

Facility Name & ID Number Providence Downers Grove

0052373 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	10,739	6,661	10,955	28,355	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		29,349		29,349	12
13	DD 16 OR LESS					13
14	TOTALS	10,739	36,010	10,955	57,704	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.60%

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 8,498

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: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	654,731	122,872	0	777,603	0	777,603	0	777,603		1
2	Food Purchase		439,111		439,111	0	439,111	0	439,111		2
3	Housekeeping	214,926	0	54,926	269,852	0	269,852	0	269,852		3
4	Laundry	26,507	113,576	0	140,083	0	140,083	0	140,083		4
5	Heat and Other Utilities			249,805	249,805	0	249,805	16,675	266,480		5
6	Maintenance	189,053	210,414	88,181	487,648	0	487,648	1,287	488,935		6
7	Other (specify):*	0	0	0	0	0	0	0	0		7
8	TOTAL General Services	1,085,217	885,973	392,912	2,364,102	0	2,364,102	17,962	2,382,064		8
	B. Health Care and Programs										
9	Medical Director	0	0	146,000	146,000	0	146,000	0	146,000		9
10	Nursing and Medical Records	4,166,065	131,586	192,883	4,490,534	0	4,490,534	0	4,490,534		10
10a	Therapy	0	0	966,357	966,357	0	966,357	0	966,357		10a
11	Activities	230,585	35,191	1,300	267,076	0	267,076	0	267,076		11
12	Social Services	188,193	61,125	2,941	252,259	0	252,259	0	252,259		12
13	CNA Training	0	0	0	0	0	0	0	0		13
14	Program Transportation	0	0	3,345	3,345	0	3,345	0	3,345		14
15	Other (specify):*	0	0	0	0	0	0	0	0		15
16	TOTAL Health Care and Programs	4,584,843	227,902	1,312,826	6,125,571	0	6,125,571	0	6,125,571		16
	C. General Administration										
17	Administrative	45,994	0	1,553,982	1,599,976	0	1,599,976	(1,545,033)	54,943		17
18	Directors Fees			0	0	0	0	0	0		18
19	Professional Services			52,417	52,417	0	52,417	96,153	148,570		19
20	Dues, Fees, Subscriptions & Promotions			60,535	60,535	0	60,535	29,383	89,918		20
21	Clerical & General Office Expenses	263,840	109,960	578,314	952,114	0	952,114	358,099	1,310,213		21
22	Employee Benefits & Payroll Taxes			1,358,184	1,358,184	0	1,358,184	210,456	1,568,640		22
23	Inservice Training & Education			0	0	0	0	0	0		23
24	Travel and Seminar			5,349	5,349	0	5,349	37,784	43,133		24
25	Other Admin. Staff Transportation		0	0	0	0	0	0	0		25
26	Insurance-Prop.Liab.Malpractice			199,862	199,862	0	199,862	234,280	434,142		26
27	Other (specify):* Marketing	0	0	389,853	389,853	0	389,853	(389,853)	0		27
28	TOTAL General Administration	309,834	109,960	4,198,496	4,618,290	0	4,618,290	(968,731)	3,649,559		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,979,894	1,223,835	5,904,234	13,107,963	0	13,107,963	(950,769)	12,157,194		29

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

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

Facility Name & ID Number Providence Downers Grove

#0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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			0	0	0	0	744,781	744,781			30
31	Amortization of Pre-Op. & Org.			0	0	0	0	12,863	12,863			31
32	Interest			0	0	0	0	348,696	348,696			32
33	Real Estate Taxes			0	0	0	0	23,407	23,407			33
34	Rent-Facility & Grounds			1,438,992	1,438,992	0	1,438,992	(1,438,992)	0			34
35	Rent-Equipment & Vehicles			0	0	0	0	34,310	34,310			35
36	Other (specify):* See Supplemental			0	0	0	0	61,340	61,340			36
37	TOTAL Ownership			1,438,992	1,438,992	0	1,438,992	(213,595)	1,225,397			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0			38
39	Ancillary Service Centers	0	165,564	652,824	818,388	0	818,388	0	818,388			39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0			40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0			41
42	Provider Participation Fee	0	0	201,838	201,838	0	201,838	0	201,838			42
43	Other (specify):* Non-Reimbursable	177,580	0	0	177,580	0	177,580	(177,580)	0			43
44	TOTAL Special Cost Centers	177,580	165,564	854,662	1,197,806	0	1,197,806	(177,580)	1,020,226			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,157,474	1,389,399	8,197,888	15,744,761	0	15,744,761	(1,341,944)	14,402,817			45

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

Providence Downers Grove
 Medicaid Cost Report
 1/1/18 - 12/31/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
Providence Downers Grove, LLC				-
Mortgage Insurance Premiums			61,340	61,340
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>61,340</u>	<u>61,340</u>

Line 43 - Other Special Cost Centers				
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

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	\$ 0		\$	1
2	Other Care for Outpatients	0			2
3	Governmental Sponsored Special Programs	0			3
4	Non-Patient Meals	0			4
5	Telephone, TV & Radio in Resident Rooms	0			5
6	Rented Facility Space	0			6
7	Sale of Supplies to Non-Patients	0			7
8	Laundry for Non-Patients	0			8
9	Non-Straightline Depreciation	0			9
10	Interest and Other Investment Income	(7,644)	32		10
11	Discounts, Allowances, Rebates & Refunds	0			11
12	Non-Working Officer's or Owner's Salary	0			12
13	Sales Tax	0			13
14	Non-Care Related Interest	0			14
15	Non-Care Related Owner's Transactions	0			15
16	Personal Expenses (Including Transportation)	0			16
17	Non-Care Related Fees	0			17
18	Fines and Penalties	(24,375)	21		18
19	Entertainment	0			19
20	Contributions	0			20
21	Owner or Key-Man Insurance	0			21
22	Special Legal Fees & Legal Retainer	0			22
23	Malpractice Insurance for Individuals	0			23
24	Bad Debt	(531,000)	21		24
25	Fund Raising, Advertising and Promotional	(389,853)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax	0			26
27	CNA Training for Non-Employees	0			27
28	Yellow Page Advertising	0			28
29	Other-Attach Schedule 5A	(216,750)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,169,622)		\$ 0	30

BHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$ 0	0	31
32	Donated Goods-Attach Schedule*	0	0	32
33	Amortization of Organization & Pre-Operating Expense	0	0	33
34	Adjustments for Related Organization Costs (Schedule VII)	(172,322)	VII-B	34
35	Other- Attach Schedule	0		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (172,322)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,341,944)		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

Providence Downers Grove

ID# 0052373

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ 0	43	1
2	Non-Allowable Benefits (Marketing & ILU)	(39,170)	22	2
3	Other Non-Reimbursable	(177,580)	43	3
4		0		4
5		0		5
6		0		6
7		0		7
8		0		8
9		0		9
10		0		10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
24		0		24
25		0		25
26		0		26
27		0		27
28		0		28
29		0		29
30		0		30
31		0		31
32		0		32
33		0		33
34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	Total	(216,750)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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	16,675	0	0	0	0	0	0	0	0	16,675	5
6	Maintenance	0	0	1,287	0	0	0	0	0	0	0	0	1,287	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	17,962	0	0	0	0	0	0	0	0	17,962	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	8,949	(1,553,982)	0	0	0	0	0	0	0	0	(1,545,033)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	96,153	0	0	0	0	0	0	0	0	96,153	19
20	Fees, Subscriptions & Promotions	0	0	29,383	0	0	0	0	0	0	0	0	29,383	20
21	Clerical & General Office Expenses	(555,375)	0	913,474	0	0	0	0	0	0	0	0	358,099	21
22	Employee Benefits & Payroll Taxes	(39,170)	0	249,626	0	0	0	0	0	0	0	0	210,456	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	37,784	0	0	0	0	0	0	0	0	37,784	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	222,000	12,280	0	0	0	0	0	0	0	0	234,280	26
27	Other (specify):*	(389,853)	0	0	0	0	0	0	0	0	0	0	(389,853)	27
28	TOTAL General Administration	(984,398)	230,949	(215,282)	0	0	0	0	0	0	0	0	(968,731)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(984,398)	230,949	(197,320)	0	0	0	0	0	0	0	0	(950,769)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	714,377	30,404	0	0	0	0	0	0	0	0	744,781	30
31	Amortization of Pre-Op. & Org.	0	12,863	0	0	0	0	0	0	0	0	0	12,863	31
32	Interest	(7,644)	346,389	9,951	0	0	0	0	0	0	0	0	348,696	32
33	Real Estate Taxes	0	14,809	8,598	0	0	0	0	0	0	0	0	23,407	33
34	Rent-Facility & Grounds	0	(1,438,992)	0	0	0	0	0	0	0	0	0	(1,438,992)	34
35	Rent-Equipment & Vehicles	0	0	34,310	0	0	0	0	0	0	0	0	34,310	35
36	Other (specify):*	0	61,340	0	0	0	0	0	0	0	0	0	61,340	36
37	TOTAL Ownership	(7,644)	(289,214)	83,263	0	(213,595)	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):*	(177,580)	0	0	0	0	0	0	0	0	0	0	(177,580)	43
44	TOTAL Special Cost Centers	(177,580)	0	0	0	0	0	0	0	0	0	0	(177,580)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,169,622)	(58,265)	(114,057)	0	(1,341,944)	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 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
1	V	34	Rent	\$ 1,438,992	Providence Downers Grove, LLC	100.00%	\$	(1,438,992)	1
2	V	17	Administrative		Providence Downers Grove, LLC	100.00%	8,949	8,949	2
3	V	26	Property Insurance		Providence Downers Grove, LLC	100.00%	222,000	222,000	3
4	V	30	Depreciation		Providence Downers Grove, LLC	100.00%	714,377	714,377	4
5	V	31	Amortization		Providence Downers Grove, LLC	100.00%	12,863	12,863	5
6	V	32	Interest		Providence Downers Grove, LLC	100.00%	346,389	346,389	6
7	V	33	Real Estate Tax		Providence Downers Grove, LLC	100.00%	14,809	14,809	7
8	V	36	Mortgage Insurance		Providence Downers Grove, LLC	100.00%	61,340	61,340	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,438,992			\$ 1,380,727	\$ * (58,265)	14

* Total must agree with the amount recorded on line 34 of Schedule V1.

Facility Name & ID Number

Providence Downers Grove

0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	Rovert 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	Homer 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	Rovert 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 Tamelng	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		\$			\$	\$	15
16	V	05 Utilities		Providence Life Services	100.00%	16,675	16,675	16
17	V	06 Maintenance		Providence Life Services	100.00%	1,287	1,287	17
18	V	17 Administration	1,553,982	Providence Life Services	100.00%		(1,553,982)	18
19	V	19 Professional Services		Providence Life Services	100.00%	96,153	96,153	19
20	V	20 Dues and Subscriptions		Providence Life Services	100.00%	29,383	29,383	20
21	V	21 Office and Clerical - Salary		Providence Life Services	100.00%	907,913	907,913	21
22	V	21 Office and Clerical - Other		Providence Life Services	100.00%	5,561	5,561	22
23	V	22 Employee Benefits		Providence Life Services	100.00%	249,626	249,626	23
24	V	24 Travel and Seminar		Providence Life Services	100.00%	37,784	37,784	24
25	V	26 Insurance		Providence Life Services	100.00%	12,280	12,280	25
26	V	30 Depreciation		Providence Life Services	100.00%	30,404	30,404	26
27	V	32 Interest		Providence Life Services	100.00%	9,951	9,951	27
28	V	33 Real Estate Taxes		Providence Life Services	100.00%	8,598	8,598	28
29	V	35 Rent - Equipment and Vehicles		Providence Life Services	100.00%	34,310	34,310	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,553,982			\$ 1,439,925	\$ * (114,057)	39

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

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.

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 1/1/18 Ending: 12/31/18

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization 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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated Cost	96,385,692	18	\$ 115,947	\$ 13,862,317	\$ 16,675	1
2	6	Maintenance	Accumulated Cost	96,385,692	18	8,950	13,862,317	1,287	2
3	17	Administration	Direct	1	1		1	0	3
4	19	Professional Services	Accumulated Cost	96,385,692	18	668,556	13,862,317	96,153	4
5	20	Dues and Subscriptions	Accumulated Cost	96,385,692	18	204,296	13,862,317	29,383	5
6	21	Office and Clerical - Salary	Accumulated Cost	96,385,692	18	4,258,234	3,971,056	612,394	6
7	21	Office and Clerical - Other	Accumulated Cost	96,385,692	18		13,862,317	0	7
8	22	Employee Benefits	Accumulated Cost	96,385,692	18	1,155,210	13,862,317	166,144	8
9	24	Travel and Seminar	Accumulated Cost	96,385,692	18	224,486	13,862,317	32,285	9
10	26	Property Insurance	Accumulated Cost	96,385,692	18	84,221	13,862,317	12,113	10
11	30	Depreciation	Accumulated Cost	96,385,692	18	211,399	13,862,317	30,404	11
12	32	Interest	Accumulated Cost	96,385,692	18	69,191	13,862,317	9,951	12
13	33	Real Estate Taxes	Accumulated Cost	96,385,692	18	59,783	13,862,317	8,598	13
14	35	Rent - Equipment and Vehicles	Accumulated Cost	96,385,692	18	238,564	13,862,317	34,310	14
15									15
16									16
17									17
18									18
19	19	Professional Services	Direct	1	1		1	0	19
20	21	Office and Clerical - Salary	Direct	1	1	295,519	295,519	295,519	20
21	21	Office and Clerical - Other	Direct	1	1	5,561		5,561	21
22	22	Employee Benefits	Direct	1	1	83,482		83,482	22
23	24	Travel and Seminar	Direct	1	1	5,499		5,499	23
24	26	Property Insurance	Direct	1	1	167		167	24
25	TOTALS					\$ 7,689,065	\$ 4,266,575	\$ 1,439,925	25

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		08/15/13	\$ 10,400,000	\$ 9,359,904	09/01/38	3.6000	\$ 346,389	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	Interest Income										(7,644)	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 10,400,000	\$ 9,359,904			\$ 338,745	9								
B. Non-Facility Related*																				
10	Alloc. - Providence Life Serv.										9,951	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ 9,951	14								
15	TOTALS (line 9+line14)						\$ 10,400,000	\$ 9,359,904			\$ 348,696	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,340 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.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Downers Grove COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0052373

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>06 - 31 - 201 - 040</u>	<u>Nursing Home</u>	\$ <u>5,784.78</u>	\$ <u>5,784.78</u>
2. <u>06 - 31 - 201 - 042</u>	<u>Nursing Home</u>	\$ <u>8,782.84</u>	\$ <u>8,782.84</u>
3. _____	_____	\$ _____	\$ _____
4. <u>Alloc. Providence Life Services</u>	<u>Home Office Allocation</u>	\$ _____	\$ <u>8,598.00</u>
5. _____	<u>(See Supplemental Schedule)</u>	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>14,567.62</u></u>	\$ <u><u>23,165.62</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	29,200	1984	\$ 358,918	1
2					2
3	TOTALS	29,200		\$ 358,918	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9
FOR BHF USE ONLY	Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated
Beds*	Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation
241	1984	1962	\$ 86,903	\$		\$	\$	\$
		1972	889,527					
		1974	7,414					
		1975	55,878					
		1976	34,742					
Improvement Type**								
Various		1976	4,115					
Various		1977	33,527					
Various		1980	6,049					
Various		1981	7,380					
Various		1983	22,839					
Various		1984	253,714					
Various		1985	297,491					
Various		1986	275,406					
Various		1987	24,035					
Various		1988	509,896					
Various		1989	4,472,080					
Various		1990	155,196					
Various		1991	5,021					
Various		1992	75,453					
Various		1993	26,281					
Various		1994	16,231					
Various		1995	128,962					
Various		1996	68,307					
Various		1997	67,437					
Various		1998	140,552					
Various		1999	308,293					
Various		2000	227,821					
Various		2001	1,405,313					
Various		2002	186,401					
Various		2003	2,354,343					
Various		2004	137,308					
Various		2005	79,777					
Various		2006	200,564					

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	\$ 0		\$ 0	\$ 0	\$ 0	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12A, Carried Forward	\$ 14,785,497	\$ 0		\$ 0	\$	\$ 0		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 Areas	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, P	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. Rm	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	TOTAL (lines 1 thru 33)		\$ 15,308,429	\$ 0		\$ 0	\$ 0	\$ 0	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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	\$ 15,308,429	\$ 0		\$ 0	\$	\$ 0		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 Conversio	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	Electric Work	2018	5,420						31
32	Overage - Washington Shower Rooms	2018	740						32
33	Replace boilers in res rooms	2018	80,000						33
34	TOTAL (lines 1 thru 33)		\$ 15,965,632	\$ 0		\$ 0	\$ 0	\$ 0	34

**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:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 15,965,632	\$ 0		\$ 0	\$	\$ 0		1
2	Replacement of Doors	28,569							2
3	Upgrade lighting - Jefferson- Electrical	2,593							3
4	Replacement of Doors	40,994							4
5	Paint for Main Conf Room	1,865							5
6	Carpet for Main Conf Room	4,220							6
7	Paint & Window Blinds	5,655							7
8	Repair Walls	22,050							8
9	Shower Room Floor Repair	2,110							9
10	Jefferson Shower room floor repair	2,110							10
11	Paint & Wall Repairs	1,735							11
12	Redo Flooring	2,050							12
13	New Furniture for Main Conf Room	6,749							13
14	New Furniture for Main Conf Room	6,749							14
15	Air Mattresses	1,824							15
16	Air Mattresses	14,902							16
17	New Workstations	361							17
18	Switch Replacement	3,500							18
19	New Printer	540							19
20	Computer Monitor & Software License	3,447							20
21	Computer Monitor & Software License	7,528							21
22	Touchscreen Replacement	17,448							22
23	Therapy Equipment	14,362							23
24	Theropy Equip	4,316							24
25	Therapy Equipment	1,300							25
26	UPS Battery Schedule R&R	263							26
27	Walk In Cooler	4,620							27
28	Ice Maker- Jefferson	4,587							28
29	Lobby Furniture	3,055							29
30	Lobby Furniture	1,714							30
31	Landscaping	875							31
32	Exterior Repairs	2,918							32
33	Room 129 New Shower Stall Remodel	7,430							33
34	TOTAL (lines 1 thru 33)	\$ 16,188,070	\$ 0		\$ 0	\$ 0	\$ 0	\$ 0	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ 16,188,070	\$ 0		\$ 0	\$	\$ 0		1
2	Convert 2nd Flr. Dining Rm to 2 Res Room	234							2
3	Overage- convert 2nd Flr. Dining Rm	3,823							3
4	2nd Floor Carpet Replacement	16,081							4
5	Replace Carpets in res room 219	886							5
6	Replace Carpet in res rooms	1,576							6
7	Replace carpet in rest rooms	4,428							7
8	Tiles Library & Hallway	4,445							8
9	Tiles Library/Hallway	10,000							9
10	Access Control for Entrv Doors	7,273							10
11	UPS Battery	426							11
12	Workstation R&R	3,749							12
13	EZ Way Hover Lift	4,989							13
14	Bistro Chairs	4,244							14
15	Lobby Furniture	4,085							15
16	Landscaping Front of Bldg & Side	2,375							16
17									17
18	Land Improvement Additions	875							18
19	Building Additions	200,108							19
20	Equipment Additions	97,265							20
21	Land Improvement Disposals	(329,852)							21
22	Building Disposals	(2,125,311)							22
23	Equipment Disposals	(2,925,414)							23
24	Vehicle Disposals	(1,672)							24
25									25
26									26
27									27
28									28
29									29
30									30
31	Providence Downers Grove, LLC		714,377		714,377		9,711,323		31
32	Providence Life Services		30,404		30,404				32
33									33
34	TOTAL (lines 1 thru 33)	\$ 11,172,681	\$ 744,781		\$ 744,781	\$ 0	\$ 9,711,323		34

**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:

1/1/18

Ending:

12/31/18

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	\$	\$	\$ 0		\$	71
72	Current Year Purchases	379,703			0			72
73	Fully Depreciated Assets				0			73
74					0			74
75	TOTALS	\$ 4,744,226	\$ 0	\$ 0	\$ 0		\$ 0	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	\$	\$	\$ 0		\$	76
77	Facility	1995 Chevrolet K20 Truck	1995	22,494			0			77
78	Facility	2009 Ford 12 Passenger Bus	2009	56,136			0			78
79							0			79
80	TOTALS			\$ 126,220	\$ 0	\$ 0	\$ 0		\$ 0	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)	\$ 16,402,045	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 744,781	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 744,781	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 0	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,711,323	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				\$ _____			4
5					\$ _____			5
6					\$ _____			6
7	TOTAL				\$ _____			7

**

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: \$ 34,310 Description: From Exhibit 2

(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

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 \$ _____

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility		Contract	Total
Drop-outs	Completed				
1	Community College Tuition	\$		\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$	0	\$	0
10	SUM OF line 9, col. 1 and 2 (e)	\$	0		

C. CONTRACTUAL INCOME

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

\$ _____

D. NUMBER OF CNAs TRAINED

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

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

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

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

1	Service	Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		5	6	7	8
			Units of Service	Cost	Units	Cost	Supplies (Actual or) Allocated	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)			
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	0	\$ 124,536	\$ 0		\$ 124,536	1		
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	0	68,117	0		68,117	2		
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0		0	3		
4	Licensed Physical Therapist	V10A	0.00 hrs	0	0	773,704	0		773,704	4		
5	Physician Care		visits							5		
6	Dental Care		visits							6		
7	Work Related Program		hrs							7		
8	Habilitation	V39	0.00 hrs	0	0	0	41,016		41,016	8		
9	Pharmacy	V39	0.00 # of prescripts	0	0	0	510,034		510,034	9		
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10		
11	Academic Education		hrs							11		
12	Other (specify): LAB/RADIOLOGY	V39	0.00	0	0	0	101,773		101,773	12		
13	Other (specify): BILLABLE SUPPLIES	V39	0.00	0	0	0	165,565		165,565	13		
14	TOTAL			\$		\$ 966,357	\$ 818,388		\$ 1,784,745	14		

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

Facility Name & ID Number Providence Downers Grove
 XV. BALANCE SHEET - Unrestricted Operating Fund.

0052373
 As of 12/31/18

Report Period Beginning: 1/1/18
 (last day of reporting year)

Ending: 12/31/18

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

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,950	\$ 2,950 1
2	Cash-Patient Deposits	12,744	12,744 2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 676,062)	1,723,821	1,723,821 3
4	Supply Inventory (priced at)	0	0 4
5	Short-Term Investments	0	0 5
6	Prepaid Insurance	0	0 6
7	Other Prepaid Expenses	30,941	30,941 7
8	Accounts Receivable (owners or related parties)	0	0 8
9	Other(specify): See Supplemental	12,880	511,315 9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,782,336	\$ 2,281,771 10
B. Long-Term Assets			
11	Long-Term Notes Receivable	0	0 11
12	Long-Term Investments	0	0 12
13	Land	0	358,918 13
14	Buildings, at Historical Cost	0	14,474,086 14
15	Leasehold Improvements, at Historical Cos	0	319,331 15
16	Equipment, at Historical Cost	0	1,249,710 16
17	Accumulated Depreciation (book methods)	0	(9,711,323) 17
18	Deferred Charges	0	0 18
19	Organization & Pre-Operating Costs	0	0 19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0	0 20
21	Restricted Funds	0	0 21
22	Other Long-Term Assets (specify):	0	0 22
23	Other(specify): Deferred Financing Costs	0	283,629 23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 0	\$ 6,974,351 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,782,336	\$ 9,256,122 25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 58,035	\$ 58,035 26
27	Officer's Accounts Payable	0	0 27
28	Accounts Payable-Patient Deposits	12,744	12,744 28
29	Short-Term Notes Payable	0	182,508 29
30	Accrued Salaries Payable	83,500	83,500 30
31	Accrued Taxes Payable (excluding real estate taxes)	(11,748)	(11,748) 31
32	Accrued Real Estate Taxes(Sch.IX-B)	0	15,005 32
33	Accrued Interest Payable	0	38,908 33
34	Deferred Compensation	0	0 34
35	Federal and State Income Taxes	19	19 35
Other Current Liabilities(specify):			
36		0	0 36
37	See Supplemental	380,751	2,402,047 37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 523,301	\$ 2,781,018 38
D. Long-Term Liabilities			
39	Long-Term Notes Payable	0	9,359,904 39
40	Mortgage Payable	0	0 40
41	Bonds Payable	0	0 41
42	Deferred Compensation	0	0 42
Other Long-Term Liabilities(specify):			
43		0	0 43
44		972,417	972,417 44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 972,417	\$ 10,332,321 45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,495,718	\$ 13,113,339 46
47	TOTAL EQUITY(page 18, line 24)	\$ 286,618	\$ (3,857,217) 47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,782,336	\$ 9,256,122 48

*(See instructions.)

Providence Downers Grove
 Medicaid Cost Report
 1/1/18 - 12/31/18

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
A/R - Other		116,625	116,625
Escrow - Taxes		5,737	5,737
Escrow - Insurance		137,417	137,417
Escrow - Replacement Reserve		223,235	223,235
Escrow - MIP		15,421	15,421
Sub-Total	<u>-</u>	<u>498,435</u>	<u>498,435</u>
Line 23 - Long Term Assets			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>
Line 37 - Other Current Liability			
Due to Affiliated Organizations	271,544	1,636,322	1,907,866
Asbestos Retirement Obligation		113,430	113,430
			-
			-
Sub-Total	<u>271,544</u>	<u>1,749,752</u>	<u>2,021,296</u>
Line 43 - Long term Liabilities			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,093,851	1
2	Restatements (describe):		2
3	Prior Period Adj.	173,809	3
4	0	0	4
5	0	0	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,267,660	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(981,042)	7
8	Aquisitions of Pooled Companies	0	8
9	Proceeds from Sale of Stock	0	9
10	Stock Options Exercised	0	10
11	Contributions and Grants	0	11
12	Expenditures for Specific Purposes	0	12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment	0	14
15	Other (describe) 0	0	15
16	Other (describe) 0	0	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (981,042)	17
B. Transfers (Itemize):			
18	ILU net asset activity for the year	0	18
19	0	0	19
20	0	0	20
21	0	0	21
22	0	0	22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 286,618	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,137,136	1
2	Discounts and Allowances for all Levels	(4,168,197)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,968,939	3
B. Ancillary Revenue			
4	Day Care	0	4
5	Other Care for Outpatients	0	5
6	Therapy	2,754,214	6
7	Oxygen	0	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,754,214	8
C. Other Operating Revenue			
9	Payments for Education	0	9
10	Other Government Grants	0	10
11	CNA Training Reimbursements	0	11
12	Gift and Coffee Shop	638	12
13	Barber and Beauty Care	673	13
14	Non-Patient Meals	0	14
15	Telephone, Television and Radic	0	15
16	Rental of Facility Space	0	16
17	Sale of Drugs	1,067,612	17
18	Sale of Supplies to Non-Patients	0	18
19	Laboratory	116,470	19
20	Radiology and X-Ray	33,110	20
21	Other Medical Services	274,430	21
22	Laundry	0	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,492,933	23
D. Non-Operating Revenue			
24	Contributions	(5,341)	24
25	Interest and Other Investment Income***	7,644	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,303	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)	0	27
28	AL/IL	1,536,027	28
28a	Misc Revenue	9,303	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,545,330	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,763,719	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,364,102	31
32	Health Care	6,125,571	32
33	General Administration	4,618,290	33
B. Capital Expense			
34	Ownership	1,438,992	34
C. Ancillary Expense			
35	Special Cost Centers	995,968	35
36	Provider Participation Fee	201,838	36
D. Other Expenses (specify):			
37	0	0	37
38	0	0	38
39	0	0	39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,744,761	40
41	Income before Income Taxes (line 30 minus line 40)**	(981,042)	41
42	Income Taxes	0	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (981,042)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,718,384	44
45	Private Pay - Net Inpatient Revenue	4,991,030	45
46	Medicare - Net Inpatient Revenue	4,975,330	46
47	Other-(specify) ALL OTHER SNF/SCF IP REVENUE	1,300,146	47
48	Other-(specify) C/A ANCILLARY ACCOUNTS	(4,015,950)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,968,939	49

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

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

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

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning: 1/1/18

Ending:

12/31/18

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	2,569	2,680	\$ 119,598	\$ 44.63	1
2	Assistant Director of Nursing	4,231	4,462	163,771	36.70	2
3	Registered Nurses	36,270	38,468	1,446,858	37.61	3
4	Licensed Practical Nurses	25,437	26,571	788,334	29.67	4
5	CNAs & Orderlies	99,384	104,071	1,543,601	14.83	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	0	0	0		8
9	Activity Director	3,712	4,160	107,096	25.74	9
10	Activity Assistants	8,813	8,985	123,489	13.74	10
11	Social Service Workers	6,006	6,344	188,193	29.66	11
12	Dietician	1,908	2,050	61,505	30.00	12
13	Food Service Supervisor	4,055	4,409	113,733	25.80	13
14	Head Cook	5,945	6,249	110,222	17.64	14
15	Cook Helpers/Assistants	7,551	8,229	123,073	14.96	15
16	Dishwashers	21,093	22,529	246,197	10.93	16
17	Maintenance Workers	8,502	9,166	189,053	20.63	17
18	Housekeepers	15,971	16,957	214,926	12.67	18
19	Laundry	1,894	2,038	26,507	13.01	19
20	Administrator	1,036	1,126	45,994	40.85	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	0	0	0		22
23	Office Manager	0	0	0		23
24	Clerical	15,682	17,245	263,840	15.30	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,889	2,081	63,527	30.53	31
32	Other Health Care(specify)	1,564	1,906	40,376	21.18	32
33	Other(specify)	6,743	6,743	177,581	26.34	33
34	TOTAL (lines 1 - 33)	280,255	296,469	\$ 6,157,474 *	\$ 20.77	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	0	\$ 0	35	
36	Medical Director	0	146,000	09 - 03	36
37	Medical Records Consultant	0	1,382	10 - 03	37
38	Nurse Consultant	0	41,271	10 - 03	38
39	Pharmacist Consultant	0	18,274	10 - 03	39
40	Physical Therapy Consultant	0	0		40
41	Occupational Therapy Consultant	0	0		41
42	Respiratory Therapy Consultant	0	0		42
43	Speech Therapy Consultant	0	0		43
44	Activity Consultant	0	866	11 - 03	44
45	Social Service Consultant	0	2,941	12 - 03	45
46	Other(specify)	0	0		46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 210,733		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	108,770	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 108,770		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Beverly Hoitsma	Director	0	\$ 45,994	Workers' Compensation Insurance	\$ 305,912	IDPH License Fee	\$		
				Unemployment Compensation Insurance	6,956	Advertising: Employee Recruitment	8,496		
				FICA Taxes	451,445	Health Care Worker Background Check (Indicate # of checks performed _____)			
				Employee Health Insurance	475,241	Patient Background Checks			
				Employee Meals		Dues and Licenses	43,830		
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions	8,209		
				Other Employee Benefits	118,630	Alloc. - Providence Life Services	29,383		
				Benefits from Home Office	210,456	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 45,994	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
				\$ 1,568,640		\$ 89,918			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount	
Providence Life Services - Management Fees			\$ 1,553,982				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,553,982				Seminar Expense	5,349	
C. Professional Services				TOTAL				Alloc. - Providence Life Services	
Vendor/Payee	Type		Amount				37,784		
	Legal		\$ 2,873				Entertainment Expense ()		
Plante & Moran	Audit, Tax & Cost Reports		19,493				(agree to Sch. V, line 24, col. 8)		
Paylocity	Data Processing / IT		24,736				TOTAL		
Direct Supply Inc.	Data Processing / IT		2,100				\$ 43,133		
TriageNow LLC	Data Processing / IT		3,150						
Providence Life Services			65						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 52,417						

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/18

Ending:

12/31/18

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 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. \$ 131,586 Line 10-02
- (7) Have all costs reported on this form been determined using accounting procedure 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. \$ 201,838
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 benefit 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