

Facility Name & ID Number Wesley Village Healthcare Center

0022350 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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 73

	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	<u>73</u>	Skilled (SNF)	<u>73</u>	<u>26,645</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>73</u>	TOTALS	<u>73</u>	<u>26,645</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>6,751</u>	<u>13,383</u>	<u>3,125</u>	<u>23,259</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,751</u>	<u>13,383</u>	<u>3,125</u>	<u>23,259</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.29%

D. How many bed reserve days during this year were paid by the Department? 58 (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)
outpatient therapy

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 04/14/1980

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 73 and days of care provided 3,125

Medicare Intermediary Administar Federal

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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 5	Reclassified Total 6	Adjustments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	283,188	29,077	16,842	329,107		329,107		329,107		1
2	Food Purchase		232,746		232,746		232,746		232,746		2
3	Housekeeping	65,304	12,322	1,253	78,879		78,879		78,879		3
4	Laundry	10,243		46,517	56,760		56,760		56,760		4
5	Heat and Other Utilities			89,227	89,227		89,227		89,227		5
6	Maintenance	46,958	4,204	47,940	99,102		99,102		99,102		6
7	Other (specify):*										7
8	TOTAL General Services	405,693	278,349	201,779	885,821		885,821		885,821		8
	B. Health Care and Programs										
9	Medical Director			9,000	9,000		9,000		9,000		9
10	Nursing and Medical Records	1,953,703	168,676	177,843	2,300,222		2,300,222		2,300,222		10
10a	Therapy			527,454	527,454		527,454		527,454		10a
11	Activities	74,763	8,476	17,805	101,044		101,044		101,044		11
12	Social Services										12
13	CNA Training			30,016	30,016		30,016		30,016		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,028,466	177,152	762,118	2,967,736		2,967,736		2,967,736		16
	C. General Administration										
17	Administrative	152,386			152,386	(53,543)	98,843	(1,694)	97,149		17
18	Directors Fees										18
19	Professional Services			28,479	28,479		28,479		28,479		19
20	Dues, Fees, Subscriptions & Promotions			19,089	19,089		19,089		19,089		20
21	Clerical & General Office Expenses		9,642	22,855	32,497	53,543	86,040	(2,181)	83,859		21
22	Employee Benefits & Payroll Taxes			614,468	614,468		614,468		614,468		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,448	8,448		8,448		8,448		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			25,574	25,574		25,574		25,574		26
27	Other (specify):*										27
28	TOTAL General Administration	152,386	9,642	718,913	880,941		880,941	(3,875)	877,066		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,586,545	465,143	1,682,810	4,734,498		4,734,498	(3,875)	4,730,623		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 Wesley Village Healthcare Center

#0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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			319,060	319,060		319,060		319,060			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			83,803	83,803		83,803	(46,053)	37,750			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			402,863	402,863		402,863	(46,053)	356,810			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops	26,154	84		26,238		26,238		26,238			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			159,272	159,272		159,272		159,272			42
43	Other (specify):* RC/WAH/Marketi	1,679,975	1,401	2,153,073	3,834,449		3,834,449	(3,834,449)				43
44	TOTAL Special Cost Centers	1,706,129	1,485	2,312,345	4,019,959		4,019,959	(3,834,449)	185,510			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,292,674	466,628	4,398,018	9,157,320		9,157,320	(3,884,377)	5,272,943			45

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

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	(1,694)	17		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(46,053)	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	(2,181)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule RC/WAH/Marketing	(3,834,449)	43		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,884,377)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,884,377)		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

BHF USE ONLY							
48		49		50		51	

Wesley Village Healthcare Center

ID# 0022350

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	RC/WAH/Marketing Costs	\$ (3,834,449)	43	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				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,834,449)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	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	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	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	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	(1,694)	0	0	0	0	0	0	0	0	0	0	(1,694)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(2,181)	0	0	0	0	0	0	0	0	0	0	(2,181)	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	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(3,875)	0	0	0	0	0	0	0	0	0	0	(3,875)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(3,875)	0	0	0	0	0	0	0	0	0	0	(3,875)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(46,053)	0	0	0	0	0	0	0	0	0	0	(46,053)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(46,053)	0	(46,053)	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):*	(3,834,449)	0	0	0	0	0	0	0	0	0	0	(3,834,449)	43
44	TOTAL Special Cost Centers	(3,834,449)	0	(3,834,449)	44									
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,884,377)	0	(3,884,377)	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 pg6-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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number

Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	Ray Bunch							1
2	Sue Dunseth							2
3	Lorraine Epperson							3
4	Robert Fleming							4
5	Rev. Robert Greene							5
6	Steve Hopper							6
7	William B. Jacobs							7
8	Steve Knowles							8
9	Darlos Mummert							9
10	Barbara Sandall							10
11	Rev. Howard White							11
12	Bishop Frank Beard							12
13	Rev. Stephen Granadosin							13
14	Pastor Karna Peterson							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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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									\$		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 Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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 Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	Citizens National Bank, a division of N	X	Refinance & New Projects	\$32,631.00		\$ 6,250,000	\$ 5,586,123		4.6900	\$ 83,803	1									
2											2									
3											3									
4											4									
5											5									
Working Capital																				
6											6									
7											7									
8											8									
9	TOTAL Facility Related			\$32,631.00		\$ 6,250,000	\$ 5,586,123			\$ 83,803	9									
B. Non-Facility Related*																				
10											10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$	14									
15	TOTALS (line 9+line14)					\$ 6,250,000	\$ 5,586,123			\$ 83,803	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # _____

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2017 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2013	8	
	2014	9	
	2015	10	
	2016	11	
	2017	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2017 \$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wesley Village Healthcare Center COUNTY McDonough

FACILITY IDPH LICENSE NUMBER 0022350

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>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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 Wesley Village Healthcare Center

0022350 Report Period Beginning:

01/01/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,393 B. General Construction Type: Exterior Brick Frame Prestressed Concrete 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).

Wesley Village Retirement Center - 69 units

Wesley Estates Independent Living Duplexes - 32 units

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: 58,242 2. Number of Years Over Which it is Being Amortized: 25

3. Current Period Amortization: 2,330 4. Dates Incurred: November 2012

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	<u>Nursing Home</u>	<u>235,224</u>	<u>1975</u>	<u>\$ 48,600</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	235,224		\$ 48,600	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	47		1980	1980	\$ 1,304,649	\$ 25,968	50	\$ 25,968		\$ 1,004,273	4
5	26		1998	1997	1,934,404	50,214	50	50,214		1,019,876	5
6											6
7											7
8											8
	Improvement Type**										
9	LAND IMPROVEMENTS										
10			1981		28,080		15			28,080	9
11			1981		2,943		10			2,943	10
12			1984		227		10			227	11
13			1985		559		10			559	12
14			1982		488		20			488	13
15			1983		681		20			681	14
16			1986		2,668		15			2,668	15
17			1987		15,464		15			15,464	16
18			1987		1,036		15			1,036	17
19			1988		599		10			599	18
20			1989		946		15			946	19
21			1990		1,396		15			1,396	20
22			1991		1,054		15			1,054	21
23			1994		1,307		15			1,307	22
24			1997		322		10			322	23
25			1997		418		20			418	24
26			1997		562		20			562	25
27			2000		17,911	896	20	896		17,024	26
28			2000		4,468	223	20	223		4,237	27
29			2001		15,264		10			15,264	28
30			2002		1,346		10			1,346	29
31			2003		7,888		15			7,888	30
32			2003		1,202		10			1,202	31
33			2001		856		10			856	32
34			2004		5,618		10			5,618	33
35			2005		519		10			519	34
36			2010		360					360	35

*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 Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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	Loading Dock Resurface	2012	\$ 8,350	\$ 835	10	\$ 835	\$	\$ 5,358	37
38	HCC Parking Lot Expansion	2013	2,570	171	15	171		926	38
39	HCC Sidewalk	2013	1,500	100	15	100		517	39
40	Rehab/HCC Entrance Landscaping	2014	8,497	850	10	850		3,400	40
41	Rehab Unit Garden	2016	637	42	15	42		109	41
42	Parking Lot Striping - 50% of project	2017	5,824	146	10	146		292	42
43	HCC Parking Lot Expansion	2018	111,745	3,725	20	3,725		3,725	43
44	McCreery Four Seasons Landscaping	2018	1,734	101	10	101		101	44
45									45
46									46
47	BUILDING IMPROVEMENTS								47
48	Screen Doors	1981	4,500		10			4,500	48
49	Constructed Carports	1981	2,000	40	50	40		1,480	49
50	Wallpaper	1981	2,264		20			2,264	50
51	Entrance signs	1981	5,920		30			5,920	51
52	Signs	1981	58		12			58	52
53	Intangibles	1981	5,742		20			5,742	53
54	Overhang roof Drain	1982	342		20			342	54
55	Remodel bathroom	1982	371	8	50	8		288	55
56	Exhaust fans & lights	1982	426		20			426	56
57	Carpet	1983	169		5			169	57
58	Install Satellite system	1983	4,122		15			4,122	58
59	Remodeling	1983	389	8	50	8		279	59
60	Wheelchair ramp	1984	407		10			407	60
61	Remodel showers	1986	501		30			501	61
62	install décor	1985	450		15			450	62
63	Redecorate resident rooms	1985	10,126		15			10,126	63
64	install tornado siren	1986	3,056		15			3,056	64
65	Carpet	1987	538		5			538	65
66	Install TV Filter	1987	68		15			68	66
67	Redecorate resident rooms	1987	7,274		15			7,274	67
68	remodeling hallway	1988	68		15			68	68
69	roof repair	1989	3,704		15			3,704	69
70	TOTAL (lines 4 thru 69)		\$ 3,546,588	\$ 83,327		\$ 83,327	\$	\$ 2,203,423	70

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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		\$ 3,546,588	\$ 83,327		\$ 83,327	\$	\$ 2,203,423	1
2	emergency light	1989	35		10			35	2
3	redecorating	1989	13,802		15			13,802	3
4	nurse call system	1990	4,919		13			4,919	4
5	Elevator Jack	1990	3,780		15			3,780	5
6	Solid Core Door	1990	735		10			735	6
7	Water system repairs	1991	1,410		10			1,410	7
8	Water heater repairs	1991	1,323		10			1,323	8
9	replace window panes	1991	9,051		20			9,051	9
10	install A/C food service	1992	866		20			866	10
11	roof repair	1992	8,685		15			8,685	11
12	redesign water system	1992	2,385		20			2,385	12
13	remodeling	1992	9,845		15			9,845	13
14	carpeting	1993	851		15			851	14
15	remodeling	1993	1,540		10			1,540	15
16	new entryway	1994	7,888		20			7,888	16
17	remodeling	1994	3,216		10			3,216	17
18	painting entryway & carpet	1995	2,456		10			2,456	18
19	diningroom floor	1996	116		20			116	19
20	roof repairs - west end	1996	385		15			385	20
21	12 air conditioning units	1996	3,698		15			3,698	21
22	shingle east entrance	1997	398		15			398	22
23	border resident rooms	1997	484		10			484	23
24	carpet installment hallway	1997	265		20			265	24
25	vinyl flooring covering	1997	1,507		20			1,507	25
26	remote annunciator panel	1997	705		20			705	26
27	heating/air conditioning units	1997	1,602		20			1,602	27
28	3 windows	1997	116		20			116	28
29	12 window screens	1997	126		20			126	29
30	Carpet	1997	432		20			432	30
31	drainage from SE corner of building	1997	378		15			378	31
32	additional wiring to pass inspection	1998	4,748	106	20	106		4,748	32
33	window treatments	1998	10,940	182	20	182		10,940	33
34	TOTAL (lines 1 thru 33)		\$ 3,645,275	\$ 83,615		\$ 83,615	\$	\$ 2,302,110	34

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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		\$ 3,645,275	\$ 83,615		\$ 83,615	\$	\$ 2,302,110	1
2	mixing valve	1998	2,695		15			2,695	2
3	tuckpointing building exterior	1998	4,511	180	20	180		3,630	3
4	flooring	1998	665		15			665	4
5	new mfire alarms in health care	1998	10,468	443	20	443		10,468	5
6	Additional strobe due to inspection	1998	1,381	18	20	18		1,381	6
7	Roof repairs kitchen & SE section	1998	9,060	362	25	362		6,969	7
8	Alzheimer unit lounge flooring	1999	1,074		15			1,074	8
9	Health care lighting upgrade	1999	2,019		10			2,019	9
10	fire alarm upgrade	1999	2,814		10			2,814	10
11	Heating/cooling laundry room & kitchen corridor	2000	9,000	450	20	450		8,550	11
12	Sewer line	2000	8,868	355	25	355		6,745	12
13	smoking patio	2000	2,590	130	20	130		2,470	13
14	decorate healthcare diningroom	2001	7,887		15			7,887	14
15	A/C compressor healthcare diningroom	2001	9,076		15			9,076	15
16	Wallguards healthcare diningroom	2001	970		15			970	16
17	Kitchen walk-in cooler compressor	2001	1,769		7			1,769	17
18	Generator healthcare	2001	989		7			989	18
19	Alzheimers water system	2001	14,079	704	20	704		9,617	19
20	Glider walking path	2002	1,346		10			1,346	20
21	storage shed-cement work	2002	9,357	469	20	469		7,962	21
22	healthcare center core area roof	2002	8,800	440	20	440		7,480	22
23	Outside door - healthcare center hall	2003	5,600		10			5,600	23
24	Healthcare center shower room tile	2003	1,475		10			1,475	24
25	Healthcare center core area remodeling	2003	1,000		10			1,000	25
26	water softening system	2003	12,470		10			12,470	26
27	Garage/storage	2003	17,861	893	20	893		14,288	27
28	Healthcare center diningroom remodeling	2004	27,065	1,804	15	1,804		27,060	28
29	Healthcare center core area floor plans	2004	7,414	494	15	494		7,410	29
30	Garage Storage 50%	2004	1,737	87	20	87		1,305	30
31	Carpet - 7 healthcare rooms	2004	3,910	260	15	260		3,900	31
32	Healthcare center activity room remodeling	2005	2,606		15			2,606	32
33	Food service department drain	2005	2,655		10			2,655	33
34	TOTAL (lines 1 thru 33)		\$ 3,838,486	\$ 90,704		\$ 90,704	\$	\$ 2,478,455	34

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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		\$ 3,838,486	\$ 90,704		\$ 90,704	\$	\$ 2,478,455	1
2	Healthcare center door locks	2005	529		10			529	2
3	Healthcare center doors	2005	4,395		10			4,395	3
4	A/C units	2005	5,291		10			5,291	4
5	Garage/workshop 50%	2005	927	46	20	46		598	5
6	Outdoor Electrical	2005	1,464	98	15	98		1,372	6
7	Resurface driveway and parking lot	2005	65,430	4,492	15	4,492		56,449	7
8	Healthcare center remodeling	2006	2,783	185	15	185		2,313	8
9	Healthcare center carpet	2006	468	23	20	23		294	9
10	garage door opener	2006	433		10			433	10
11	Healthcare center electrical panel	2006	2,340	156	15	156		1,885	11
12	PTAC units	2006	12,849	856	15	856		10,700	12
13	Elevator upgrade	2006	4,980	332	15	332		4,206	13
14	Healthcare center plumbing replacement	2006	70,249	1,756	40	1,756		21,218	14
15	Healthcare center replace bathroom floor	2006	10,299	257	40	257		3,127	15
16	Upgrade sprinkler system	2006	1,632	109	15	109		1,335	16
17	Food service fire system	2006	3,479		7			3,479	17
18	generator upgrade	2006	965		7			965	18
19	Air conditioning PTAC units	2006	1,601	107	15	107		1,195	19
20	Food service/laundry water heater	2006	2,921	195	15	195		2,519	20
21	Food Service booster heater	2006	1,982	132	15	132		1,650	21
22	Healthcare center spa bath	2006	24,334	1,622	15	1,622		19,464	22
23	Generator 1000KW	2006	387,059	15,482	25	15,482		201,136	23
24	Healthcare center remodeling architect fees	2007	32,169	1,608	20	1,608		18,627	24
25	Breakroom floor tile paint counter	2007	3,293	220	15	220		2,621	25
26	Replace kitchen wall	2007	3,709	185	20	185		2,175	26
27	Healthcare center plumbing project	2007	3,990	133	30	133		1,596	27
28	Major repairs water heaters	2007	6,919	346	20	346		4,007	28
29	rehab signing	2008	510		5			510	29
30	healthcare center remodel flooring lighting ceilings demo	2008	434,525	21,726	20	21,726		217,260	30
31	New parking lot/sidewalk/railing	2008	57,631	2,882	20	2,882		29,061	31
32	A/C heat in Healthcare center	2008	54,566	2,728	20	2,728		28,872	32
33	Nurse call system	2008	16,690	2,344	7	2,344		23,722	33
34	TOTAL (lines 1 thru 33)		\$ 5,058,898	\$ 148,724		\$ 148,724	\$	\$ 3,151,459	34

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

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		\$ 5,058,898	\$ 148,724		\$ 148,724	\$	\$ 3,151,459	1
2	fire door - HCC office	2008	724	36	20	36		387	2
3	Rehab roof	2008	10,418	521	20	521		5,514	3
4	HC halway remodeling	2008	2,353	118	20	118		1,258	4
5	Maintenance Building	2008	66,103	1,653	40	1,653		16,530	5
6	HC Entrance canopies	2008	3,770	186	20	186		1,860	6
7	Rehab new flooring at nurses station	2008	3,239	162	20	162		1,620	7
8	Garage lighting	2008	2,337	117	20	117		1,170	8
9	Water heaters	2008	102,723	5,136	20	5,136		51,370	9
10	Healthcare center remodeling, flooring, paint & Wallpaper	2009	181,019	9,051	20	9,051		85,230	10
11	Maintenance building	2009	16,473	412	40	412		3,742	11
12	Elevator renovation - upgrade to new standards	2009	38,550	1,928	20	1,928		17,834	12
13	Rehab lobby remodel	2009	2,923	146	20	146		1,424	13
14	HC entrance canopies	2009	6,030	302	20	302		2,746	14
15	Kitchen receiving wall replacement	2009	3,076	154	20	154		1,450	15
16	elevator upgrade	2010	1,932	97	20	97		857	16
17	Kitchen ceiling 50%	2011	423	28	15	28		224	17
18	HC windows	2011	50,789	2,540	20	2,540		18,838	18
19	HC Shower room - flooring, paint, furniture, plumbing	2011	7,616	508	15	508		3,768	19
20	Rehab remodel - flooring, paint, furniture, wallpaper	2011	52,178	2,609	20	2,609		18,480	20
21	Kitchen, lounge, HC roof - 50%	2011	6,418	642	10	642		4,815	21
22	HC diningroom - flooring, wallpaper, paint, tables, & chairs	2012	14,098	940	15	940		6,110	22
23	Rehab diningroom - flooring, wallpaper, paint, tables, chairs	2012	40,167	2,678	15	2,678		16,738	23
24	Utility room remodel - flooring & plumbing	2012	718	48	15	48		279	24
25	Breakroom 50% - move to basement, plumbing, cabinets, vending	2012	9,322	621	15	621		3,985	25
26	PTAC units - painting & patching holes on buildings	2012	1,321	132	10	132		814	26
27	Therapy addition - flooring, furniture, equipment	2013	723,946	18,099	40	18,099		92,003	27
28	Tuckpointing of brick around HC	2013	127,994	4,266	30	4,266		22,397	28
29	Chiller & boiler - 50%	2013	534	79	5	79		534	29
30	Rehab unit roof	2013	805	94	5	94		805	30
31	HC roof recoat	2013	4,350	652	5	652		4,350	31
32	HC Hallway flooring	2013	911	133	5	133		911	32
33	Therapy addition - doors, alarms, wallpaper	2014	5,336	267	20	267		1,157	33
34	TOTAL (lines 1 thru 33)		\$ 6,547,494	\$ 203,079		\$ 203,079	\$	\$ 3,540,659	34

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 6,547,494	\$ 203,079		\$ 203,079	\$	\$ 3,540,659	1
2	HCC Room 1 flooring, paint, wallpaper	2014	3,333	222	15	222		999	2
3	RHU Roof Recoating	2014	11,752	1,175	10	1,175		5,288	3
4	Therpay pool project	2014	4,685	312	15	312		1,378	4
5	HCC Room 2 Flooring, paint, wallpaper	2014	3,129	209	15	209		853	5
6	Rehab Unit Electronic Keypad for Door	2015	720	144	5	144		420	6
7	Healthcare Center Electrical outlets	2015	8,433	562	15	562		1,275	7
8	Rehab Center Electrical outlets	2015	1,580	105	15	105		307	8
9	HCC/Rehab Center Corridor Wallpaper	2015	688	69	10	69		195	9
10	HCC Room 10: Paint, wall covering, Flooring	2015	643	43	15	43		111	10
11	HCC Room 13: paint, wall covering, flooring	2015	1,847	123	15	123		277	11
12	HCC Room 14: paint, wall covering, Flooring	2015	2,273	152	15	152		342	12
13	Rehab unit entrance Door	2015	920	61	15	61		132	13
14	FS Walk-in Freezer - 60%	2015	25,336	1,689	15	1,689		4,082	14
15	Nursing Center Sprinkler Riser	2016	816	82	10	82		218	15
16	Nursing Center Entry Door	2016	1,536	154	10	154		398	16
17	Room 9 Flooring, wall covering, and paint	2016	1,818	121	15	121		282	17
18	Nursing Center Wall Molding	2016	5,181	518	10	518		1,425	18
19	McCreery Household Construction	2017	123,007	4,920	25	4,920		8,610	19
20	McCreery Household Cabinets & Countertop	2017	1,103	74	15	74		116	20
21	McCreery Household Flooring	2017	13,014	868	15	868		1,518	21
22	Water Meter & Valve Replacement - 50%	2017	7,647	510	15	510		850	22
23	McCreery Bathroom - Shower, tile, cabinets, paint	2017	38,122	2,541	15	2,541		2,753	23
24	McCreery Room 3 - flooring and paint	2017	3,833	383	10	383		479	24
25	Nursing Center Entrance Flooring	2017	4,645	664	7	664		719	25
26	McCreery Room 15 - Flooring & paint	2017	570	57	10	57		67	26
27	Grant Household Livingroom Wall Covering	2017	894	128	7	128		138	27
28	Epperson/Memory Household Exit Doors	2017	1,181	118	10	118		134	28
29	Grant Household Kitchen Cabniet & Countertops	2017	2,842	189	15	189		205	29
30	Roof Repair	2018	4,955	495	10	495		495	30
31	Basement Electrical Box Repair	2018	421	39	10	39		39	31
32	Memory Rehab Household	2018	37,230	1,241	25	1,241		1,241	32
33	McCreery 4 Seasons Room	2018	136,122	5,445	25	5,445		5,445	33
34	TOTAL (lines 1 thru 33)		\$ 6,997,767	\$ 226,491		\$ 226,491	\$	\$ 3,581,450	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 12F, Carried Forward		\$ 6,997,767	\$ 226,491		\$ 226,491	\$	\$ 3,581,450	1
2	Rehab Shower Room	2018	782	59		59		59	2
3	McCreery Household Air Conditioning	2018	11,478	319		319		319	3
4	Campus Wide Security System	2018	11,979	100		100		100	4
5	Households Entrance Door	2018	4,400	147		147		147	5
6	Room 42 Waterline	2018	755	19		19		19	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,027,161	\$ 227,135		\$ 227,135	\$	\$ 3,582,094	34

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	\$ 1,468,352	\$ 77,512	\$ 77,512	\$		\$ 791,244	71
72	Current Year Purchases	56,275	5,586	5,586			5,586	72
73	Fully Depreciated Assets	27,509					27,509	73
74								74
75	TOTALS	\$ 1,552,136	\$ 83,098	\$ 83,098	\$		\$ 824,339	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	14 passenger bus with lift	Chevy 2008 Model	2008	\$ 48,364	\$	\$	\$		\$ 48,364	76
77	2006 Lincoln	Lincoln 2006 Model	2011	14,750					14,750	77
78	Blue Wheelchair Van	Dodge 2010 Model	2014	33,895	6,779	6,779			28,528	78
79	Black Wheelchair Van	Dodge 2014 Model	2017	34,403	2,048	2,048			4,096	79
80	TOTALS			\$ 131,412	\$ 8,827	\$ 8,827	\$		\$ 95,738	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)	\$ 8,759,309	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 319,060	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 319,060	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)	\$ 4,502,171	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	Residential Center/WAH	\$ 7,494,128	\$ 291,822	\$ 4,556,067	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 7,494,128	\$ 291,822	\$ 4,556,067	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

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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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? _____

16. Rental Amount for movable equipment: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>90</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input checked="" type="checkbox"/></p> <p>HOURS PER CNA <u>56</u></p>
--	--	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$ 16,717	\$	\$ 16,717
2	Books and Supplies		871		871
3	Classroom Wages (a)		11,498		11,498
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		930		930
9	TOTALS	\$	\$ 30,016	\$	\$ 30,016
10	SUM OF line 9, col. 1 and 2 (e)	\$	30,016		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	TOTAL			\$		\$	\$		\$	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.

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	\$ 513,194	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	663,228		3
4	Supply Inventory (priced at)	80,311		4
5	Short-Term Investments	1,270,529		5
6	Prepaid Insurance	15,340		6
7	Other Prepaid Expenses	61,446		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,604,048	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,634,319		12
13	Land	424,160		13
14	Buildings, at Historical Cost	12,290,175		14
15	Leasehold Improvements, at Historical Cost	648,778		15
16	Equipment, at Historical Cost	2,890,324		16
17	Accumulated Depreciation (book methods)	(9,058,238)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Other Receivables</u>	170,734		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,000,252	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,604,300	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 202,302	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	658,194		29
30	Accrued Salaries Payable	331,036		30
31	Accrued Taxes Payable (excluding real estate taxes)	9,601		31
32	Accrued Real Estate Taxes(Sch.IX-B)	70,946		32
33	Accrued Interest Payable	11,616		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Other Liabilities</u>	131,767		36
37	<u>Life Member Fees</u>	563,157		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,978,619	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	5,467,499		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,467,499	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,446,118	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,158,182	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,604,300	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,304,525	1
2	Restatements (describe):		2
3	Reporting Correction	3,013,486	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,318,011	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(159,829)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (159,829)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,158,182	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	\$ 5,227,211	1
2	Discounts and Allowances for all Levels	(1,442)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,225,769	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	22,555	13
14	Non-Patient Meals	1,694	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 24,249	23
D. Non-Operating Revenue			
24	Contributions	549,639	24
25	Interest and Other Investment Income***	1,200,291	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,749,930	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>RC/WAH Revenues</u>	3,040,101	28
28a	<u>Other - see attached schedule</u>	(1,042,558)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,997,543	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,997,491	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	885,821	31
32	Health Care	2,967,736	32
33	General Administration	880,941	33
B. Capital Expense			
34	Ownership	402,863	34
C. Ancillary Expense			
35	Special Cost Centers	26,238	35
36	Provider Participation Fee	159,272	36
D. Other Expenses (specify):			
37	<u>RL/WAH/Marketing</u>	3,834,449	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,157,320	40
41	Income before Income Taxes (line 30 minus line 40)**	(159,829)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (159,829)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 914,803	44
45	Private Pay - Net Inpatient Revenue	2,835,632	45
46	Medicare - Net Inpatient Revenue	1,051,156	46
47	Other-(specify) <u>Insurance</u>	424,178	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,225,769	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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 Wesley Village Healthcare Center

0022350

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,764	2,080	\$ 80,990	\$ 38.94	1
2	Assistant Director of Nursing	1,869	2,243	40,110	17.88	2
3	Registered Nurses	15,323	17,073	434,380	25.44	3
4	Licensed Practical Nurses	13,909	14,754	310,134	21.02	4
5	CNAs & Orderlies	65,752	69,933	949,299	13.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	777	945	13,867	14.67	9
10	Activity Assistants	6,175	5,230	60,896	11.64	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,792	2,080	50,053	24.06	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,339	20,776	204,697	9.85	15
16	Dishwashers	2,379	2,462	27,871	11.32	16
17	Maintenance Workers	1,564	1,942	49,667	25.58	17
18	Housekeepers	8,786	9,853	99,599	10.11	18
19	Laundry	1,924	2,055	22,802	11.10	19
20	Administrator	1,285	1,664	98,843	59.40	20
21	Assistant Administrator	716	1,137	42,225	37.14	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,817	4,059	76,588	18.87	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	1,818	1,966	50,678	25.78	31
32	Other Health Care(specify)					32
33	Other(specify) <u>RC/WAH/Mktg</u>	164,004	175,269	1,679,975	9.59	33
34	TOTAL (lines 1 - 33)	312,993	335,521	\$ 4,292,674 *	\$ 12.79	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	177	\$ 6,921	01-3	35
36	Medical Director		9,000	09-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,451	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,361	11-3	44
45	Social Service Consultant	20	1,361	10-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	217	\$ 21,094		49

C. CONTRACT NURSES

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

Facility Name & ID Number Wesley Village Healthcare Center

0022350

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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. LeadingAge - \$8,286 / IL Aging Services Network - \$6,780 / IL Homecare & Hospice \$2,500
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10-15 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,993 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 159,272
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. \$ N/A Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
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? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: CliftonLarsonAllen LLP
- (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

Date	Name	Description of Services	HC - Allowable
03/26/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, compliance	900.00
02/28/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	297.67
02/28/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	2,120.01
04/24/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	756.00
05/24/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	756.00
06/19/2018	POLSINELLI PC	Review audit letter	1,053.47
07/09/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	121.50
07/09/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	1,485.00
08/16/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	202.50
09/10/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	351.00
11/27/2018	MCMILLAN, HENNENFENT, DEJOODE & HUMBE	Professional services, patient collection	121.50
			<u>8,164.65</u>

**WESLEY VILLAGE, UMC
IDPA COST REPORT FY 2018
C.N.A Training**

Training Conducted at

Spoon River College
23235 N. Co Hwy 22
Canton, IL 61520