



Facility Name & ID Number Providence Downers Grove

# 0052373 Report Period Beginning: 01/01/17 Ending: 12/31/17

**III. STATISTICAL DATA**

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	145	Skilled (SNF)	145	52,925	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	96	Sheltered Care (SC)	96	35,040	5
6		ICF/DD 16 or Less			6
7	241	TOTALS	241	87,965	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	10,242	6,357	14,114	30,713	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		29,694		29,694	12
13	DD 16 OR LESS					13
14	TOTALS	10,242	36,051	14,114	60,407	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.67%

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

0 (Do not include bed reserve 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 10,892

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 01/01/17 Ending: 12/31/17

**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
	<b>A. General Services</b>										
1	Dietary	668,499	121,232		789,731		789,731		789,731		1
2	Food Purchase		509,307		509,307		509,307	(24,770)	484,537		2
3	Housekeeping	162,960	62,639		225,599		225,599		225,599		3
4	Laundry	26,889	110,669		137,558		137,558		137,558		4
5	Heat and Other Utilities			251,720	251,720		251,720	15,458	267,178		5
6	Maintenance	209,150		302,325	511,475		511,475	3,055	514,530		6
7	Other (specify):* <a href="#">See Supplemental</a>										7
8	<b>TOTAL General Services</b>	1,067,498	803,847	554,045	2,425,390		2,425,390	(6,257)	2,419,133		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			151,000	151,000		151,000		151,000		9
10	Nursing and Medical Records	3,985,942	176,961	67,827	4,230,730		4,230,730		4,230,730		10
10a	Therapy										10a
11	Activities	174,984	98,723	982	274,689		274,689		274,689		11
12	Social Services	175,856		13,774	189,630		189,630		189,630		12
13	CNA Training										13
14	Program Transportation			10,882	10,882		10,882		10,882		14
15	Other (specify):* <a href="#">See Supplemental</a>										15
16	<b>TOTAL Health Care and Programs</b>	4,336,782	275,684	244,465	4,856,931		4,856,931		4,856,931		16
	<b>C. General Administration</b>										
17	Administrative	61,778		1,887,341	1,949,119		1,949,119	(1,887,341)	61,778		17
18	Directors Fees										18
19	Professional Services			43,056	43,056		43,056	136,642	179,698		19
20	Dues, Fees, Subscriptions & Promotions			82,426	82,426		82,426	(14,851)	67,575		20
21	Clerical & General Office Expenses	288,920	9,940	656,484	955,344		955,344	412,695	1,368,039		21
22	Employee Benefits & Payroll Taxes			1,373,276	1,373,276		1,373,276		1,373,276		22
23	Inservice Training & Education			422	422		422		422		23
24	Travel and Seminar			7,737	7,737		7,737	40,510	48,247		24
25	Other Admin. Staff Transportation			3,078	3,078		3,078		3,078		25
26	Insurance-Prop.Liab.Malpractice			2,492	2,492		2,492	221,218	223,710		26
27	Other (specify):* <a href="#">See Supplemental</a>							232,449	232,449		27
28	<b>TOTAL General Administration</b>	350,698	9,940	4,056,312	4,416,950		4,416,950	(858,678)	3,558,272		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,754,978	1,089,471	4,854,822	11,699,271		11,699,271	(864,935)	10,834,336		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  
01/01/17 - 12/31/17**

**Page 3 Supplemental Schedule**

Description	Salaries	Supplies	Other	Total
<b>Line 7 - Other General Services</b>				
				-
				-
				-
				-
				-
				-
				-
<b>Sub-Total</b>	-	-	-	-
<b>Line 15 - Other Health Care Services</b>				
				-
				-
				-
				-
				-
				-
				-
<b>Sub-Total</b>	-	-	-	-
<b>Line 27 - Other General Administration</b>				
Providence Life Services				-
Alloc. - Gen. Admin. Emp. Benefits			232,449	232,449
				-
				-
				-
				-
<b>Sub-Total</b>	-	-	232,449	232,449

Facility Name &amp; ID Number

Providence Downers Grove

#0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	
	<b>D. Ownership</b>											
30	Depreciation							697,282	697,282			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							363,163	363,163			32
33	Real Estate Taxes							24,321	24,321			33
34	Rent-Facility & Grounds			1,432,992	1,432,992		1,432,992	(1,432,992)				34
35	Rent-Equipment & Vehicles			7,323	7,323		7,323	36,491	43,814			35
36	Other (specify):* <a href="#">See Supplemental</a>							62,652	62,652			36
37	<b>TOTAL Ownership</b>			1,440,315	1,440,315		1,440,315	(249,083)	1,191,232			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		758,681	1,495,963	2,254,644		2,254,644		2,254,644			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			200,581	200,581		200,581		200,581			42
43	Other (specify):* <a href="#">See Supplemental</a>	163,943			163,943		163,943	(163,943)				43
44	<b>TOTAL Special Cost Centers</b>	163,943	758,681	1,696,544	2,619,168		2,619,168	(163,943)	2,455,225			44
	<b>GRAND TOTAL COST</b>											
45	(sum of lines 29, 37 & 44)	5,918,921	1,848,152	7,991,681	15,758,754		15,758,754	(1,277,961)	14,480,793			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

**Providence Downers Grove  
 Medicaid Cost Report  
 01/01/17 - 12/31/17**

**Page 4 Supplemental Schedule**

Description	Salaries	Supplies	Other	Total
<b>Line 36 - Other Capital Costs</b>				
Providence Downers Grove, LLC				-
Mortgage Insurance Premiums			62,652	62,652
				-
				-
				-
				-
				-
<b>Sub-Total</b>	-	-	62,652	62,652

<b>Line 43 - Other Special Cost Centers</b>				
Marketing	163,943			163,943
				-
				-
				-
				-
				-
				-
<b>Sub-Total</b>	163,943	-	-	163,943

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	(24,770)	02		4
5	Telephone, TV & Radio in Resident Rooms	(331)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(390)	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	(520,000)	21		24
25	Fund Raising, Advertising and Promotional	(25,648)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(7,447)	20		28
29	Other-Attach Schedule See Supplemental	(196,417)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (775,003)</b>		<b>\$</b>	<b>30</b>

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)	(502,958)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (502,958)</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	<b>\$ (1,277,961)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' PREPARATION REPORT

Providence Downers Grove

ID# 0052373  
 Report Period Beginning: 01/01/17  
 Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Revenue	\$ (11,284)	21	1
2	Postage Revenue	(171)	21	2
3	Marketing	(163,943)	43	3
4				4
5				5
6				6
7				7
8	Providence Downers Grove, LLC			8
9	Professional Fees	(8,250)	19	9
10	Amortization	(12,769)	31	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	<b>Total</b>	(196,417)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Providence Downers Grove# 0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	(24,770)	0	0	0	0	0	0	0	0	0	0	(24,770)	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	15,458	0	0	0	0	0	0	0	0	15,458	5
6	Maintenance	0	0	3,055	0	0	0	0	0	0	0	0	3,055	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(24,770)</b>	<b>0</b>	<b>18,513</b>	<b>0</b>	<b>(6,257)</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	(1,887,341)	0	0	0	0	0	0	0	0	(1,887,341)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,250)	8,250	136,642	0	0	0	0	0	0	0	0	136,642	19
20	Fees, Subscriptions & Promotions	(33,095)	0	18,244	0	0	0	0	0	0	0	0	(14,851)	20
21	Clerical & General Office Expenses	(531,786)	0	944,481	0	0	0	0	0	0	0	0	412,695	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	40,510	0	0	0	0	0	0	0	0	40,510	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	210,000	11,218	0	0	0	0	0	0	0	0	221,218	26
27	Other (specify):*	0	0	232,449	0	0	0	0	0	0	0	0	232,449	27
28	<b>TOTAL General Administration</b>	<b>(573,131)</b>	<b>218,250</b>	<b>(503,797)</b>	<b>0</b>	<b>(858,678)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(597,901)</b>	<b>218,250</b>	<b>(485,284)</b>	<b>0</b>	<b>(864,935)</b>	<b>29</b>							

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Providence Downers Grove# 0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	0	666,663	30,619	0	0	0	0	0	0	0	0	697,282	30
31	Amortization of Pre-Op. & Org.	(12,769)	12,769	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(390)	352,482	11,071	0	0	0	0	0	0	0	0	363,163	32
33	Real Estate Taxes	0	14,590	9,731	0	0	0	0	0	0	0	0	24,321	33
34	Rent-Facility & Grounds	0	(1,432,992)	0	0	0	0	0	0	0	0	0	(1,432,992)	34
35	Rent-Equipment & Vehicles	0	0	36,491	0	0	0	0	0	0	0	0	36,491	35
36	Other (specify):*	0	62,652	0	0	0	0	0	0	0	0	0	62,652	36
37	<b>TOTAL Ownership</b>	<b>(13,159)</b>	<b>(323,836)</b>	<b>87,912</b>	<b>0</b>	<b>(249,083)</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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):*	(163,943)	0	0	0	0	0	0	0	0	0	0	(163,943)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(163,943)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(163,943)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(775,003)</b>	<b>(105,586)</b>	<b>(397,372)</b>	<b>0</b>	<b>(1,277,961)</b>	<b>45</b>							

**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	\$ 1,432,992	Providence Downers Grove, LLC	100.00%	\$	\$ (1,432,992)	1
2	V	32 Interest	204	Providence Downers Grove, LLC	100.00%		(204)	2
3	V	19 Professional Fees		Providence Downers Grove, LLC	100.00%	8,250	8,250	3
4	V	21 Office		Providence Downers Grove, LLC	100.00%			4
5	V	26 Property Insurance		Providence Downers Grove, LLC	100.00%	210,000	210,000	5
6	V	30 Depreciation		Providence Downers Grove, LLC	100.00%	666,663	666,663	6
7	V	31 Amortization		Providence Downers Grove, LLC	100.00%	12,769	12,769	7
8	V	32 Interest		Providence Downers Grove, LLC	100.00%	352,686	352,686	8
9	V	33 Real Estate Taxes		Providence Downers Grove, LLC	100.00%	14,590	14,590	9
10	V	36 Mortgage Insurance Premiums		Providence Downers Grove, LLC	100.00%	62,652	62,652	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,433,196			\$ 1,327,610	\$ * (105,586)	14

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

Facility Name &amp; ID Number

Providence Downers Grove

# 0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

## 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	Board of Directors / Governors							2
3								3
4								4
5	Justin Kats	N/A	Providence Healthcare & Rehabilitation	Palos Heights, IL	Village Woods	Crete, IL	Ast. & Ind. Living	5
6	Richard Van Hattem	N/A	Providence Healthcare & Rehabilitation	Downers Grove, IL	Saratoga Grove	Downers Grove, IL	Ast. & Ind. Living	6
7	Don Van Dyk	N/A	Providence Healthcare & Rehabilitation	Zeeland, MI	Royal Atrium Inn	Zeeland, MI	Ast. & Ind. Living	7
8	Robert Workman	N/A	Park Place Health & Wellness Center	Elmhurst, IL	Park Place	Elmhurst, IL	Ast. & Ind. Living	8
9	Lucette Bamford	N/A	Park Place of St. John	St. John, IN	Park Place St. John	St. John, IN	Ind. Living	9
10	Kevin Botma	N/A	Victorian Village Health & Wellness Ctr	Homer Glen, IL	Victorian Village	Home Glen, IL	Ast. & Ind. Living	10
11	Jean Cavanaugh	N/A	Plymouth Place	Lagrange Park, IL	Emerald Meadows	Grand Rapids, MI	Ast. Living	11
12	Dr. Al Diepstra	N/A			Thomas Park	Orland Park, IL	Ind. Living	12
13	Bastian Knoppers	N/A			Arbor Place	Lisle, IL	Ind. Living	13
14	Dave Larsen	N/A			Providence at Home	Tinley Park, IL	Home Health	14
15	Howard Rynberk, Jr.	N/A			Providence Hospice	Tinley Park, IL	Hospice	15
16	Gart Smit	N/A			Providence Mgmt.			16
17	Tim Smits	N/A			& Development Co	Tinley Park, IL	Mgmt. Company	17
18	Robert Van Staalduned	N/A			Providence Palos			18
19	Bill Zandstra	N/A			Heights, LLC	Tinley Park, IL	Bldg. Company	19
20	Tim Breems	N/A			Providence Downers			20
21	Norm Aardema	N/A			Grove, LLC	Tinley Park, IL	Bldg. Company	21
22	Janice DeBoer	N/A			Providence Zeeland	Tinley Park, IL	Bldg. Company	22
23	Don DeGraff	N/A			Providence of Grand			23
24	Arnold Koldenhoven	N/A			Rapids, LLC	Tinley Park, IL	Bldg. Company	24
25	Bruce Leep	N/A						25
26	Dick Molenhouse	N/A						26
27	Calvin Taming	N/A						27
28	Roy Van Eck	N/A						28
29	Sam Van Til	N/A						29
30								30

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%	\$ 0	\$	15	
16	V	05 Utilities		Providence Life Services	100.00%	15,458		16	
17	V	06 Maintenance		Providence Life Services	100.00%	3,055		17	
18	V	17 Administration	1,887,341	Providence Life Services	100.00%	0	(1,887,341)	18	
19	V	19 Professional Services		Providence Life Services	100.00%	136,642		19	
20	V	20 Dues and Subscriptions		Providence Life Services	100.00%	18,244		20	
21	V	21 Office and Clerical - Salary		Providence Life Services	100.00%	573,520		21	
22	V	21 Office and Clerical - Other		Providence Life Services	100.00%	54,843		22	
23	V	24 Travel and Seminar		Providence Life Services	100.00%	35,366		23	
24	V	25 Other Admin. Staff Transp.		Providence Life Services	100.00%	0		24	
25	V	26 Insurance		Providence Life Services	100.00%	11,086		25	
26	V	27 Gen. Admin. - Emp. Ben.		Providence Life Services	100.00%	140,385		26	
27	V	30 Depreciation		Providence Life Services	100.00%	30,619		27	
28	V	32 Interest		Providence Life Services	100.00%	11,071		28	
29	V	33 Real Estate Taxes		Providence Life Services	100.00%	9,731		29	
30	V	35 Rent - Equipment and Vehicles		Providence Life Services	100.00%	36,491		30	
31	V							31	
32	V	19 Professional Services		Providence Life Services	100.00%	0		32	
33	V	21 Office and Clerical - Salary		Providence Life Services	100.00%	313,508		33	
34	V	21 Office and Clerical		Providence Life Services	100.00%	2,610		34	
35	V	24 Travel and Seminar		Providence Life Services	100.00%	5,144		35	
36	V	26 Insurance		Providence Life Services	100.00%	132		36	
37	V	27 Gen. Admin. - Emp. Ben.		Providence Life Services	100.00%	92,064		37	
38	V							38	
39	Total		\$ 1,887,341			\$ 1,489,969	\$ *	(397,372)	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: 01/01/17 Ending: 12/31/17

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:

01/01/17

Ending: 12/31/17

**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 Downers Grove, 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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Providence Downers Grove

# 0052373

Report Period Beginning:

01/01/17

Ending: 12/31/17

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	18	\$ 97,718,707	\$ 13,855,781	13,855,781	\$ 15,458	1
2	05	Utilities	Accumulated Cost	18	109,021	22,362	13,855,781	15,458	2
3	06	Maintenance	Accumulated Cost	18	21,544		13,855,781	3,055	3
4	17	Administration	Direct	1			1		4
5	19	Professional Services	Accumulated Cost	18	963,677		13,855,781	136,642	5
6	20	Dues and Subscriptions	Accumulated Cost	18	128,664		13,855,781	18,244	6
7	21	Office and Clerical - Salary	Accumulated Cost	18	4,044,652	4,044,652	13,855,781	573,520	7
8	21	Office and Clerical - Other	Accumulated Cost	18	386,858		13,855,781	54,843	8
9	24	Travel and Seminar	Accumulated Cost	18	249,422		13,855,781	35,366	9
10	25	Other Admin. Staff Transp.	Accumulated Cost	18			13,855,781		10
11	26	Insurance	Accumulated Cost	18	78,188		13,855,781	11,086	11
12	27	Gen. Admin. - Emp. Ben.	Accumulated Cost	18	990,072		13,855,781	140,385	12
13	30	Depreciation	Accumulated Cost	18	215,945		13,855,781	30,619	13
14	32	Interest	Accumulated Cost	18	78,081		13,855,781	11,071	14
15	33	Real Estate Taxes	Accumulated Cost	18	68,631		13,855,781	9,731	15
16	35	Rent - Equipment and Vehicles	Accumulated Cost	18	257,357		13,855,781	36,491	16
17									17
18	19	Professional Services	Direct	1			1		18
19	21	Office and Clerical - Salary	Direct	1	313,508	313,508	1	313,508	19
20	21	Office and Clerical	Direct	1	2,610		1	2,610	20
21	24	Travel and Seminar	Direct	1	5,144		1	5,144	21
22	26	Insurance	Direct	1	132		1	132	22
23	27	Gen. Admin. - Emp. Ben.	Direct	1	92,064		1	92,064	23
24									24
25	TOTALS				\$ 8,005,570	\$ 4,380,522		\$ 1,489,969	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Providence Downers Grove

# 0052373

Report Period Beginning:

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Ending:

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**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	FHA		X	Mortgage		08/15/13	\$ 10,400,000	\$ 9,718,478	09/01/38	3.600%	\$ 352,686	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6	Alloc. - Providence Life Serv.										11,071	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 10,400,000	\$ 9,718,478			\$ 363,757	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12	Interest Income										(390)	12								
13	Interest Income										(204)	13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (594)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 10,400,000	\$ 9,718,478			\$ 363,163	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 62,652      Line # 36 - 03

\* 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.)

Facility Name & ID Number Providence Downers Grove

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Report Period Beginning:

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**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 2016 report.		\$	<u>14,506</u>	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.)		\$	<u>24,064</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>9,558</u>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>14,763</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>24,321</u>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012			8
	2013			9
	2014	<u>10,946</u>		10
	2015	<u>14,082</u>		11
	2016	<u>14,333</u>		12
	<b>2017 Real Estate Tax Accrual = \$14,333 * 1.03 = \$14,763</b>			
	<b>Alloc. Providence Life Services = \$9,731</b>			

	<b>FOR BHF USE ONLY</b>		
13	FROM R. E. TAX STATEMENT FOR 2016	\$	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:

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**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).

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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:**

A. Land.

	1	2	3	4	
	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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	241		1984	1962	\$ 86,903	\$		\$	\$	\$	4
5				1972	889,527						5
6				1974	7,414						6
7				1975	55,878						7
8				1976	34,742						8
	<b>Improvement Type**</b>										
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 &amp; ID Number Providence Downers Grove

# 0052373

Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	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	335,948						41
42	Various	2012	376,251						42
43	Various	2013	35,185						43
44	Rooftop Air Handling Unit	2014	13,725						44
45	Water Heater - Lincoln Wing Boiler Room	2014	10,000						45
46	Water Heater - Lincoln Wing Boiler Room	2014	5,100						46
47	Wallpaper - Jefferson and Lincoln Wings	2014	19,043						47
48	Carpet - Therapy Entrance	2014	6,955						48
49	Carpet - Therapy Entrance	2014	3,902						49
50	Pump and Heating Coils - Basement Mechanical Rooms	2014	18,901						50
51	Boiler Replacement - Boiler Room	2014	21,600						51
52	Resident Rooms - Carpeting	2014	11,466						52
53	Emergency Power Added - Upgraded Electrical Panel / Circuits	2014	15,477						53
54	Wall Repair and Painting - Doctors Office / Chart Room	2014	10,598						54
55	Signage - Entire Facility	2014	10,000						55
56	Roof Replacement - Washington - 2nd Addition	2014	33,868						56
57	I Care Licensing	2014	10,199						57
58	Roof Replacement - Washington - 2nd Addition	2014	33,868						58
59	Carpet - Rooms 119, 120, 209, 212, 224, 239, 245, and 257	2014	8,539						59
60	Fire Prevention Backflow	2014	5,640						60
61	Plumbing / Water Line Installation - Dining Room Buffet	2014	31,015						61
62	Wireless Internet	2014	42,459						62
63	Window Treatments - 2nd Floor	2014	7,217						63
64	Fire Panel Addition	2014	58,000						64
65	Concrete Replacement	2014	14,755						65
66	Blacktop Driveway and Repair	2014	21,582						66
67	R & M Alt Energy Solutions Boiler Transfer Switch	2014	3,614						67
68	R & M Boiler Pump Replacement	2014	2,709						68
69	R & M Laundry Room Valve Install (Elevator)	2014	3,950						69
70	TOTAL (lines 4 thru 69)		\$ 14,785,497	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name &amp; ID Number Providence Downers Grove

# 0052373

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 14,785,497	\$		\$	\$	\$	1
2									2
3	R & M Laundry Room Valve Install (Elevator)	2014	10,000						3
4	Flooring - Laundry Room	2014	3,186						4
5	Doors and Locks - Nurse Aide Office and Lower Break Room	2014	3,148						5
6	Carpeting, Painting, and Light Fixtures - Dietary and Lounge Area	2015	14,138						6
7	Ceiling Tile and Light Fixtures - Food Service Hallway	2015	5,988						7
8	Door Replacement - Jefferson Hall	2015	18,972						8
9	Floor Tile, Wall Tile, and Bathroom Fixtures - Hallway, Laundry	2015	11,000						9
10	Carpeting, Painting, and Light Fixtures - Fireside Lounge	2015	7,700						10
11	Tile, Patch, and Paint Walls - Employee Breakroom	2015	6,000						11
12	Roof Replacement - Lincoln Hall and Kitchen	2015	64,690						12
13	Floor Tile, Wall Tile, and Bathroom Fixtures - Lincoln Hall Res. 1	2015	22,690						13
14	Sidewalk Replacement - Employee Entrance	2015	6,465						14
15	Door, Drywall, Carpeting Replacement - Social Service Room	2015	5,000						15
16	Landscaping - Main Entrance	2015	12,530						16
17	Asphalt Replacement and Sealcoating - Front Parking Lot	2015	42,560						17
18	Carpeting - Resident Rooms	2015	20,000						18
19	Carpeting, Tile, and Flooring - First Floor	2015	54,000						19
20	Floor Tile, Plumbing, Electrical - Buffet Line	2015	107,500						20
21	Camera System - Entire Facility	2015	53,646						21
22	R & M Main Entrance Sliding Door Control Board	2015	4,390						22
23	R & M Irrigation System Repair	2015	4,600						23
24	R & M Sanding and Painting Walls - Room 4	2015	3,080						24
25	R & M Control System - Room Alert Door Access	2015	8,511						25
26	R & M Boiler Pipe Replacement	2015	3,800						26
27	R & M Light Poles	2015	3,750						27
28	R & M Handrails and Doors (Exterior) - Sand, Prime, and Paint	2015	3,078						28
29	R & M Elevator Pit Latter	2015	2,803						29
30	R & M Boiler Emergency Shutdown Switch	2015	2,842						30
31	Roof Replacement - Lincoln and Kitchen	2016	6,007						31
32	Flooring - Lobby, Conference Room, and Hallway	2016	7,065						32
33	Lighting, Fireplace, Flooring, and Painting - Lounge	2016	3,793						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,308,429	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name &amp; ID Number Providence Downers Grove

# 0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 15,308,429	\$		\$	\$	\$	1
2									2
3	Bathroom Tubs - Jefferson	2016	60,911						3
4	Ceiling Replacement - Kitchen Hallway	2016	6,175						4
5	Painting - Lincoln Wing	2016	44,319						5
6	Nurse Call System - SARA Replaced	2016	10,257						6
7	Wireless Internet - Throughout Building	2016	25,213						7
8	Phone System Replacement	2016	56,308						8
9	Landscaping - Tree Removal	2016	3,500						9
10	Carpeting - Resident Rooms - Saratoga	2016	11,992						10
11	Generator - Saratoga	2016	5,585						11
12	Doors - Saratoga	2016	7,799						12
13	Office - Metal Studs, Drywall Crop Ceiling, Paint, Lighting	2017	15,000						13
14	Repairs Walls and Painting - Dining, Beauty Shop, Library	2017	5,407						14
15	ED Office / Admin / Rm. 127 - Carpet, Wall Repair, Paint	2017	9,371						15
16	Gutter and Downspouts	2017	6,857						16
17	Landscaping - Mulch / Bark	2017	15,789						17
18	Boiler Controls	2017	8,659						18
19	Dryer Exhaust Venting to Roof	2017	2,740						19
20	Floors - Shower Rooms	2017	45,000						20
21	Floors and Wallpaper - Entryway	2017	24,998						21
22	Lighting Project - Dining Room	2017	35,611						22
23	Glass and Alcove - 2nd Floor Atrium	2017	17,950						23
24	Carpeting - Resident Rooms - Saratoga	2017	24,990						24
25	Carpeting - Dining Room - 2nd Floor	2017	16,081						25
26	Plumbing, Wallcovering, Cabinets, Tile - Beauty Shop	2017	8,921						26
27	Walls, Electrical, Painting - Resident Rooms (Dining Rm Convers	2017	49,503						27
28	Wall Repair, Painting, Electrical - Dining Rooms	2017	32,488						28
29	Carpeting and Steel Wings - Library	2017	3,637						29
30	Wallpaper - Roundabout	2017	15,982						30
31									31
32	Providence Downers Grove, LLC			666,663		666,663		15,874,410	32
33	Providence Life Services			30,619		30,619			33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,879,472	\$ 697,282		\$ 697,282	\$	\$ 15,874,410	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	\$ 4,364,523	\$	\$	\$		\$	71
72	Current Year Purchases	279,549						72
73	Fully Depreciated Assets							73
74	See Supplemental							74
75	TOTALS	\$ 4,644,072	\$	\$	\$		\$	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	\$	\$	\$		\$	76
77	Facility	95 Chevrolet K20 Truck	1995	22,494						77
78	Facility	09 Ford 12 Passenger Bus	2009	56,136						78
79										79
80	TOTALS			\$ 126,220	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 20,989,334	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 697,282	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 697,282	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)	\$ 15,874,410	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.

Facility Name & ID Number Providence Downers Grove

# 0052373

Report Period Beginning: 01/01/17

Ending: 12/31/17

**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.				0			5
6								6
7	<b>TOTAL</b>				\$			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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 43,814 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	<b>TOTAL</b>		\$	\$	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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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	\$		\$	578,346	\$		\$	578,346	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				186,933				186,933	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				559,599				559,599	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					598,668			598,668	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <a href="#">See Supplemental</a>	39 - 02						160,013			160,013	12
13	Other (specify): <a href="#">See Supplemental</a>	39 - 03						171,085			171,085	13
14	TOTAL			\$		\$	1,495,963	\$	758,681	\$	2,254,644	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

**Providence Downers Grove  
 Medicaid Cost Report  
 01/01/17 - 12/31/17**

**Page 16 Supplemental Schedule**

Description	Salaries		Supplies		Other		Total
Medical Supplies			160,013				160,013
Radiology					12,196		12,196
Laboratory					101,629		101,629
Respiratory Therapy					57,260		57,260
							-
							-
							-
							-
							-
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							-
							-
<b>Total</b>		<u>-</u>	<u>160,013</u>		<u>171,085</u>		<u>331,098</u>

Facility Name & ID Number Providence Downers Grove

# 0052373

Report Period Beginning: 01/01/17

Ending: 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,200	\$ 61,276	1
2	Cash-Patient Deposits	12,676	12,676	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 588,222 )	2,195,386	2,195,386	3
4	Supply Inventory (priced at Cost / FIFO )	15,536	15,536	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,605	10,605	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule		470,399	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,235,403	\$ 2,765,878	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,918	13
14	Buildings, at Historical Cost		17,580,089	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		4,963,296	16
17	Accumulated Depreciation (book methods)		(15,874,410)	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): See Supplemental Schedule		294,163	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$ 7,322,056	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,235,403	\$ 10,087,934	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 570,566	\$ 570,566	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,536	12,536	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	83,046	83,046	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)		11,958	32
33	Accrued Interest Payable		39,629	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	See Supplemental Schedule	475,404	2,259,978	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,141,552	\$ 2,977,713	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		9,718,478	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	See Supplemental Schedule			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,718,478	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,141,552	\$ 12,696,191	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,093,851	\$ (2,608,257)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,235,403	\$ 10,087,934	48

SEE ACCOUNTANTS' PREPARATION REPORT

\*(See instructions.)

**Providence Downers Grove  
Medicaid Cost Report  
01/01/17 - 12/31/17**

**Page 17 Supplemental Schedule**

Description	Operating	Building	Total
<b>Line 9 - Other Current Assets</b>			
Escrow - Insurance		90,466	90,466
Escrow - Replacement		239,176	239,176
Escrow - Mortgage Insurance		15,710	15,710
Escrow - Taxes		8,422	8,422
A/R - Other		116,625	116,625
<b>Sub-Total</b>	<u>-</u>	<u>470,399</u>	<u>470,399</u>
<b>Line 23 - Long Term Assets</b>			
Financing Costs (Net of Amortization)		293,189	293,189
Fixed Asset Clearing		974	974
			-
			-
			-
<b>Sub-Total</b>	<u>-</u>	<u>294,163</u>	<u>294,163</u>
<b>Line 36 - Other Current Liability</b>			
Due to Affiliated Organizations	475,404	1,674,447	2,149,851
Asbestos Retirement Obligation		110,127	110,127
			-
			-
			-
<b>Sub-Total</b>	<u>475,404</u>	<u>1,784,574</u>	<u>2,259,978</u>
<b>Line 43 - Long term Liabilities</b>			
			-
			-
			-
			-
			-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>-</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>862,231</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustment - Post Cost Report Filing</b>	(223,525)	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>638,706</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	455,145	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>455,145</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,093,851</b>	<b>24</b> *

\* 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**

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,063,723	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 16,063,723	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	95,978	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 95,978	8
<b>C. Other Operating Revenue</b>			
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	2,078	13
14	Non-Patient Meals	24,770	14
15	Telephone, Television and Radio	331	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	7,891	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 35,070	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	390	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 390	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	18,738	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 18,738	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,213,899	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,425,390	31
32	Health Care	4,856,931	32
33	General Administration	4,416,950	33
<b>B. Capital Expense</b>			
34	Ownership	1,440,315	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,418,587	35
36	Provider Participation Fee	200,581	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,758,754	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	455,145	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 455,145	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,691,291	44
45	Private Pay - Net Inpatient Revenue	6,523,271	45
46	Medicare - Net Inpatient Revenue	6,248,640	46
47	Other-(specify) <b>Insurance - Net Inpatient Revenue</b>	1,600,521	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 16,063,723	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.

**Providence Downers Grove  
 Medicaid Cost Report  
 01/01/17 - 12/31/17**

**Page 19 Supplemental Schedule**

Description		Amount		Total		
Miscellaneous Revenue		18,567		18,567		
Postage Revenue		171		171		
						-
						-
						-
						-
						-
						-
						-
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						-
<b>Total</b>				<u>18,738</u>		<u>18,738</u>

Facility Name & ID Number Providence Downers Grove

# 0052373

Report Period Beginning:

01/01/17

Ending:

12/31/17

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,077	2,214	\$ 106,909	\$ 48.29	1
2	Assistant Director of Nursing	3,620	3,878	141,410	36.46	2
3	Registered Nurses	40,406	42,746	1,525,127	35.68	3
4	Licensed Practical Nurses	21,667	22,754	679,240	29.85	4
5	CNAs & Orderlies	100,591	104,829	1,474,574	14.07	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,968	2,080	51,988	24.99	9
10	Activity Assistants	7,936	8,425	122,996	14.60	10
11	Social Service Workers	5,177	5,463	175,856	32.19	11
12	Dietician	1,903	2,077	60,705	29.23	12
13	Food Service Supervisor	3,333	3,637	108,250	29.76	13
14	Head Cook	5,630	6,120	105,045	17.16	14
15	Cook Helpers/Assistants	6,140	6,546	101,876	15.56	15
16	Dishwashers	25,183	26,447	292,623	11.06	16
17	Maintenance Workers	10,382	10,827	209,150	19.32	17
18	Housekeepers	11,825	12,203	162,960	13.35	18
19	Laundry	2,004	2,121	26,889	12.68	19
20	Administrator	1,569	1,655	61,778	37.33	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,948	19,890	288,920	14.53	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	1,925	2,129	58,682	27.56	31
32	Other Health Care(specify)					32
33	Other(specify)	5,282	5,608	163,943	29.23	33
34	TOTAL (lines 1 - 33)	277,566	291,649	\$ 5,918,921 *	\$ 20.29	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	151,000	09 - 03	36
37	Medical Records Consultant	1,562	10 - 03	37
38	Nurse Consultant	28,343	10 - 03	38
39	Pharmacist Consultant	22,724	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	864	11 - 03	44
45	Social Service Consultant	8,473	12 - 03	45
46	Other(specify)			46
47	See Supplemental	5,301		47
48				48
49	TOTAL (lines 35 - 48)	\$ 218,267		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 8,298	10 - 03	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	5,797	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 14,095		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

\*\* See instructions.



**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Susan Wooddell	Director	0	\$ 61,778	Workers' Compensation Insurance	\$ 282,421	IDPH License Fee	\$ 1,990	
				Unemployment Compensation Insurance	7,178	Advertising: Employee Recruitment	10,335	
				FICA Taxes	434,170	Health Care Worker Background Check	9,613	
				Employee Health Insurance	562,527	(Indicate # of checks performed )		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Licenses	27,393	
				Other Employee Benefits	86,980	Advertising and Promotion	33,095	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 61,778			Alloc. - Providence Life Services	18,244	
B. Administrative - Other						Less: Public Relations Expense	( )	
Description			Amount			Non-allowable advertising	(25,648)	
Providence Life Services - Management Fees			\$ 1,887,341			Yellow page advertising	(7,447)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,887,341			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 67,575	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Description	Amount	
Jackson Lewis, LLP	Legal		\$ 1,957			Out-of-State Travel	\$	
Much Shelist	Legal		1,249					
Stone, Pogrund & Korey	Legal		1,252			In-State Travel		
Plante & Moran, PLLC	Audit, Tax & Cost Reports		22,724					
Paylocity	Data Processing / IT		9,533			Seminar Expense	7,737	
Direct Supply	Data Processing / IT		2,100			Alloc. - Providence Life Services	40,510	
Allscripts	Data Processing / IT		4,241					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 43,056	TOTAL	\$	Entertainment Expense	( )	

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' PREPARATION REPORT

\*\*See instructions.







Facility Name &amp; ID Number Providence Downers Grove

# 0052373

Report Period Beginning:

01/01/17

Ending: 12/31/17

**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
- (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. \$ 52,534 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. \$ 200,581  
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. \$ 24,770
- (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 Final
- (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**