

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0028605

Facility Name: Providence Downers Grove

Address: 3450 Saratoga Avenue Downers Grove 60515
Number City Zip Code

County: DuPage

Telephone Number: (630) 969-2000 Fax # (630) 969-2148

HFS ID Number:

Date of Initial License for Current Owners: 05/01/84

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust
IRS Exemption Code 501(c)(3)

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Amanda Springborn Telephone Number: (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2012 to 12/31/2012 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____
(Type or Print Name) _____
(Title) _____

Paid Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) McGladrey LLP
20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Providence Downers Grove# 0028605 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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 bedsN/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	<u>145</u>	Skilled (SNF)	<u>145</u>	<u>53,070</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	<u>96</u>	Sheltered Care (SC)	<u>53</u>	<u>19,398</u>	5
6		ICF/DD 16 or Less			6
7	<u>241</u>	TOTALS	<u>198</u>	<u>72,468</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>7,255</u>	<u>4,526</u>	<u>20,963</u>	<u>32,744</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		<u>13,923</u>		<u>13,923</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>7,255</u>	<u>18,449</u>	<u>20,963</u>	<u>46,667</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 64.40%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Note : Non-allowable costs have been
eliminated in Schedule V, Column 7.

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 05/01/1984

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

YES ☒Date 05/01/1984NO ☐

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 20,963Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

	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	648,558	64,358	59,855	772,772		772,772		772,772			1
2	Food Purchase		465,830		465,830		465,830	(19,392)	446,438			2
3	Housekeeping	196,092	50,756		246,848		246,848		246,848			3
4	Laundry	24,014	139,677		163,691		163,691		163,691			4
5	Heat and Other Utilities			221,137	221,137		221,137	17,764	238,901			5
6	Maintenance	276,295		403,833	680,129		680,129	(6,240)	673,889			6
7	Other (specify):*											7
8	TOTAL General Services	1,144,960	720,621	684,826	2,550,407		2,550,407	(7,868)	2,542,539			8
	B. Health Care and Programs											
9	Medical Director			36,000	36,000		36,000		36,000			9
10	Nursing and Medical Records	3,324,270	531,195	50,953	3,906,418		3,906,418		3,906,418			10
10a	Therapy											10a
11	Activities	232,118	36,567	1,076	269,761		269,761		269,761			11
12	Social Services	199,026	66	2,934	202,025		202,025		202,025			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,755,414	567,828	90,962	4,414,204		4,414,204		4,414,204			16
	C. General Administration											
17	Administrative			1,384,500	1,384,500		1,384,500	(1,156,865)	227,635			17
18	Directors Fees											18
19	Professional Services			88,833	88,833		88,833	10,337	99,170			19
20	Dues, Fees, Subscriptions & Promotions			31,551	31,551		31,551	2,933	34,484			20
21	Clerical & General Office Expenses	953,081	101,281	48,443	1,102,806		1,102,806	598,403	1,701,209			21
22	Employee Benefits & Payroll Taxes			1,263,631	1,263,631		1,263,631		1,263,631			22
23	Inservice Training & Education			4,268	4,268		4,268		4,268			23
24	Travel and Seminar			5,100	5,100		5,100	10,022	15,122			24
25	Other Admin. Staff Transportation			11,466	11,466		11,466	5,151	16,617			25
26	Insurance-Prop.Liab.Malpractice			349,409	349,409		349,409	4,562	353,971			26
27	Other (specify):* Mgmt - EE Benefits							178,521	178,521			27
28	TOTAL General Administration	953,081	101,281	3,187,202	4,241,564		4,241,564	(346,936)	3,894,628			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,853,454	1,389,730	3,962,990	11,206,174		11,206,174	(354,804)	10,851,370			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			614,146	614,146		614,146	(4,192)	609,954			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			350,451	350,451		350,451	(110,936)	239,515			32
33	Real Estate Taxes			21,600	21,600		21,600	(14,508)	7,092			33
34	Rent-Facility & Grounds							10,270	10,270			34
35	Rent-Equipment & Vehicles			1,687	1,687		1,687		1,687			35
36	Other (specify):*											36
37	TOTAL Ownership			987,884	987,884		987,884	(119,366)	868,518			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,109,303	1,467,586	2,576,888		2,576,888		2,576,888			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			201,521	201,521		201,521		201,521			42
43	Other (specify):* Non-Allowable Co			622,647	622,647		622,647	(622,647)	(0)			43
44	TOTAL Special Cost Centers		1,109,303	2,291,754	3,401,057		3,401,057	(622,647)	2,778,409			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,853,454	2,499,033	7,242,628	15,595,115		15,595,115	(1,096,817)	14,498,298			45

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

		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	(25,977)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,241)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(47,977)	30		9
10	Interest and Other Investment Income	(800)	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	(7,935)	43		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	(90,000)	43		24
25	Fund Raising, Advertising and Promotional	(34,069)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(17,632)	43		28
29	Other-Attach Schedule See Pg 5A	(634,293)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (871,924)		\$	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 Amount	2 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)	(224,893)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (224,893)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,096,817)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Providence Downers Grove

ID# 0028605

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Nonallowable marketing costs	\$ (142,572)	43	1
2	Labs - Part A	(97,205)	43	2
3	X-Rays - Part A	(64,099)	43	3
4	Interrehab Physiatry	(73,700)	43	4
5	Residents Welfare	(60,488)	43	5
6	Accretion Expense	(2,766)	43	6
7	NonCare Real Estate Taxes	(21,600)	33	7
8	Non-Care Related Interest	(129,883)	32	8
9	Disallow free care contractual	(32,182)	43	9
10	Non-supported Professional Fees	(50)	19	10
11	Capitalize Repairs in excess of \$2,500	(9,749)	6	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	(634,293)		49

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Rest Haven Illiana Christian Convalescent Home		Rest Haven Central	Palos Heights	Holland Home	South Holland	Sheltered Care
		Rest Haven South	South Holland	Village Woods	Crete	Independent Ret.
		Haven Park	Zeeland, MI	Providence Mgmt. & Development Co.	Tinley Park	
		Plymouth Place	LaGrange Park, IL	Providence Home		Management Co.
				Health Care	Tinley Park	Home Health
				Saratoga Grove	Downers Grove	Supportive Living

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 5,434	\$ 5,434	1
2	V	5	Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	14,658	14,658	2
3	V	6	Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,895	2,895	3
4	V	17	Administrative	1,034,400	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	194,423	(839,977)	4
5	V	19	Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,571	8,571	5
6	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,420	2,420	6
7	V	21	Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	417,622	417,622	7
8	V	21	Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	87,077	87,077	8
9	V	24	Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,270	8,270	9
10	V	25	Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,250	4,250	10
11	V	26	Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,764	3,764	11
12	V	27	Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	147,307	147,307	12
13	V	30	Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	36,129	36,129	13
14	Total			\$ 1,034,400			\$ 932,820	\$ * (101,580)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	32	Interest	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 16,294	\$ 16,294	15
16	V	33	Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	5,852	5,852	16
17	V	34	Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,474	8,474	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								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			\$			\$ 30,620	\$ * 30,620	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 1,151	\$	1,151 15
16	V	5	Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,106		3,106 16
17	V	6	Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	614		614 17
18	V	17	Administrative	350,100	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	33,212		(316,888) 18
19	V	19	Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,816		1,816 19
20	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	513		513 20
21	V	21	Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	88,493		88,493 21
22	V	21	Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	18,452		18,452 22
23	V	24	Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,752		1,752 23
24	V	25	Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	901		901 24
25	V	26	Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	798		798 25
26	V	27	Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	31,214		31,214 26
27	V	30	Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,656		7,656 27
28	V	32	Interest		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,453		3,453 28
29	V	33	Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,240		1,240 29
30	V	34	Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,796		1,796 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			\$ 350,100			\$ 196,167	\$ *	(153,933) 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	2	3	4	5	6		7		8		
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference		
Hours						Percent	Description	Amount				
1	N/A - Voluntary Board with no compensation. See Attached Schedule 7A									\$		1
2												2
3	No board member or related business provided services to this facility.											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# 0028605

Report Period Beginning:

01/01/2012Ending: 2/31/2012

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

Rest Haven Illiana Christian Conv. Home

Street Address

18601 North Creek Drive

City / State / Zip Code

Tinley Park, IL 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	2	Food	Accumulated Cost B	93,836,258	17	\$ 46,759	\$ 0	10,904,738	\$ 5,434	1
2	5	Utilities	Accumulated Cost B	93,836,258	17	126,133	0	10,904,738	14,658	2
3	6	Maintenance - other	Accumulated Cost B	93,836,258	17	24,916	0	10,904,738	2,895	3
4	17	Administrative	Direct Cost A	93,836,258	1	1,324,456	1,324,456	1	194,423	4
5	19	Professional services - Other	Accumulated Cost B	93,836,258	17	73,753	0	10,904,738	8,571	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	93,836,258	17	20,821	0	10,904,738	2,420	6
7	21	Clerical & general - salary	Accumulated Cost B	93,836,258	17	3,593,671	3,593,671	10,904,738	417,622	7
8	21	Clerical & general - other	Accumulated Cost B	93,836,258	17	749,309	0	10,904,738	87,077	8
9	24	Travel & seminar	Accumulated Cost B	93,836,258	17	71,167	0	10,904,738	8,270	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	93,836,258	17	36,574	0	10,904,738	4,250	10
11	26	Insurance - Prop., Liab & Malpractice	Accumulated Cost B	93,836,258	17	32,387	0	10,904,738	3,764	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	93,836,258	17	1,267,588	0	10,904,738	147,307	12
13	30	Depreciation	Accumulated Cost B	93,836,258	17	310,891	0	10,904,738	36,129	13
14	32	Interest	Accumulated Cost B	93,836,258	17	140,210	0	10,904,738	16,294	14
15	33	Real Estate Taxes	Accumulated Cost B	93,836,258	17	50,359	0	10,904,738	5,852	15
16	34	Rent - facility & grounds	Accumulated Cost B	93,836,258	17	72,918	0	10,904,738	8,474	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,941,912	\$ 4,918,127		\$ 963,440	25

Facility Name & ID Number Providence Downers Grove# 0028605

Report Period Beginning:

01/01/2012Ending: 2/31/2012

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

Rest Haven Illiana Christian Conv. Home

Street Address

18601 North Creek Drive

City / State / Zip Code

Tinley Park, IL 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	2	Food	Accumulated Cost B	93,836,258	17	\$ 46,759	\$	2,310,690	\$ 1,151	1
2	5	Utilities	Accumulated Cost B	93,836,258	17	126,133		2,310,690	3,106	2
3	6	Maintenance - other	Accumulated Cost B	93,836,258	17	24,916		2,310,690	614	3
4	17	Administrative	Direct Cost A	93,836,258	1	1,324,456	1,324,456	1	33,212	4
5	19	Professional services - Other	Accumulated Cost B	93,836,258	17	73,753		2,310,690	1,816	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	93,836,258	17	20,821		2,310,690	513	6
7	21	Clerical & general - salary	Accumulated Cost B	93,836,258	17	3,593,671	3,593,671	2,310,690	88,493	7
8	21	Clerical & general - other	Accumulated Cost B	93,836,258	17	749,309		2,310,690	18,452	8
9	24	Travel & seminar	Accumulated Cost B	93,836,258	17	71,167		2,310,690	1,752	9
10	25	Other Admin. Staff transportation	Accumulated Cost B	93,836,258	17	36,574		2,310,690	901	10
11	26	Insurance - Prop., Liab & Malpractice	Accumulated Cost B	93,836,258	17	32,387		2,310,690	798	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	93,836,258	17	1,267,588		2,310,690	31,214	12
13	30	Depreciation	Accumulated Cost B	93,836,258	17	310,891		2,310,690	7,656	13
14	32	Interest	Accumulated Cost B	93,836,258	17	140,210		2,310,690	3,453	14
15	33	Real Estate Taxes	Accumulated Cost B	93,836,258	17	50,359		2,310,690	1,240	15
16	34	Rent - facility & grounds	Accumulated Cost B	93,836,258	17	72,918		2,310,690	1,796	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,941,912	\$ 4,918,127		\$ 196,167	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	Tax Exempt Bonds		X	Additions & Renovations	Varies	11/01/04	\$ 9,450,000	\$ 4,850,060	10/31/34	Variable	\$ 345,418	1							
2	Notes		X	Facility Improvements	Varies	Various	763,564	94,996	Various	Variable	746	2							
3												3							
4												4							
5												5							
	Working Capital																		
6	Notes		X	Operating	Varies	08/01/11	100,000	75,723	08/01/16	5.0000	4,287	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 10,313,564	\$ 5,020,779			\$ 350,451	9							
	B. Non-Facility Related*																		
10								Allocated from Home Office		19,747	10								
11								Disallow non-care related interest		(129,883)	11								
12								Interest Income Offset		(800)	12								
13											13								
14	TOTAL Non-Facility Related						\$	\$			\$ (110,936)	14							
15	TOTALS (line 9+line14)						\$ 10,313,564	\$ 5,020,779			\$ 239,515	15							

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

* 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

1. Real Estate Tax accrual used on 2011 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)		2011	\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2012 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.)		Allocated from Home Office	\$	7,092 6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7,092 7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:		2007 8 2008 9 2009 10 2010 11 2011 12	FOR BHF USE ONLY	
			13 FROM R. E. TAX STATEMENT FOR 2011 \$	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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Downers Grove COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0028605

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

TELEPHONE (708) 342-8100 FAX #: (708) 348-8006

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. 19-09-01-203-007-1001	Home Office Building	\$ 13,604.00	\$
2. 19-09-01-203-007-1006	Home Office Building	\$ 16,380.30	\$
3. 19-09-01-203-007-1007	Home Office Building	\$ 20,375.04	\$
4.	Allocated From Home Offic	\$	\$ 7,092.00
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 50,359.34	\$ 7,092.00

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? X 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 105,900 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (a) Own the Equipment [] (b) Rent equipment from a Related Organization. [X] (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).
N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
(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	Resident Care	29,200	1984	\$ 339,570	1
2					2
3	TOTALS	29,200		\$ 339,570	3

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	241		1984	1962	\$ 86,903	\$	40	\$		\$ 86,903	4
5				1972	889,527		40			889,527	5
6				1976	34,742	851	40	851		34,742	6
7				1974	7,414	185	40	185		7,215	7
8				1975	55,878	1,397	40	1,397		53,086	8
	Improvement Type**										
9	Improvement			1976	4,115	103	40	103		3,811	9
10	Improvement			1977	33,527	838	40	838		30,168	10
11	Improvement			1980	6,049	151	40	151		4,983	11
12	Improvement			1981	7,380	185	40	185		5,920	12
13	Improvement			1983	22,839	571	40	571		17,130	13
14	Improvement			1984	253,714	9,250	40	9,250		240,653	14
15	Improvement			1985	297,491	7,437	40	7,437		208,236	15
16	Improvement			1986	275,406	6,885	40	6,885		185,895	16
17	Improvement			1987	24,035	601	40	601		15,626	17
18	Improvement			1988	509,896	12,747	40	12,747		318,675	18
19	Improvement			1989	4,381,420	109,536	40	109,536		2,628,864	19
20	Improvement			1989	90,660	2,267	40	2,267		54,408	20
21	Improvement			1990	155,196	3,880	40	3,880		89,240	21
22	Improvement			1991	5,021	126	40	126		2,772	22
23	Improvement			1992	75,453	1,886	40	1,886		39,606	23
24	Improvement			1993	26,281	657	40	657		13,140	24
25	Improvement			1994	16,231	405	40	405		7,695	25
26	Improvement			1995	128,962	3,224	40	3,224		56,420	26
27	Sign and landscaping			1996	4,764	119	40	119		1,964	27
28	Fence			1996	1,565	40	40	40		660	28
29	Renovate laundry and break rooms			1996	4,400	110	40	110		1,815	29
30	Whirlpool tubs			1996	20,200	505	40	505		8,332	30
31	Side rail			1996	2,293	57	40	57		941	31
32	Phone system			1996	35,085	877	40	877		22,293	32
33	Parking lot			1997	15,078	377	40	377		5,844	33
34	Landscaping			1997	10,839	271	40	271		4,200	34
35	Dining room renovation			1997	1,193	30	40	30		465	35
36				1997	34,830	871	40	871		13,500	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	Activity / class room renovation	1997	\$ 3,476	\$ 87	40	\$ 87	\$	\$ 1,348	37
38	Carpeting	1997	1,521	38	40	38		589	38
39	Railing	1997	500	13	40	13		201	39
40	Laundry / break room renovation	1998	6,864	172	40	172		2,494	40
41	Compressor	1998	917		10			917	41
42	Roof repair	1998	2,320		10			2,320	42
43	Alarm system	1998	1,056		10			1,056	43
44	Hospitality room renovation	1998	12,605	316	40	316		4,582	44
45	Carpeting	1998	76,503		5			76,503	45
46	Wallpaper	1998	40,287		5			40,287	46
47	Roofing	1999	208,749		10			208,749	47
48	Therapy room renovation	1999	23,731		10			23,731	48
49	Resident room lighting	1999	23,965		10			23,965	49
50	Phone upgrade	1999	2,470		10			2,470	50
51	Renovations	1999	47,385		10			47,385	51
52	New door on oxygen room	1999	1,993		10			1,993	52
53	Landscaping	2000	59,350	1,484	40	1,484		18,550	53
54	Benches	2000	2,500	63	40	63		787	54
55	Room 18 renovation , wallcover, painting, tiling and carpet	2000	7,682		10			7,682	55
56	Therapy room renovation, wallcover, painting and tiling	2000	28,849		10			28,849	56
57	Beauty renovation, wallcover, painting, tiling and carpeting	2000	31,764		10			31,764	57
58	Common renovation, wallcover, painting, tiling and carppteing	2000	36,699		10			36,699	58
59	Kitchen renovation, wallcover, painting and tiling	2000	24,995		10			24,995	59
60	HVAC	2000	32,028		10			32,028	60
61	Doors	2000	3,300		10			3,300	61
62	Countertop	2000	654		10			654	62
63									63
64									64
65	Room renovation	2001	1,124,343		10			1,124,343	65
66	Rehab renovation	2001	82,557		10			82,557	66
67	Nurse call system	2001	114,755		10			114,755	67
68	Kitchen renovations	2001	3,800		10			3,800	68
69	HVAC	2001	3,000		10			3,000	69
70	TOTAL (lines 4 thru 69)		\$ 9,529,005	\$ 168,612		\$ 168,612	\$	\$ 7,007,082	70

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,529,005	\$ 168,612		\$ 168,612	\$	\$ 7,007,082	1
2	Doors	2001	3,187		10			3,187	2
3	Office remodeling	2001	35,071		10			35,071	3
4	HVAC	2001	28,200		10			28,200	4
5									5
6	landscaping	2002	25,539	1,276	10	1,276		25,539	6
7	Fence	2002	4,675	228	10	228		4,675	7
8	Nurse Call Station Renovation	2002	26,950	674	40	674		7,077	8
9	HVAC	2002	12,424	311	40	311		3,265	9
10									10
11	Renovations	2002	33,960	849	40	849		8,914	11
12	New Therapy Addition	2002	69,218	1,730	40	1,730		18,322	12
13	Landscaping	2001	10,400	260	40	260		2,730	13
14	Repair R3000 System	2002	3,922	98	40	98		1,029	14
15	Carpeting	2002	9,713	243	40	243		2,551	15
16	Bathroom remodeling	2003	12,350	618	20	618		5,871	16
17	Wallcoverings	2003	36,922	923	40	923		8,769	17
18	Floorcoverings	2003	42,356	1,059	40	1,059		10,060	18
19	Curtains and Blinds	2003	65,815	1,645	40	1,645		15,628	19
20	Landscaping and Fencing	2003	150,886	3,772	40	3,772		35,834	20
21	Parking, Curbs, and Sidewalks	2003	276,160	6,904	40	6,904		65,588	21
22	PT Wing / New Entry / New Admin. Offices	2003	1,754,047	43,852	40	43,852		422,517	22
23	Signage	2003	9,043	904	10	904		8,588	23
24	Gazebo	2003	5,436	272	20	272		2,482	24
25									25
26	Shelving	2003	1,328	133	10	133		1,263	26
27	Nurse call system	2004	33,450	3,345	10	3,345		28,433	27
28	Bath tub resurfacing	2004	4,750	238	20	238		2,023	28
29	Alzheimer Unit Renovation	2004	77,906	1,948	40	1,948		16,558	29
30	Fire Alarm	2004	1,795	180	10	180		1,568	30
31	Lighting	2004	501	50	10	50		436	31
32	Carpet	2004	2,374	237	10	237		2,066	32
33	Cabinets	2004	2,626	263	10	263		2,292	33
34	TOTAL (lines 1 thru 33)		\$ 12,270,009	\$ 240,624		\$ 240,624	\$	\$ 7,777,618	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,270,009	\$ 240,624		\$ 240,624	\$	\$ 7,777,618	1
2	Water heater	2004	2,997	300	10	300		2,550	2
3	Dentist office	2004	8,981	224	40	224		1,904	3
4	Expansion	2004	1,928	48	40	48		408	4
5									5
6	Carpeting	2005	2,050	205	10	205		1,538	6
7	Thermostats	2005	4,500	300	15	300		2,250	7
8	Handrails	2005	1,375	92	15	92		690	8
9	Sidewalks	2005	10,927	546	20	546		4,095	9
10	Bath Tub Conversions	2005	5,700	390	15	390		2,920	10
11	Carpeting	2005	7,904	559	7	559		7,904	11
12	Chiller	2005	6,101	306	20	306		2,295	12
13	Paving	2005	19,642	982	20	982		7,365	13
14	Boilers & HVAC	2005	13,435	672	20	672		5,040	14
15	Storage Tank & Water Lines	2005	1,125	56	20	56		420	15
16	Chiller	2005	540	28	20	28		210	16
17	Carpeting	2005	3,040	219	7	219		3,040	17
18	Smoke Detectors	2005	2,316	116	20	116		870	18
19	Generator	2005	1,122	56	20	56		420	19
20									20
21	Asbestos Retirement Obligation - West	2006	39,569	5,652	7	5,652		36,738	21
22	Sirens - West	2006	3,063	438	7	438		2,847	22
23	Door Alarm System - West	2006	33,453	3,346	10	3,346		21,749	23
24	West Office Remodel - West	2006	19,770	988	20	988		6,422	24
25	Heat A/C Valve - West	2006	4,400	294	15	294		1,911	25
26	Grading & Sodding of Front lawn - West	2006	5,060	338	15	338		2,197	26
27	Asbestos Retirement Obligation - Saratoga Grove	2006	9,695	1,386	7	1,386		9,009	27
28	Boilers	2006	37,695	2,512	15	2,512		16,328	28
29	Reception area renovation	2006	6,500	434	15	434		2,821	29
30	Gift Shop Lighting & Fixtures	2006	29,057	1,452	20	1,452		9,438	30
31	Office & Exit Doors	2006	5,164	258	20	258		1,677	31
32	Carpeting	2006	7,138	1,020	7	1,020		6,630	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,564,256	\$ 263,841		\$ 263,841	\$	\$ 7,939,304	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,564,256	\$ 263,841		\$ 263,841	\$	\$ 7,939,304	1
2	Door Repair - West	2007	5,670	284	20	284		1,846	2
3	Phone System - West	2007	70,262	7,026	10	7,026		45,669	3
4	Boiler	2007	9,686	969	15	969		6,137	4
5	Electrical Work - West	2007	3,120	156	20	156		1,014	5
6	Door Alarm Enhancement - West	2007	16,695	1,670	10	1,670		10,855	6
7	A/C Unit - West	2007	11,550	770	15	770		5,005	7
8	Water Heater - West	2007	9,370	625	15	625		4,062	8
9	Carpeting for Resident Rooms - West	2007	3,221	460	7	460		2,990	9
10	Rooftop HVAC unit	2007	15,300	1,020	15	1,020		6,630	10
11	Phone System - Saratoga Grove	2007	46,842	4,684	10	4,684		30,446	11
12	Replace bathtubs in 11 resident rooms - Saratoga Grove	2007	5,500	367	15	367		2,385	12
13	A/C Valve & ductwork replacement - Saratoga Grove	2007	6,227	311	20	311		2,022	13
14	Carpeting for Resident Rooms - Saratoga Grove	2007	15,453	2,208	7	2,208		14,352	14
15									15
16	Outdoor Lighting - West	2008	2,538	169	15	169		761	16
17	Landscapitng - Junipers	2008	8,895	593	15	593		2,669	17
18	Enlarge Oxygen Room	2008	4,513	113	40	113		508	18
19	Replace doors - Interior Main & Dining Room	2008	14,560	728	20	728		3,276	19
20	Dining Room - Architect	2008	2,800	140	20	140		630	20
21	Phone System - Labor/Wiring	2008	6,029	603	10	603		2,713	21
22	#64 & #74 Vinyl Planking	2008	6,442	644	10	644		2,898	22
23	Carpeting (SG)	2008	62,031	8,862	7	8,862		39,879	23
24	Window Treatments (SG)	2008	7,210	1,030	7	1,030		4,635	24
25									25
26	Remove & Replace sewer under nurses supply room & bathroom	2008	16,545	1,655	10	1,655		7,447	26
27	Remove wallpaper, repair wall, install new rail, paint	2008	4,000	400	10	400		1,800	27
28									28
29	SG-security camera	2009	3,347	478	7	478		1,546	29
30	Canopy sprinklers	2009	21,850	1,092	20	1,092		3,822	30
31	Fire Doors	2009	13,630	340	40	340		1,190	31
32	Main Dining Room Roof	2009	22,667	2,266	10	2,266		7,931	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,980,209	\$ 303,504		\$ 303,504	\$	\$ 8,154,422	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,980,209	\$ 303,504		\$ 303,504	\$	\$ 8,154,422	1
2	Emergency Outlets - Generator	2009	13,200	660	20	660		2,310	2
3	Fire Sprinkler Updates	2009	3,275	328	10	328		1,148	3
4	Flooring	2009	141,155	14,114	10	14,114		49,399	4
5	Plumbing	2009	33,500	1,676	20	1,676		5,866	5
6	Brick work	2009	4,575	228	20	228		684	6
7	Generator	2009	10,500	524	20	524		1,572	7
8									8
9	Dining Room Flooring	2010	41,313	4,131	10	4,131		10,328	9
10	Wanderguard System-West	2010	162,875	16,288	10	16,288		40,720	10
11	Flooring	2010	8,115	811	10	811		2,028	11
12	SG Boiler	2010	20,412	1,361	15	1,361		3,402	12
13	Wandergaurd SG	2010	178,160	17,816	10	17,816		44,540	13
14									14
15	Refrigeration repairs	2010	2,763	553	5	553		1,382	15
16	Gym Floor refurbishing	2010	2,886	289	10	289		722	16
17	Carpeting	2010	2,672	382	7	382		955	17
18	Flooring	2010	8,321	1,189	7	1,189		2,972	18
19									19
20	Carpeting	2011	5,500	786	7	786		1,179	20
21	Vinyl Flooring	2011	3,500	500	7	500		750	21
22	SG - Upper Level Carpeting	2011	36,787	5,255	7	5,255		7,882	22
23	Flooring	2011	37,935	3,794	10	3,794		5,691	23
24	Phone System	2011	43,163	4,316	10	4,316		6,473	24
25	SG - Roof Replacement	2011	82,238	8,224	10	8,224		12,336	25
26	Rooftop 5T A/C	2011	8,970	449	20	449		748	26
27	Water Heater/Boiler	2011	14,500	967	15	967		1,450	27
28	SG - Stabilize Floor	2011	7,650	383	20	383		574	28
29	SG - Upper Core ceiling/Lighting Upgrade	2011	8,863	443	20	443		665	29
30	SG - Signs	2011	8,210	547	15	547		821	30
31	SG - Blacktop & sidewalk repair	2011	10,859	543	20	543		815	31
32	SG - Gazebo	2011	3,460	173	20	173		259	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,885,566	\$ 390,234		\$ 390,234	\$	\$ 8,362,093	34

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

Facility Name & ID Number Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,885,566	\$ 390,234		\$ 390,234	\$	\$ 8,362,093	1
2	SG - R&M Reclass - Installation of Backflow System	2011	6,621		10	662	662	993	2
3	SG - R&M Reclass - Carpeting	2011	5,576		10	558	558	837	3
4	SG - R&M Reclass - bathroom remodel								4
5	- Scrape/Scrub walls, patch cracks & holes, paint	2011	2,550		10	255	255	383	5
6	SG - R&M Reclass - Flush Plumbing in Building	2011	4,073		10	407	407	611	6
7	SG - R&M Reclass - Installation of new trip breaker in elevator								7
8	Mechanical Room	2011	2,500		10	250	250	375	8
9	SG - R&M Reclass - Replace valve for storage tank	2011	3,513		10	351	351	527	9
10									10
11	DG - R&M Reclass - Replace doubly Wye & concrete in floor	2011	7,450		10	745	745	1,118	11
12	DG - R&M Reclass - Paint walls	2011	6,500		10	650	650	975	12
13	DG - R&M Reclass - Sewer Repair	2011	8,350		10	835	835	1,253	13
14									14
15	Carpeting: Rooms 113, 116, 129, 213, 226, 216, 223, 227, 257	2012	6,822		7	487	487	487	15
16	Boiler	2012	19,675		15	656	656	656	16
17	Security System: Facility	2012	9,674		7	691	691	691	17
18	Automatic Front Door	2012	8,344		10	417	417	417	18
19	Chiller	2012	87,062		15	2,902	2,902	2,902	19
20	Canopy (Entry Way): Concrete, Electrical, Landscaping	2012	37,496		15	1,250	1,250	1,250	20
21	Dining Room Carpet	2012	31,500		7	2,250	2,250	2,250	21
22	Carpet: South Entrance	2012	9,195		7	657	657	657	22
23	Carpet: North Entrance	2012	10,300		7	736	736	736	23
24	Vinyl Flooring: Dining Room	2012	7,670		10	384	384	384	24
25	Vinyl Flooring: Resident Rooms	2012	102,985		10	5,149	5,149	5,149	25
26	Parking Lot: Seal	2012	22,462		10	1,123	1,123	1,123	26
27	Roofing	2012	4,933		10	247	247	247	27
28	SG - R&M Reclass - Carpeting: 2nd Floor Chapel	2012	4,718		7	337	337	337	28
29	SG - R&M Reclass - Chiller Circulating Pump	2012	7,965		15	266	266	266	29
30	DG - R&M Reclass - Roofing	2012	5,450		10	273	273	273	30
31									31
32	Allocation from Home Office 2012		594,019		20	26,530	26,530	158,800	32
33	To reconcile book depreciation			113,423			(113,423)		33
34	TOTAL (lines 1 thru 33)		\$ 14,902,969	\$ 503,657		\$ 439,301	\$ (64,356)	\$ 8,545,789	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,798,441	\$ 110,489	\$ 134,784	\$ 24,295	3-10	\$ 3,663,414	71
72	Current Year Purchases	52,070		2,988	2,988	3-10	2,988	72
73	Fully Depreciated Assets							73
74	Allocation from Home Office	626,820		16,747	16,747		590,321	74
75	TOTALS	\$ 4,477,331	\$ 110,489	\$ 154,519	\$ 44,030		\$ 4,256,723	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	Resident Care	1984 Ford Bus	1989	\$ 47,590	\$	\$	\$	5	\$ 47,590	76
77	Resident Care	1995 Chevrolet K20 Truck	1995	22,494				5	22,494	77
78	Resident Care	2009 Ford 12 Passenger Bus	2009	47,748		9,550	9,550	5	33,425	78
79	See Attached Schedule 13A			38,433		6,584	6,584		16,765	79
80	TOTALS			\$ 156,265	\$	\$ 16,134	\$ 16,134		\$ 120,274	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)	\$ 19,876,135	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 614,146	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 609,954	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (4,192)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,922,786	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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.

Providence Downers Grove
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Schedule 13A

Use	Model, Make and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
1 Resident Care	SG-Ford F250 Truck	2011	30,382		6,076	6,076	5	9,114
2 Allocation from home office			8,051		508	508		7,651
Totals			38,433	-	6,584	6,584		16,765

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from Home Office				10,270			6
7	TOTAL				\$ 10,270			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. /2013 \$
13. /2014 \$
14. /2015 \$

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

N/A

N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 1,687
- Description: Dietary Equipment

(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			\$ N/A	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to only hire certified nurses aides.
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

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

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

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	2	3	4	5	6	7	8		
	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	39(3)	hrs	\$	7,986	\$ 598,914	\$	7,986	\$ 598,914	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,377	178,242		2,377	178,242	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2,3)	hrs		9,202	690,127	217	9,202	690,344	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				1,109,086		1,109,086	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			\$	19,565	\$ 1,467,283	\$ 1,109,303	19,565	\$ 2,576,586	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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 14,315	\$ 14,315	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (238,476))	1,322,740	1,322,740	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	12,786	12,786	7
8	Accounts Receivable (owners or related parties)	1,579,191	1,579,191	8
9	Other(specify): Due from Blue Cross/Blue Shield	5,661	5,661	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,934,694	\$ 2,934,694	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	358,918	339,570	13
14	Buildings, at Historical Cost	16,200,504	14,902,969	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,061,220	4,633,596	16
17	Accumulated Depreciation (book methods)	(12,714,064)	(12,922,786)	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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,906,578	\$ 6,953,349	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,841,272	\$ 9,888,043	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 22,887	\$ 22,887	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,541	87,541	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,470	20,470	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Parties	291,603	291,603	36
37	Due to Related Parties	8,621,775	8,621,775	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,044,276	\$ 9,044,276	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	170,719	170,719	39
40	Mortgage Payable			40
41	Bonds Payable		4,850,060	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)	\$ 170,719	\$ 5,020,779	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,214,995	\$ 14,065,055	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,626,278	\$ (4,177,012)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,841,272	\$ 9,888,043	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,538,567	1
2	Restatements (describe):		2
3	Prior period adjustments		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,538,567	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	87,707	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) Rounding	4	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 87,711	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)	\$ 1,626,278	24 *

* This must agree with page 17, line 47.

Providence Life Services
Provider #: 0028605
1/1/2012 to 12/31/2012

Schedule 19A

XVII. SUPPORT SCHEDULE
 E. Other Revenue
 Line 28: Miscellaneous Income

Gain or Loss on Sale of Asset	
Other Income	(2,076)
Misc. Charges	(25,658)
Postage Revenue	-
Recreation Hall - DG	1,850
Recreation Hall - SG	
Guest Room Rental - SG	3,900
AL-Gilead	
Total Line 28	<u>(21,984)</u>

Facility Name & ID Number Providence Downers Grove# 0028605Report Period Beginning: 01/01/2012Ending: 12/31/2012**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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,987,374	1
2	Discounts and Allowances for all Levels	(4,160,544)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,826,831	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,166,237	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,166,237	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,819	13
14	Non-Patient Meals	25,977	14
15	Telephone, Television and Radio	13,241	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,081,814	17
18	Sale of Supplies to Non-Patients	719,498	18
19	Laboratory	163,790	19
20	Radiology and X-Ray	116,219	20
21	Other Medical Services	4,278	21
22	Laundry	4,795	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,131,429	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	800	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 800	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	557,525	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 557,525	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,682,822	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,550,407	31
32	Health Care	4,414,204	32
33	General Administration	4,241,564	33
	B. Capital Expense		
34	Ownership	987,884	34
	C. Ancillary Expense		
35	Special Cost Centers	3,199,536	35
36	Provider Participation Fee	201,521	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,595,115	40
41	Income before Income Taxes (line 30 minus line 40)**	87,707	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 87,707	43

	1		2
	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,791,260	44
45	Private Pay - Net Inpatient Revenue	3,085,412	45
46	Medicare - Net Inpatient Revenue	3,584,318	46
47	Other-(specify) <u>AI</u>	365,841	47
48	Other-(specify) _____		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,826,831	49

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? Yes If not, please attach a reconciliation.

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

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

Facility Name & ID Number Providence Downers Grove# 0028605Report Period Beginning: 01/01/2012Ending: 12/31/2012

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	840	960	\$ 53,322	\$ 55.54	1
2	Assistant Director of Nursing	580	588	24,670	41.96	2
3	Registered Nurses	37,360	39,166	1,214,118	31.00	3
4	Licensed Practical Nurses	23,175	24,318	610,014	25.08	4
5	CNAs & Orderlies	100,736	107,540	1,397,937	13.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,952	2,080	44,766	21.52	9
10	Activity Assistants	10,891	11,496	149,515	13.01	10
11	Social Service Workers	8,038	8,706	199,026	22.86	11
12	Dietician	1,135	1,205	31,856	26.44	12
13	Food Service Supervisor	9,468	10,333	176,004	17.03	13
14	Head Cook	13,573	14,877	167,668	11.27	14
15	Cook Helpers/Assistants	2,500	26,719	273,030	10.22	15
16	Dishwashers					16
17	Maintenance Workers	16,148	16,658	276,295	16.59	17
18	Housekeepers	15,326	16,301	196,092	12.03	18
19	Laundry	1,834	1,962	24,014	12.24	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	38,628	41,740	953,081	22.83	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	1,182	1,246	24,209	19.43	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Concierge</u>	1,961	1,985	37,837	19.06	33
34	TOTAL (lines 1 - 33)	285,327	327,880	\$ 5,853,454 *	\$ 17.85	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		\$		35
36	Medical Director	Monthly	36,000	9(3)	36
37	Medical Records Consultant	Monthly	1,808	10(3)	37
38	Nurse Consultant	Monthly	45,013	10(3)	38
39	Pharmacist Consultant	Monthly	3,193	10(3)	39
40	Physical Therapy Consultant	Monthly	303	39(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,076	11(3)	44
45	Social Service Consultant	Monthly	900	12(3)	45
46	Other(specify) <u>Chapel Ministry</u>	Monthly	2,034	12(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 90,327		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	44	939	10(3)	52
53	TOTAL (lines 50 - 52)	44	\$ 939		53

STATE OF ILLINOIS

Facility Name & ID Number

Providence Downers Grove

0028605

Report Period Beginning:

01/01/2012

Page 21

Ending:

12/31/2012

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	
Jackie Terpstra		Administrator	0	\$ 227,635	Workers' Compensation Insurance		\$ 282,942	IDPH License Fee		\$ 1,990	
					Unemployment Compensation Insurance		30,875	Advertising: Employee Recruitment		581	
					FICA Taxes		420,512	Health Care Worker Background Check			
					Employee Health Insurance		356,393	(Indicate # of checks performed)			
Amounts paid out of Home Office					Employee Meals			Patient Background Checks		335 9,379	
allocated in column 7.					Illinois Municipal Retirement Fund (IMRF)*			Life Services Network		11,846	
					Employee Education		4,528				
					Employee Welfare		48,160	Miscellaneous Licenses & Dues & Subs		5,505	
					Drug Testing		16,568	Allscrips		2,250	
					TDA Expense		99,537	Allocated from Home Office		2,933	
					Uniforms		4,116	Less: Public Relations Expense		()	
								Non-allowable advertising		()	
								Yellow page advertising		()	
TOTAL (agree to Schedule V, line 17, col. 1)				\$ 227,635	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,263,631	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 34,484	
(List each licensed administrator separately.)											
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
Management Fees				\$ 1,384,500	N/A				Out-of-State Travel		\$
(Eliminated in Col. 7)											
									In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 1,384,500					Allocated from Home Office		10,022
(Attach a copy of any management service agreement)									Seminar Expense		5,100
C. Professional Services											
Vendor/Payee		Type		Amount							
Much Shelist		Legal		\$ 31,617							
John R. Russell Ltd		Legal		2,550							
Roberts & Caruso		Legal		750							
McGladrey & Pullen, LLP		Accounting		23,771							
Metro Infections		Operations		30,000							
ANFP		Operations		145							
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL		\$		Entertainment Expense		()
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 88,833					(agree to Sch. V, line 24, col. 8)		
									TOTAL		\$ 15,122

* Attach copy of IMRF notifications

**See instructions.

Providence Life Services
Provider #: 0028605
1/1/2012 to 12/31/2012

Schedule 21A

XIX. SUPPORT SCHEDULE
 C. Professional Services

Total (agree to Schedule V, line 19, colum	88,833
Plus: Home Office Alloca	10,387
Less: No invoice	(50)
Total (agree to Schedule V, line 19, colum	<u>99,170</u>

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3										N/A			
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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. Life Services Network - \$11,846
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,728 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. 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. \$ 201,521
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 25,977
- (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? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm In progress
Firm Name: KPMG
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.