LLC
 Street Address 18601 North Creek Drive, Suite A
 City / State / Zip Code Tinley Park, Illinois 60477
 Phone Number (708) 342 - 8100
 Fax Number (708) 342 - 8006

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Providence Life Services
 Street Address 18601 North Creek Drive, Suite A
 City / State / Zip Code Tinley Park, Illinois 60477
 Phone Number (708) 342 - 8100
 Fax Number (708) 342 - 8006

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	02	Food	Accumulated Cost	97,942,435	22	\$ 83,136	\$ 12,063,733	\$ 10,240	1
2	05	Utilities	Accumulated Cost	97,942,435	22	125,025	12,063,733	15,400	2
3	06	Maintenance	Accumulated Cost	97,942,435	22	34,413	12,063,733	4,239	3
4	17	Administration	Direct	1	1	2,195,852			4
5	19	Professional Services	Accumulated Cost	97,942,435	22	389,607	12,063,733	47,989	5
6	20	Dues and Subscriptions	Accumulated Cost	97,942,435	22	15,919	12,063,733	1,961	6
7	21	Office and Clerical - Salary	Accumulated Cost	97,942,435	22	4,279,434	4,279,434	527,105	7
8	21	Office and Clerical - Other	Accumulated Cost	97,942,435	22	1,614,746	12,063,733	198,891	8
9	24	Travel and Seminar	Accumulated Cost	97,942,435	22	126,368	12,063,733	15,565	9
10	25	Other Admin. Staff Transp.	Accumulated Cost	97,942,435	22	74,194	12,063,733	9,139	10
11	26	Insurance	Accumulated Cost	97,942,435	22	23,435	12,063,733	2,887	11
12	27	Gen. Admin. - Emp. Ben.	Accumulated Cost	97,942,435	22	573,406	12,063,733	70,627	12
13	30	Depreciation	Accumulated Cost	97,942,435	22	381,152	12,063,733	46,947	13
14	32	Interest	Accumulated Cost	97,942,435	22	83,801	12,063,733	10,322	14
15	33	Real Estate Taxes	Accumulated Cost	97,942,435	22	6,699	12,063,733	825	15
16	34	Rent - Facility and Grounds	Accumulated Cost	97,942,435	22	231,512	12,063,733	28,516	16
17									17
18	19	Professional Services	Direct	1	1	268	1	268	18
19	20	Dues and Subscriptions	Direct	1	1	73	1	73	19
20	21	Office and Clerical - Salary	Direct	1	1	287,597	287,597	287,597	20
21	21	Office and Clerical	Direct	1	1	11,523	1	11,523	21
22	25	Other Admin. Staff Transp.	Direct	1	1	39	1	39	22
23	27	Gen. Admin. - Emp. Ben.	Direct	1	1	64,641	1	64,641	23
24									24
25	TOTALS					\$ 10,602,840	\$ 4,567,031	\$ 1,354,794	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	FHA		X	Mortgage	Varies	08/15/13	\$ 10,400,000	\$ 9,888,325	09/01/48	3.600%	\$ 358,741	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Other		X								195	6								
7	Alloc. Providence Life Serv.										10,322	7								
8												8								
9	TOTAL Facility Related						\$ 10,400,000	\$ 9,888,325			\$ 369,258	9								
B. Non-Facility Related*																				
10												10								
11												11								
12	Interest Income										(482)	12								
13	Interest Income - Building										(250)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (732)	14								
15	TOTALS (line 9+line14)						\$ 10,400,000	\$ 9,888,325			\$ 368,526	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 63,914 Line # 36 - 07

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

** 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 2015 report.		\$	11,274	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.)		\$	14,906	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3,632	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	14,506	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.		\$	18,138	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2011	_____	8	
	2012	_____	9	
	2013	_____	10	
	2014	10,946	11	
	2015	14,082	12	
2016 Real Estate Tax Accrual = \$14,082 * 1.03 = \$14,506				
Alloc. Providence Life Services - \$825				

	FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2015 \$	13
14	PLUS APPEAL COST FROM LINE 5 \$	14
15	LESS REFUND FROM LINE 6 \$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16 Ending:

12/31/16

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).

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	Facility	29,200	1984	\$ 339,570	1
2					2
3	TOTALS	29,200		\$ 339,570	3

SEE ACCOUNTANTS' PREPARATION REPORT

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		
	Bed*s	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	\$		\$	\$	\$	4
5				1972	889,527						5
6				1974	7,414						6
7				1975	55,878						7
8				1976	34,742						8
	Improvement Type**										
9	Various			1976	4,115						9
10	Various			1977	33,527						10
11	Various			1980	6,049						11
12	Various			1981	7,380						12
13	Various			1983	22,839						13
14	Various			1984	253,714						14
15	Various			1985	297,491						15
16	Various			1986	275,406						16
17	Various			1987	24,035						17
18	Various			1988	509,896						18
19	Various			1989	4,472,080						19
20	Various			1990	155,196						20
21	Various			1991	5,021						21
22	Various			1992	75,453						22
23	Various			1993	26,281						23
24	Various			1994	16,231						24
25	Various			1995	128,962						25
26	Various			1996	68,307						26
27	Various			1997	67,437						27
28	Various			1998	140,552						28
29	Various			1999	308,293						29
30	Various			2000	227,821						30
31	Various			2001	1,405,313						31
32	Various			2002	186,401						32
33	Various			2003	2,354,343						33
34	Various			2004	137,308						34
35	Various			2005	79,777						35
36	Various			2006	200,564						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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	Various	2007	\$ 218,896	\$		\$	\$	\$	37
38	Various	2008	135,563						38
39	Various	2009	267,699						39
40	Various	2010	427,517						40
41	Various	2011	318,768						41
42	Various	2012	376,251						42
43	Carpeting: Rooms 8, 9, 14, 142, 211, 219, 220, and 254	2013	9,148						43
44	Flooring: Main Dining Room	2013	11,077						44
45	R & M Fire Protection	2013	6,365						45
46	R & M Plumbing and Heating	2013	8,595						46
47	Rooftop Air Handling Unit	2014	13,725						47
48	Water Heater - Lincoln Wing	2014	10,000						48
49	Water Heater - Lincoln Wing	2014	5,100						49
50	Wallpaper - Lincoln and Jefferson Wings	2014	19,043						50
51	Carpeting - Therapy Entrance	2014	6,955						51
52	Carpeting - Therapy Entrance	2014	3,902						52
53	Pump and Heating Coils - Basement Mechanical Room	2014	18,901						53
54	Boiler Replacement - Basement Boiler Room	2014	21,600						54
55	Carpeting - Resident Rooms	2014	11,466						55
56	Emergency Power - Upgraded Electrical Panel and Circuits	2014	15,477						56
57	Wall Repair and Painting - Doctors Office and Charting Room	2014	10,598						57
58	Signage - Entire Facility	2014	10,000						58
59	Roof Replacement - Washington Unit	2014	33,868						59
60	I Care Licensing	2014	10,199						60
61	Roof Replacement - Washington Unit	2014	33,868						61
62	Carpeting - Rooms 119, 120, 209, 212, 224, 239, 245 and 247	2014	8,539						62
63	Fire Prevention Backflow	2014	5,640						63
64	Plumbing and Water Line Installation - Buffet Line	2014	31,015						64
65	Wireless Internet	2014	42,459						65
66	Window Treatments - 2nd Floor	2014	7,217						66
67	Fire Panel Addition	2014	58,000						67
68	Concrete Replacement	2014	14,755						68
69	Blacktop Driveway - Repair and Fix Holes	2014	21,582						69
70	TOTAL (lines 4 thru 69)		\$ 14,758,044	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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		\$ 14,758,044	\$		\$	\$	\$	1
2									2
3	R & M Alt Energy Solutions Boiler Transfer Switch	2014	3,614						3
4	R & M Boiler Pump Replacement	2014	2,709						4
5	R & M Laundry Room Valve Install (Elevator)	2014	3,950						5
6	R & M Laundry Room Valve Install (Elevator)	2014	10,000						6
7	Flooring - Laundry Room	2014	3,186						7
8	Doors and Locks - Nurse Aide Office and Lower Break Room	2014	3,148						8
9	Carpeting, Painting, and Light Fixtures - Dietary and Lounge Area	2015	14,138						9
10	Ceiling Tile and Light Fixtures - Food Service Hallway	2015	5,988						10
11	Door Replacement - Jefferson Hall	2015	18,972						11
12	Floor Tile, Wall Tile, and Bathroom Fixtures - Hallway, Laundry	2015	11,000						12
13	Carpeting, Painting, and Light Fixtures - Fireside Lounge	2015	7,700						13
14	Tile, Patch, and Paint Walls - Employee Breakroom	2015	6,000						14
15	Roof Replacement - Lincoln Hall and Kitchen	2015	64,690						15
16	Floor Tile, Wall Tile, and Bathroom Fixtures - Lincoln Hall Res. I	2015	22,690						16
17	Sidewalk Replacement - Employee Entrance	2015	6,465						17
18	Door, Drywall, Carpeting Replacement - Social Service Room	2015	5,000						18
19	Landscaping - Main Entrance	2015	12,530						19
20	Asphalt Replacement and Sealcoating - Front Parking Lot	2015	42,560						20
21	Carpeting - Resident Rooms	2015	20,000						21
22	Carpeting, Tile, and Flooring - First Floor	2015	54,000						22
23	Floor Tile, Plumbing, Electrical - Buffet Line	2015	107,500						23
24	Camera System - Entire Facility	2015	53,646						24
25	R & M Main Entrance Sliding Door Control Board	2015	4,390						25
26	R & M Irrigation System Repair	2015	4,600						26
27	R & M Sanding and Painting Walls - Room 4	2015	3,080						27
28	R & M Control System - Room Alert Door Access	2015	8,511						28
29	R & M Boiler Pipe Replacement	2015	3,800						29
30	R & M Light Poles	2015	3,750						30
31	R & M Handrails and Doors (Exterior) - Sand, Prime, and Paint	2015	3,078						31
32	R & M Elevator Pit Latter	2015	2,803						32
33	R & M Boiler Emergency Shutdown Switch	2015	2,842						33
34	TOTAL (lines 1 thru 33)		\$ 15,274,384	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,274,384	\$		\$	\$	\$	1
2									2
3	Roof Replacement - Lincoln and Kitchen	2016	6,007						3
4	Flooring - Lobby, Conference Room, and Hallway	2016	7,065						4
5	Lighting, Fireplace, Flooring, and Painting - Lounge	2016	3,793						5
6	Bathroom Tubs - Jefferson	2016	60,911						6
7	Ceiling Replacement - Kitchen Hallway	2016	6,175						7
8	Painting - Lincoln Wing	2016	44,319						8
9	Nurse Call System - SARA Replaced	2016	10,257						9
10	Wireless Internet - Throughout Building	2016	25,213						10
11	Phone System Replacement	2016	56,308						11
12	Landscaping - Tree Removal	2016	3,500						12
13	Carpeting - Resident Rooms - Saratoga	2016	11,992						13
14	Generator - Saratoga	2016	5,585						14
15	Doors - Saratoga	2016	7,799						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	Depreciation - Providence Downers Grove, LLC			524,458		524,458		11,114,085	30
31	Depreciation - Alloc. Providence Life Services			46,947		46,947			31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,523,308	\$ 571,405		\$ 571,405	\$	\$ 11,114,085	34

SEE ACCOUNTANTS' PREPARATION REPORT

**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	\$ 4,207,175	\$ 90,727	\$ 90,727	\$		\$ 3,951,767	71
72	Current Year Purchases	157,348	15,675	15,675			15,675	72
73	Fully Depreciated Assets							73
74	Capitalized R&M							74
75	TOTALS	\$ 4,364,523	\$ 106,402	\$ 106,402	\$		\$ 3,967,442	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	Facility	1984 Ford Bus	1989	\$ 47,590	\$	\$	\$		\$ 47,590	76
77	Facility	1995 Chevrolet K20 Truck	1995	22,494					22,494	77
78	Facility	2009 Ford 12 Passenger Bus	2009	56,136	1,628	1,628			56,136	78
79										79
80	TOTALS			\$ 126,220	\$ 1,628	\$ 1,628	\$		\$ 126,220	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$ 20,353,621 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 679,435 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 679,435 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)	\$ 15,207,747 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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning: 01/01/16

Ending: 12/31/16

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	See Suppl				28,516			5
6								6
7	TOTAL				\$ 28,516			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.	_____ /2017	\$ _____
13.	_____ /2018	\$ _____
14.	_____ /2019	\$ _____

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: \$ 13,100 Description: See Supplemental Schedule

(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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' PREPARATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$ 645,877	\$		\$ 645,877	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				228,941			228,941	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	39 - 03	hrs				646,083			646,083	4	
5	Physician Care		visits								5	
6	Dental Care		visits								6	
7	Work Related Program		hrs								7	
8	Habilitation		hrs								8	
9	Pharmacy	39 - 02	# of prescripts					918,393		918,393	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify): See Supplemental	39 - 02						240,490		240,490	12	
13	Other (specify): See Supplemental	39 - 03					192,909			192,909	13	
14	TOTAL			\$			\$ 1,713,810	\$ 1,158,883		\$ 2,872,693	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning: 01/01/16

Ending:

12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16

(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	\$ 1,200	\$ 177,456	1
2	Cash-Patient Deposits	3,640	3,640	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>217,082</u>)	1,999,099	1,999,099	3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	12,801	12,801	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	28,633	28,633	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>		309,685	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,045,373	\$ 2,531,314	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,918	13
14	Buildings, at Historical Cost		17,249,468	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		4,676,226	16
17	Accumulated Depreciation (book methods)		(15,207,747)	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 Supplemental Schedule</u>	346,349	302,750	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 346,349	\$ 7,379,615	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,391,722	\$ 9,910,929	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,446,977	\$ 1,446,977	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,640	3,640	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,874	78,874	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		14,506	32
33	Accrued Interest Payable		40,324	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>		883,756	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,529,491	\$ 2,468,077	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,888,325	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,888,325	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,529,491	\$ 12,356,402	46
47	TOTAL EQUITY (page 18, line 24)	\$ 862,231	\$ (2,445,473)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,391,722	\$ 9,910,929	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

**Providence Downers Grove
Medicaid Cost Report
01/01/16 - 12/31/16**

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Escrow - Taxes		3,649	3,649
Escrow - Insurance		95,720	95,720
Escrow - Replacements		194,328	194,328
Escrow - MIP		15,988	15,988
			-
Sub-Total	-	309,685	309,685
Line 23 - Long Term Assets			
Due from Affiliated Organizations	346,349	(346,349)	-
Financing Costs (Net of Amortization)		302,750	302,750
			-
			-
			-
Sub-Total	346,349	(43,599)	302,750
Line 36 - Other Current Liability			
Due to Affiliated Organizations		776,837	776,837
Asbestos Retirement Obligation		106,919	106,919
			-
			-
			-
Sub-Total	-	883,756	883,756
Line 43 - Long term Liabilities			
			-
			-
			-
			-
			-
Sub-Total	-	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,316)	1
2	Restatements (describe):		2
3	Prior Period Adjustment - Post Cost Report Filing	122,908	3
4	Rounding	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 111,591	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	750,640	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)	\$ 750,640	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)	\$ 862,231	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,355,311	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,355,311	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	113,209	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 113,209	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,124	13
14	Non-Patient Meals	17,091	14
15	Telephone, Television and Radio	2,433	15
16	Rental of Facility Space	1,800	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	9,950	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 32,398	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	482	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 482	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	6,615	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,615	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,508,015	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,498,288	31
32	Health Care	4,587,326	32
33	General Administration	4,305,101	33
B. Capital Expense			
34	Ownership	1,129,874	34
C. Ancillary Expense			
35	Special Cost Centers	3,054,445	35
36	Provider Participation Fee	182,341	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,757,375	40
41	Income before Income Taxes (line 30 minus line 40)**	750,640	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 750,640	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,258,773	44
45	Private Pay - Net Inpatient Revenue	6,283,957	45
46	Medicare - Net Inpatient Revenue	7,251,726	46
47	Other-(specify) <u>Insurance - Net Patient Revenue</u>	1,560,855	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,355,311	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final 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.

SEE ACCOUNTANTS' PREPARATION REPORT

Providence Downers Grove
Medicaid Cost Report
01/01/16 - 12/31/16

Page 19 Supplemental Schedule

Description		Amount		Total		
Miscellaneous Income		6,615		6,615		
Total				<u>6,615</u>		<u>6,615</u>

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

01/01/16

Ending:

12/31/16

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	1,098	1,325	\$ 93,104	\$ 70.27	1
2	Assistant Director of Nursing	2,784	2,880	93,502	32.47	2
3	Registered Nurses	36,868	38,164	1,364,027	35.74	3
4	Licensed Practical Nurses	20,550	21,452	576,857	26.89	4
5	CNAs & Orderlies	100,931	105,816	1,419,147	13.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	4,048	4,269	106,757	25.01	9
10	Activity Assistants	6,602	6,951	74,043	10.65	10
11	Social Service Workers	6,442	7,105	199,914	28.14	11
12	Dietician	1,465	1,566	45,335	28.95	12
13	Food Service Supervisor	3,706	4,041	100,397	24.84	13
14	Head Cook	5,715	6,372	106,632	16.73	14
15	Cook Helpers/Assistants	7,067	7,219	104,576	14.49	15
16	Dishwashers	25,914	27,515	297,397	10.81	16
17	Maintenance Workers	13,321	13,976	208,319	14.91	17
18	Housekeepers	15,035	15,935	198,119	12.43	18
19	Laundry	1,781	1,914	23,817	12.44	19
20	Administrator	1,952	2,063	76,296	36.98	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,559	16,117	268,193	16.64	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	2,478	2,958	67,987	22.98	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	12,999	13,596	227,080	16.70	33
34	TOTAL (lines 1 - 33)	286,315	301,234	\$ 5,651,499 *	\$ 18.76	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	158,613	09 - 03	36
37	Medical Records Consultant	1,257	10 - 03	37
38	Nurse Consultant	12,909	10 - 03	38
39	Pharmacist Consultant	17,047	10 - 03	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	2,156	11 - 03	44
45	Social Service Consultant	780	12 - 03	45
46	Other(specify)			46
47	<u>See Supplemental Schedule</u>			47
48				48
49	TOTAL (lines 35 - 48)	\$ 192,762		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	72,164	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 72,164		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

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. Leading Age - \$16,685
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 55,884 Line 10 - 02
- (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. \$ 182,341
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. \$ 17,091
- (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? Ln 14
 - 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? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC - Not Finished
- (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

SEE ACCOUNTANTS' PREPARATION REPORT



