

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0052373</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																																																	
Facility Name: <u>Providence Downers Grove</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</u> 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.																																																																																	
Address: <u>3450 Saratoga</u> <u>Downers Grove</u> <u>60515</u>																																																																																			
Number City Zip Code																																																																																			
County: <u>Dupage</u>																																																																																			
Telephone Number: <u>(630) 969-2900</u> Fax # <u>(630) 969-2148</u>																																																																																			
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Barry VanderGenugten</u></td></tr><tr><td>(Title) <u>Chief Financial Officer</u></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td>(Print Name and Title) <u>Denise A Leonard, CPA</u> <u>Partner</u></td></tr><tr><td>(Firm Name & Address) <u>Plante & Moran PLLC</u> <u>1111 Superior Ave, Suite 1250 Cleveland, OH 44114</u></td></tr><tr><td colspan="2">Date of Initial License for Current Owners: <u>5/1/1984</u></td><td colspan="2">(Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u></td></tr><tr><td colspan="2">Type of Ownership:</td><td colspan="2" rowspan="5"> 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 </td></tr><tr><td colspan="2"><table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501c3</u></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table></td></tr><tr><td colspan="2">In the event there are further questions about this report, please contact:</td><td colspan="2"></td></tr><tr><td colspan="2">Name: <u>Joshua S. Banach</u></td><td colspan="2">Telephone Number: <u>(847) 628-8784</u></td></tr><tr><td colspan="2">Email Address: _____</td><td colspan="2"></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Barry VanderGenugten</u>	(Title) <u>Chief Financial Officer</u>	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>Denise A Leonard, CPA</u> <u>Partner</u>	(Firm Name & Address) <u>Plante & Moran PLLC</u> <u>1111 Superior Ave, Suite 1250 Cleveland, OH 44114</u>	Date of Initial License for Current Owners: <u>5/1/1984</u>		(Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u>		Type of Ownership:		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		<table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501c3</u></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table>		☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☒	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code <u>501c3</u>		☐	Corporation	☐	Other _____			☐	"Sub-S" Corp.	_____				☐	Limited Liability Co.	_____				☐	Trust					☐	Other _____			In the event there are further questions about this report, please contact:				Name: <u>Joshua S. Banach</u>		Telephone Number: <u>(847) 628-8784</u>		Email Address: _____			
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#	0052373	Report Period Beginning:	1/1/2020	Ending:	12/31/2020
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D. How many bed reserve days during this year were paid by the Department?

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

N/A

N/A

Yes

YES ☒ NO ☐

YES ☐ NO ☒

Date started 5/1/1984

YES ☐ Date _____ NO ☒

YES ☒ NO ☐ If YES, enter number

of beds certified **145** **and days of care provided** **8,853**

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL	X	CASH*		CASH*	
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Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/2020 **Fiscal Year:** 12/31/2020

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

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	13,797	5,041	12,351	31,189	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		23,772		23,772	12
13	DD 16 OR LESS					13
14	TOTALS	13,797	28,813	12,351	54,961	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)	62.31%
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Facility Name & ID Number Providence Downers Grove # 0052373 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	678,241	113,902		792,143		792,143		792,143			1
2	Food Purchase		456,988		456,988		456,988		456,988			2
3	Housekeeping	307,487	966	42,425	350,878		350,878		350,878			3
4	Laundry	48,325	94,991	14,498	157,814		157,814		157,814			4
5	Heat and Other Utilities			253,906	253,906		253,906	8,808	262,714			5
6	Maintenance	267,531	204,201	86,462	558,194		558,194	(2,686)	555,508			6
7	Other (specify):*											7
8	TOTAL General Services	1,301,584	871,048	397,291	2,569,923		2,569,923	6,122	2,576,045			8
	B. Health Care and Programs											
9	Medical Director			95,000	95,000		95,000		95,000			9
10	Nursing and Medical Records	4,470,802	582,145	1,884,481	6,937,428		6,937,428	(57,952)	6,879,476			10
10a	Therapy			944,774	944,774		944,774		944,774			10a
11	Activities	213,768	54,868	341	268,977		268,977		268,977			11
12	Social Services	204,829	9,086		213,915		213,915		213,915			12
13	CNA Training											13
14	Program Transportation			15,010	15,010		15,010		15,010			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,889,399	646,099	2,939,606	8,475,104		8,475,104	(57,952)	8,417,152			16
	C. General Administration											
17	Administrative			2,325,503	2,325,503		2,325,503	(2,325,503)				17
18	Directors Fees											18
19	Professional Services			247,069	247,069		247,069	67,170	314,239			19
20	Dues, Fees, Subscriptions & Promotions			69,079	69,079		69,079	66,518	135,597			20
21	Clerical & General Office Expenses	314,828	155,142	1,005,615	1,475,585		1,475,585	528,793	2,004,378			21
22	Employee Benefits & Payroll Taxes			1,353,939	1,353,939		1,353,939		1,353,939			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,688	1,688		1,688	29,790	31,478			24
25	Other Admin. Staff Transportation			4,521	4,521		4,521		4,521			25
26	Insurance-Prop.Liab.Malpractice			81,415	81,415		81,415	260,776	342,191			26
27	Other (specify):*			1,990	1,990		1,990	282,881	284,871			27
28	TOTAL General Administration	314,828	155,142	5,090,819	5,560,789		5,560,789	(1,089,575)	4,471,214			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,505,811	1,672,289	8,427,716	16,605,816		16,605,816	(1,141,405)	15,464,411			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							497,973	497,973			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(83)	(83)		(83)	357,255	357,172			32
33	Real Estate Taxes			5,796	5,796		5,796	27,922	33,718			33
34	Rent-Facility & Grounds			1,110,000	1,110,000		1,110,000	(1,110,000)				34
35	Rent-Equipment & Vehicles			57,569	57,569		57,569	69,350	126,919			35
36	Other (specify):*							59,241	59,241			36
37	TOTAL Ownership			1,173,282	1,173,282		1,173,282	(98,259)	1,075,023			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		137,123	655,939	793,062		793,062		793,062			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			213,589	213,589		213,589		213,589			42
43	Other (specify):*	260,662		50,333	310,995		310,995	(310,995)				43
44	TOTAL Special Cost Centers	260,662	137,123	919,861	1,317,646		1,317,646	(310,995)	1,006,651			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,766,473	1,809,412	10,520,859	19,096,744		19,096,744	(1,550,659)	17,546,085			45

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,550)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(303,701)	30		9
10	Interest and Other Investment Income				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	(1,001)	21		18
19	Entertainment				19
20	Contributions	(1,990)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(984,463)	21		24
25	Fund Raising, Advertising and Promotional	(310,995)	43		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	(234,338)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,848,038)		\$	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)	297,380		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 297,380		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,550,658)		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.			\$		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Providence DG, LLC Audit Fees	\$ (8,750)	19	1
2	Providence DG, LLC Amortization	(13,007)	31	2
3	Additional R&M	1,929	06	3
4	Non-Reimbursed P/A Expense	(57,952)	10	4
5	Non-Allowable Legal	(146,900)	19	5
6	Capitalized R&M	(9,658)	06	6
7		0		7
8		0		8
9		0		9
10		0		10
11		0		11
12		0		12
13		0		13
14		0		14
15		0		15
16		0		16
17		0		17
18		0		18
19		0		19
20		0		20
21		0		21
22		0		22
23		0		23
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34		0		34
35		0		35
36		0		36
37		0		37
38		0		38
39		0		39
40		0		40
41		0		41
42		0		42
43		0		43
44		0		44
45		0		45
46		0		46
47		0		47
48		0		48
49	Total	(234,338)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Providence Downers Grove# 0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(11,550)	0	20,358	0	0	0	0	0	0	0	0	8,808	5
6	Maintenance	(7,729)	0	5,043	0	0	0	0	0	0	0	0	(2,686)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(19,279)	0	25,400	0	0	0	0	0	0	0	0	6,121	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	(57,952)	0	0	0	0	0	0	0	0	0	0	(57,952)	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	(57,952)	0	0	0	0	0	0	0	0	0	0	(57,952)	16
	C. General Administration													
17	Administrative	0	0	(2,325,503)	0	0	0	0	0	0	0	0	(2,325,503)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(155,650)	8,750	214,070	0	0	0	0	0	0	0	0	67,170	19
20	Fees, Subscriptions & Promotions	0	0	66,518	0	0	0	0	0	0	0	0	66,518	20
21	Clerical & General Office Expenses	(985,464)	0	1,514,257	0	0	0	0	0	0	0	0	528,793	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	29,790	0	0	0	0	0	0	0	0	29,790	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	240,384	20,392	0	0	0	0	0	0	0	0	260,776	26
27	Other (specify):*	(1,990)	0	284,871	0	0	0	0	0	0	0	0	282,881	27
28	TOTAL General Administration	(1,143,104)	249,134	(195,606)	0	0	0	0	0	0	0	0	(1,089,576)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,220,335)	249,134	(170,206)	0	0	0	0	0	0	0	0	(1,141,407)	29

STATE OF ILLINOIS

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(303,701)	752,556	49,118	0	0	0	0	0	0	0	0	497,973	30
31	Amortization of Pre-Op. & Org.	(13,007)	13,007	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	332,953	24,302	0	0	0	0	0	0	0	0	357,255	32
33	Real Estate Taxes	0	18,762	9,160	0	0	0	0	0	0	0	0	27,922	33
34	Rent-Facility & Grounds	0	(1,110,000)	0	0	0	0	0	0	0	0	0	(1,110,000)	34
35	Rent-Equipment & Vehicles	0	0	69,350	0	0	0	0	0	0	0	0	69,350	35
36	Other (specify):*	0	59,241	0	0	0	0	0	0	0	0	0	59,241	36
37	TOTAL Ownership	(316,708)	66,519	151,930	0	0	0	0	0	0	0	0	(98,259)	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):*	(310,995)	0	0	0	0	0	0	0	0	0	0	(310,995)	43
44	TOTAL Special Cost Centers	(310,995)	0	0	0	0	0	0	0	0	0	0	(310,995)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,848,038)	315,653	(18,276)	0	0	0	0	0	0	0	0	(1,550,661)	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
Providence Life Services	100 %	See Page 6 Supplemental		See Page 6 Supplemental		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,110,000	Providence Downers Grove, LLC	100.00 %	\$	\$ (1,110,000)	1
2	V	32	Interest	335	Providence Downers Grove, LLC	100.00 %	333,288	332,953	2
3	V	19	Audit Expenses		Providence Downers Grove, LLC	100.00 %	8,750	8,750	3
4	V	31	Amortization		Providence Downers Grove, LLC	100.00 %	13,007	13,007	4
5	V	30	Depreciation Expense		Providence Downers Grove, LLC	100.00 %	752,556	752,556	5
6	V	33	Real Estate Taxes		Providence Downers Grove, LLC	100.00 %	18,762	18,762	6
7	V	26	Insurance Expenses		Providence Downers Grove, LLC	100.00 %	240,384	240,384	7
8	V	36	Mortgage Insurance		Providence Downers Grove, LLC	100.00 %	59,241	59,241	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,110,335			\$ 1,425,988	\$ * 315,653	14

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

Facility Name & ID Number

Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	2020 Board of Directors/Governors:		Park Place Health & Wellness Center	Elmhurst, IL	Village Woods	Crete, IL	Ast. & Ind. Living	1
2	Paul Kats	N/A	Park Place of St. John	St. John, IN	Saratoga Grove	Downers Grove, IL	Ast. & Ind. Living	2
3	Roger Boerema	N/A	Victorian Village Health & Wellness Ctr	Homer Glen, IL	Royal Atrium Inn	Zeeland, MI	Ast. & Ind. Living	3
4	Kevin Botma	N/A			Park Place	Elmhurst, IL	Ast. & Ind. Living	4
5	Paul Buikema	N/A			Park Place St. John	St. John, IN	Ind. Living	5
6	Edward Damstra III	N/A			Victorian Village	Homer Glen, IL	Ast. & Ind. Living	6
7	Jacob Groenewold	N/A			Emerald Meadows	Grand Rapids, MI	Ast. Living	7
8	Sheryl Hammer	N/A			Thomas Park	Orland Park, IL	Ind. Living	8
9	Ken Hoving	N/A			Arbor Place	Lisle, IL	Ind. Living	9
10	Karen Huizenga	N/A			Providence at Home	Tinley Park, IL	Home Health	10
11	Patti Jabaay	N/A			Providence Hospice	Tinley Park, IL	Hospice	11
12	Emily McMaster	N/A			Providence Mgmt.			12
13	Tim Ozinga	N/A			& Development Co	Tinley Park, IL	Mgmt. Company	13
14	Howard Rynberk Jr.	N/A			Providence Downers	Tinley Park, IL	Bldg. Company	14
15	Gary Smit	N/A			Grove, LLC	Tinley Park, IL	Bldg. Company	15
16	Rick VanDyken	N/A			Providence Zeeland			16
17	Richard C Schutt	N/A			Providence of Grand	Tinley Park, IL	Bldg. Company	17
18	Dave Larsen	N/A			Rapids LLC			18
19	Tim Breems	N/A						19
20	Don DeGraff	N/A						20
21	Justin Kats	N/A						21
22	Bastian Knoppers	N/A						22
23	Arnold Koldenhoven	N/A						23
24	Bruce Leep	N/A						24
25	Dick Molenhouse	N/A						25
26	Calvin Tameling	N/A						26
27	Don Van Dyk	N/A						27
28	Richard Van Hattem	N/A						28
29	Robert Workman	N/A						29
30	William Zandstra	N/A						30

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Providence Life Services	100.00%	\$ 20,358	\$ 20,358	15
16	V	6 Maintenance		Providence Life Services	100.00%	5,043	5,043	16
17	V	19 Professional Services		Providence Life Services	100.00%	214,070	214,070	17
18	V	20 Dues & Subscriptions		Providence Life Services	100.00%	66,518	66,518	18
19	V	21 Office & Clerical- Salary		Providence Life Services	100.00%	1,510,430	1,510,430	19
20	V	21 Office & Clerical- Other		Providence Life Services	100.00%	3,827	3,827	20
21	V	27 Employee Benefits		Providence Life Services	100.00%	284,871	284,871	21
22	V	24 Travel & Seminar		Providence Life Services	100.00%	29,790	29,790	22
23	V	26 Insurance		Providence Life Services	100.00%	20,392	20,392	23
24	V	30 Depreciation		Providence Life Services	100.00%	49,118	49,118	24
25	V	32 Interest		Providence Life Services	100.00%	24,302	24,302	25
26	V	33 Real Estate Taxes		Providence Life Services	100.00%	9,160	9,160	26
27	V	35 Rent- Equipment and Vehicles		Providence Life Services	100.00%	69,350	69,350	27
28	V	17 Administration	2,325,503	Providence Life Services	100.00%		(2,325,503)	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		\$ 2,325,503			\$ 2,307,227	\$ * (18,276)	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 - See Board of Directors Listing (Page 6-Supplemental)								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number Providence Downers Grove# 0052373 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Providence Downers Grove, LLC

Street Address

18601 North Creek Drive, Suite A

City / State / Zip Code

Tinley Park, Illinois 60477

Phone Number

(708) 342-8100

Fax Number

(708) 342-8006

	1 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						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Facility Name & ID Number Providence Downers Grove# 0052373 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Providence Life Services

Street Address

18601 North Creek Drive, Suite A

City / State / Zip Code

Tinley Park, Illinois 60477

Phone Number

(708) 342-8100

Fax Number

(708) 342-8006

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Heat and Other Utilities	Accumulated Cost	68,042,839	16	\$ 102,215	\$	13,551,486	\$ 20,357	1
2	6	Maintenance	Accumulated Cost	68,042,839	16	25,325		13,551,486	5,044	2
3	19	Professional Services	Accumulated Cost	68,042,839	16	1,074,859		13,551,486	214,070	3
4	20	Dues, Fees, Subscriptions	Accumulated Cost	68,042,839	16	333,989		13,551,486	66,518	4
5	21	Clerical/General Office Exp	Accumulated Cost	68,042,839	16	5,106,608	4,913,085	13,551,486	1,017,033	5
6	27	Emp Benefits/Payroll Taxes	Accumulated Cost	68,042,839	16	937,813		13,551,486	186,776	6
7	24	Travel and Seminar	Accumulated Cost	68,042,839	16	140,136		13,551,486	27,910	7
8	26	Insur-Prop.Liab.Malpractice	Accumulated Cost	68,042,839	16	101,085		13,551,486	20,132	8
9	30	Depreciation	Accumulated Cost	68,042,839	16	246,631		13,551,486	49,119	9
10	33	RE Tax	Accumulated Cost	68,042,839	16	45,989		13,551,486	9,159	10
11	32	Interest Expense Capital	Accumulated Cost	68,042,839	16	6,935		13,551,486	1,381	11
12	32	Interest Expense	Accumulated Cost	68,042,839	16	115,085		13,551,486	22,920	12
13	35	Rent-Equipment & Vehicles	Accumulated Cost	68,042,839	16	348,208		13,551,486	69,349	13
14										14
15										15
16										16
17										17
18										18
19										19
20	21	Office & Clerical- Salary	Direct Allocation	1	1	493,398	493,398	1	493,398	20
21	21	Office & Clerical- Other	Direct Allocation	1	1	3,827		1	3,827	21
22	27	Employee Benefits	Direct Allocation	1	1	98,094		1	98,094	22
23	24	Travel & Seminar	Direct Allocation	1	1	1,880		1	1,880	23
24	26	Property Insurance	Direct Allocation	1	1	260		1	260	24
25	TOTALS					\$ 9,182,337	\$ 5,406,483		\$ 2,307,227	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	FHA		X	Mortgage		8/15/2013	\$ 10,400,000	\$ 9,170,716	9/1/2038	3.6000	\$ 333,288	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Allocated From PLS		X								24,302	6
7												7
8												8
9	TOTAL Facility Related						\$ 10,400,000	\$ 9,170,716			\$ 357,590	9
	B. Non-Facility Related*											
10	Interest Income		X								(83)	10
11	Interest Income - Building		X								(335)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (418)	14
15	TOTALS (line 9+line14)						\$ 10,400,000	\$ 9,170,716			\$ 357,172	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,241 Line # 36

* 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

Real Estate Tax History:			FOR BHF USE ONLY		
Real Estate Tax Bill for Calendar Year:	2015	14,082	8		
	2016	14,333	9		
	2017	14,590	10		
	2018	15,166	11		
	2019	16,938	12		
2020 Accrual: \$16,938 X 1.45 = \$24,646 (Rounded)					
Allocated From PLS: \$9,160					
Beginning Accrual Adjusted					

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.

FACILITY NAME Providence Downers Grove COUNTY Dupage
FACILITY IDPH LICENSE NUMBER 0052373
CONTACT PERSON REGARDING THIS REPORT Joshua S. Banach
TELEPHONE (847) 628-8784 FAX #: ()

Enter the tax index number and real estate tax assessed for 2019 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 2019.

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?

☐ (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).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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				1974	7,414		40			7,414	6
7				1975	55,878		40			55,878	7
8				1976	34,742		40			34,742	8
	Improvement Type**										
9	Various			1976	4,115		20			4,115	9
10	Various			1977	33,527		20			33,527	10
11	Various			1980	6,049		20			6,049	11
12	Various			1981	7,380		20			7,380	12
13	Various			1983	22,839		20			22,839	13
14	Various			1984	253,714		20			253,714	14
15	Various			1985	9,170		20			9,170	15
16	Various			1986	40,272		20			40,272	16
17	Various			1987	24,035		20			24,035	17
18	Various			1988	283,032		20			283,032	18
19	Various			1989	4,360,145		20			4,360,145	19
20	Various			1990	21,536		20			21,536	20
21	Various			1991			20				21
22	Various			1992	899		20			899	22
23	Various			1993			20				23
24	Various			1994	8,508		20			8,508	24
25	Various			1995			20				25
26	Various			1996	48,519		20			48,519	26
27	Various			1997	12,601		20			12,601	27
28	Various			1998	40,424		20			40,424	28
29	Various			1999			20				29
30	Various			2000	113,635		20			113,635	30
31	Various			2001	594,523		20	29,726	29,726	594,523	31
32	Various			2002	172,611		20	8,631	8,631	163,980	32
33	Various			2003	2,275,819		20	113,791	113,791	2,048,237	33
34	Various			2004	93,565		20	4,678	4,678	79,530	34
35	Various			2005	69,823		20	3,491	3,491	55,858	35
36	Various			2006	152,294		20	7,615	7,615	114,221	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

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Various	2007	\$ 83,118	\$	20	\$ 4,156	\$ 4,156	\$ 58,183	37
38	Various	2008	66,323		20	3,316	3,316	43,110	38
39	Various	2009	264,352		20	13,218	13,218	158,611	39
40	Various	2010	427,517		20	21,376	21,376	235,134	40
41	Various	2011	335,948		20	16,797	16,797	167,974	41
42	Various	2012	376,251		20	18,813	18,813	169,313	42
43	Various	2013	35,185		20	1,759	1,759	14,074	43
44	Rooftop Air Handling Unit	2014	13,725		20	686	686	4,804	44
45	Water Heater - Lincoln Wing Boiler Room	2014	10,000		20	500	500	3,500	45
46	Water Heater - Lincoln Wing Boiler Room	2014	5,100		20	255	255	1,785	46
47	Wallpaper - Jefferson and Lincoln Wings	2014	19,043		20	952	952	6,665	47
48	Carpet - Therapy Entrance	2014	6,955		20	348	348	2,434	48
49	Carpet - Therapy Entrance	2014	3,902		20	195	195	1,366	49
50	Pump and Heating Coils - Basement Mechanical Rooms	2014	18,901		20	945	945	6,615	50
51	Boiler Replacement - Boiler Room	2014	21,600		20	1,080	1,080	7,560	51
52	Resident Rooms - Carpeting	2014	11,466		20	573	573	4,013	52
53	Emergency Power Added - Upgraded Electrical Panel / Circuits	2014	15,477		20	774	774	5,417	53
54	Wall Repair and Painting - Doctors Office / Chart Room	2014	10,598		20	530	530	3,709	54
55	Signage - Entire Facility	2014	10,000		20	500	500	3,500	55
56	Roof Replacement - Washington - 2nd Addition	2014	33,868		20	1,693	1,693	11,854	56
57	I Care Licensing	2014	10,199		20	510	510	3,570	57
58	Roof Replacement - Washington - 2nd Addition	2014	33,868		20	1,693	1,693	11,854	58
59	Carpet - Rooms 119, 120, 209, 212, 224, 239, 245, and 257	2014	8,539		20	427	427	2,989	59
60	Fire Prevention Backflow	2014	5,640		20	282	282	1,974	60
61	Plumbing / Water Line Installation - Dining Room Buffet	2014	31,015		20	1,551	1,551	10,855	61
62	Wireless Internet	2014	42,459		20	2,123	2,123	14,861	62
63	Window Treatments - 2nd Floor	2014	7,217		20	361	361	2,526	63
64	Fire Panel Addition	2014	58,000		20	2,900	2,900	20,300	64
65	Concrete Replacement	2014	14,755		20	738	738	5,164	65
66	Blacktop Driveway and Repair	2014	21,582		20	1,079	1,079	7,554	66
67	R & M Alt Energy Solutions Boiler Transfer Switch	2014	3,614		20	181	181	1,265	67
68	R & M Boiler Pump Replacement	2014	2,709		20	135	135	948	68
69	R & M Laundry Room Valve Install (Elevator)	2014	3,950		20	198	198	1,383	69
70	TOTAL (lines 4 thru 69)		\$ 11,736,375	\$		\$ 268,576	\$ 268,576	\$ 10,416,076	70

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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		\$ 11,736,375	\$		\$ 268,576	\$ 268,576	\$ 10,416,076	1
2									2
3	R & M Laundry Room Valve Install (Elevator)	2014	10,000		20	500	500	3,500	3
4	Flooring - Laundry Room	2014	3,186		20	159	159	1,115	4
5	Doors and Locks - Nurse Aide Office and Lower Break Room	2014	3,148		20	157	157	1,102	5
6	Carpeting, Painting, and Light Fixtures - Dietary and Lounge Area	2015	14,138		20	707	707	4,241	6
7	Ceiling Tile and Light Fixtures - Food Service Hallway	2015	5,988		20	299	299	1,796	7
8	Door Replacement - Jefferson Hall	2015	18,972		20	949	949	5,692	8
9	Floor Tile, Wall Tile, and Bathroom Fixtures - Hallway, Laundry,	2015	11,000		20	550	550	3,300	9
10	Carpeting, Painting, and Light Fixtures - Fireside Lounge	2015	7,700		20	385	385	2,310	10
11	Tile, Patch, and Paint Walls - Employee Breakroom	2015	6,000		20	300	300	1,800	11
12	Roof Replacement - Lincoln Hall and Kitchen	2015	64,690		20	3,235	3,235	19,407	12
13	Floor Tile, Wall Tile, and Bathroom Fixtures - Lincoln Hall Res. R	2015	22,690		20	1,135	1,135	6,807	13
14	Sidewalk Replacement - Employee Entrance	2015	6,465		20	323	323	1,940	14
15	Door, Drywall, Carpeting Replacement - Social Service Room	2015	5,000		20	250	250	1,500	15
16	Landscaping - Main Entrance	2015	12,530		20	627	627	3,759	16
17	Asphalt Replacement and Sealcoating - Front Parking Lot	2015	42,560		20	2,128	2,128	12,768	17
18	Carpeting - Resident Rooms	2015	20,000		20	1,000	1,000	6,000	18
19	Carpeting, Tile, and Flooring - First Floor	2015	54,000		20	2,700	2,700	16,200	19
20	Floor Tile, Plumbing, Electrical - Buffet Line	2015	107,500		20	5,375	5,375	32,250	20
21	Camera System - Entire Facility	2015	53,646		20	2,682	2,682	16,094	21
22	R & M Main Entrance Sliding Door Control Board	2015	4,390		20	220	220	1,317	22
23	R & M Irrigation System Repair	2015	4,600		20	230	230	1,380	23
24	R & M Sanding and Painting Walls - Room 4	2015	3,080		20	154	154	924	24
25	R & M Control System - Room Alert Door Access	2015	8,511		20	426	426	2,553	25
26	R & M Boiler Pipe Replacement	2015	3,800		20	190	190	1,140	26
27	R & M Light Poles	2015	3,750		20	188	188	1,125	27
28	R & M Handrails and Doors (Exterior) - Sand, Prime, and Paint	2015	3,078		20	154	154	923	28
29	R & M Elevator Pit Litter	2015	2,803		20	140	140	841	29
30	R & M Boiler Emergency Shutdown Switch	2015	2,842		20	142	142	853	30
31	Roof Replacement - Lincoln and Kitchen	2016	6,007		20	300	300	1,502	31
32	Flooring - Lobby, Conference Room, and Hallway	2016	7,065		20	353	353	1,766	32
33	Lighting, Fireplace, Flooring, and Painting - Lounge	2016	3,793		20	190	190	948	33
34	TOTAL (lines 1 thru 33)		\$ 12,259,307	\$		\$ 294,722	\$ 294,722	\$ 10,572,930	34

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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		\$ 12,259,307	\$		\$ 294,722	\$ 294,722	\$ 10,572,930	1
2									2
3	Bathroom Tubs - Jefferson	2016	60,911		20	3,046	3,046	15,228	3
4	Ceiling Replacement - Kitchen Hallway	2016	6,175		20	309	309	1,544	4
5	Painting - Lincoln Wing	2016	44,319		20	2,216	2,216	11,080	5
6	Nurse Call System - SARA Replaced	2016	10,257		20	513	513	2,564	6
7	Wireless Internet - Throughout Building	2016	25,213		20	1,261	1,261	6,303	7
8	Phone System Replacement	2016	56,308		20	2,815	2,815	14,077	8
9	Landscaping - Tree Removal	2016	3,500		20	175	175	875	9
10	Carpeting - Resident Rooms - Saratoga	2016	11,992		20	600	600	2,998	10
11	Generator - Saratoga	2016	5,585		20	279	279	1,396	11
12	Doors - Saratoga	2016	7,799		20	390	390	1,950	12
13	Office - Metal Studs, Drywall Crop Ceiling, Paint, Lighting	2017	15,000		20	750	750	3,000	13
14	Repairs Walls and Painting - Dining, Beauty Shop, Library	2017	5,407		20	270	270	1,081	14
15	ED Office / Admin / Rm. 127 - Carpet, Wall Repair, Paint	2017	9,371		20	469	469	1,874	15
16	Gutter and Downspouts	2017	6,857		20	343	343	1,371	16
17	Landscaping - Mulch / Bark	2017	15,789		20	789	789	3,158	17
18	Boiler Controls	2017	8,659		20	433	433	1,732	18
19	Dryer Exhaust Venting to Roof	2017	2,740		20	137	137	548	19
20	Floors - Shower Rooms	2017	45,000		20	2,250	2,250	9,000	20
21	Floors and Wallpaper - Entryway	2017	24,998		20	1,250	1,250	5,000	21
22	Lighting Project - Dining Room	2017	35,611		20	1,781	1,781	7,122	22
23	Glass and Alcove - 2nd Floor Atrium	2017	17,950		20	898	898	3,590	23
24	Carpeting - Resident Rooms - Saratoga	2017	24,990		20	1,250	1,250	4,998	24
25	Carpeting - Dining Room - 2nd Floor	2017	16,081		20	804	804	3,216	25
26	Plumbing, Wallcovering, Cabinets, Tile - Beauty Shop	2017	8,921		20	446	446	1,784	26
27	Walls, Electrical, Painting - Resident Rooms (Dining Rm Convers	2017	49,503		20	2,475	2,475	9,901	27
28	Wall Repair, Painting, Electrical - Dining Rooms	2017	32,488		20	1,624	1,624	6,498	28
29	Carpeting and Steel Wings - Library	2017	3,637		20	182	182	727	29
30	Wallpaper - Roundabout	2017	15,982		20	799	799	3,196	30
31	Electric Work - RJL Group, Inc 2018-319	2018	5,420		20	271	271	813	31
32	Overage - Washington Shower Rooms	2018	740		20	37	37	111	32
33	Replace boilers in restrooms - Amber Mech J000185	2018	80,000		20	4,000	4,000	12,000	33
34	TOTAL (lines 1 thru 33)		\$ 12,916,510	\$		\$ 327,582	\$ 327,582	\$ 10,711,665	34

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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		\$ 12,916,510	\$		\$ 327,582	\$ 327,582	\$ 10,711,665	1
2	<u>Replacement of Doors - Lagestee-Mulder #2693</u>	2018	28,569		20	1,428	1,428	4,285	2
3	<u>Upgrade lighting - Jefferson- Electrical</u>	2018	2,593		20	130	130	389	3
4	<u>Replacement of Doors</u>	2018	40,994		20	2,050	2,050	6,149	4
5	<u>Paint for Main Conf Room</u>	2018	1,865		20	93	93	280	5
6	<u>Carpet for Main Conf Room</u>	2018	4,220		20	211	211	633	6
7	<u>Paint & Window Blinds - Gotcha Covered 100-3460</u>	2018	5,655		20	283	283	848	7
8	<u>Repair Walls - Leo & Sons Decorating 4114</u>	2018	22,050		20	1,103	1,103	3,308	8
9	<u>Shower Room Floor Repair - Jim Swan-Jefferson</u>	2018	2,110		20	106	106	317	9
10	<u>Jefferson Shower room floor repair</u>	2018	2,110		20	106	106	317	10
11	<u>Paint & Wall Repairs - Precision Painting 4325</u>	2018	1,735		20	87	87	260	11
12	<u>Redo Flooring - Jim Swan - Physician Office</u>	2018	2,050		20	103	103	308	12
13	<u>Exterior Repairs - Painters USA Inc 27137</u>	2018	2,918		20	146	146	438	13
14	<u>Room 129 New Shower Stall Remodel - Direct Supply Inv 2657429</u>	2018	7,430		20	372	372	1,115	14
15	<u>Convert 2nd Flr. Dining Rm to 2 Res Room</u>	2018	234		20	12	12	35	15
16	<u>Overage- convert 2nd Flr. Dining Rm</u>	2018	3,823		20	191	191	573	16
17	<u>2nd Floor Carpet Replacement</u>	2018	16,078		20	804	804	2,412	17
18	<u>Replace Carpets in res room 219</u>	2018	886		20	44	44	133	18
19	<u>Replace Carpet in res rooms - Jim Swan-Laundry Room</u>	2018	1,576		20	79	79	236	19
20	<u>Replace carpet in rest rooms - Jim Swan 159, 239, 249, 110, 220</u>	2018	4,428		20	221	221	664	20
21	<u>Tiles Library & Hallway</u>	2018	4,445		20	222	222	667	21
22	<u>Tiles Library & Hallway</u>	2018	10,000		20	500	500	1,500	22
23	<u>Access Control for Entry Doors - Alarm Detection Systems / SI495</u>	2018	7,273		20	364	364	1,091	23
24	<u>Landscaping - Clarence Davids #2123763-IN</u>	2018	875		20	44	44	131	24
25	<u>Landscaping Front of Bldg & Side</u>	2018	2,375		20	119	119	356	25
26	<u>Carpeting in Resident Rooms 113,126,156</u>	2019	2,657		20	133	133	266	26
27	<u>Refinishing of Handrails in Hallways</u>	2019	9,046		20	452	452	905	27
28	<u>Repair North Entrance</u>	2019	11,625		20	581	581	1,163	28
29	<u>Dome Lights in Saratoga Aea</u>	2019	14,368		20	718	718	1,437	29
30	<u>Replace Flooring in Resident Rooms</u>	2019	3,902		20	195	195	390	30
31	<u>Window Treatments- Washington/Gilead/Resident Rooms</u>	2019	4,414		20	221	221	441	31
32	<u>Window Treatments- Washington/Gilead/Resident Rooms</u>	2019	4,414		20	221	221	441	32
33	<u>Update Wallprints/Wallpaper in Resident Rooms</u>	2019	39,442		20	1,972	1,972	3,944	33
34	TOTAL (lines 1 thru 33)		\$ 13,182,670	\$		\$ 340,890	\$ 340,890	\$ 10,747,096	34

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

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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		\$ 13,182,670	\$		\$ 340,890	\$ 340,890	\$ 10,747,096	1
2	Walk in Shower Stall Conversions- Resident Rooms	2019	32,572		20	1,629	1,629	3,257	2
3	A/C For Receiver Room	2019	9,979		20	499	499	998	3
4	Concrete Repairs- Exterior of Facility	2019	6,847		20	342	342	685	4
5	Concrete Repairs- Exterior of Facility	2019	3,350		20	168	168	335	5
6	Concrete Repairs- Exterior of Facility	2019	3,000		20	150	150	300	6
7	Concrete Repairs- Exterior of Facility	2019	14,310		20	716	716	1,431	7
8	Elevator Modernization	2019	23,735		20	1,187	1,187	2,374	8
9	EM Sut off - Boiler Room	2019	6,948		20	347	347	695	9
10	Install Irrigation- Throughtout Exterior	2019	14,900		20	745	745	1,490	10
11	Landscape Entry/Fencing - Labor	2019	4,543		20	227	227	454	11
12	Landscape Fencing- Exterior	2019	4,425		20	221	221	443	12
13	Laundry Room Concrete Pad	2019	3,950		20	198	198	395	13
14	Laundry Room Repair / Paint Walls	2019	3,400		20	170	170	340	14
15	Laundry Room Replace Title Floor	2019	5,530		20	277	277	553	15
16	Lower Level Hot Water Pipe Repair	2019	6,520		20	326	326	652	16
17	Main Stairway Painting	2019	5,000		20	250	250	500	17
18	New Fence and Landscaping- Exterior	2019	5,684		20	284	284	568	18
19	Paint for Offices	2019	3,500		20	175	175	350	19
20	Paint for Washington Room	2019	7,850		20	393	393	785	20
21	Paint for Washington Room	2019	18,950		20	948	948	1,895	21
22	Parking Lot Repairs	2019	12,663		20	633	633	1,266	22
23	Parking Lot Repairs	2019	22,663		20	1,133	1,133	2,266	23
24	Physician office remodel paint	2019	5,819		20	291	291	582	24
25	Refinish Handrails in Hallways	2019	4,175		20	209	209	418	25
26	Refinish/Paint Handrails	2019	9,650		20	483	483	965	26
27	SARA Dome Lights	2019	9,765		20	488	488	977	27
28	Room 6107- 7008 Paint	2019	4,300		20	215	215	430	28
29	Window Replacements- Resident/Other Rooms	2019	5,073		20	254	254	507	29
30	Window Replacements- Resident/Other Rooms	2019	3,193		20	160	160	319	30
31	Window Replacements- Resident/Other Rooms	2019	3,130		20	157	157	313	31
32	Elevator Modernization for the Skilled Care Area	2020	52,678		20	2,634	2,634	2,634	32
33	Fire Panel Replacement-Fire System For Entire Skilled Area	2020	44,519		20	2,226	2,226	2,226	33
34	TOTAL (lines 1 thru 33)		\$ 13,545,291	\$		\$ 359,021	\$ 359,021	\$ 10,778,498	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	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		\$ 13,545,291	\$		\$ 359,021	\$ 359,021	\$ 10,778,498	1
2	Domestic Boiler Replacement/Plumbing-Entire Skilled Area	2020	7,936		20	397	397	397	2
3	Concrete Repairs-Outdoor Sidewalks Near Skilled Area	2020	6,750		20	338	338	338	3
4	Walk-in Shower Upgrades-SC Resident Room Shower Stalls	2020	96,268		20	4,813	4,813	4,813	4
5	Air Handler Unit and Motor for Shelter Care HVAC System	2020	9,520		20	476	476	476	5
6	Elevator Replacement-Incl Electrical/Fire-Shelter Care Area,	2020	103,436		20	5,172	5,172	5,172	6
7	Carpet Replacement-1st/2nd Fl Resident Rms & Corridor	2020	31,452		20	1,573	1,573	1,573	7
8	Repair to Hot Water Heater- Exchanger/Burners/Ignitor	2020	2,620		20	131	131	131	8
9	Install Motor-Controlled Slider Door-Ext Entrance(Skilled)	2020	3,987		20	199	199	199	9
10	HVAC Repairs-Multiple Shelter Care Units-Air Temp	2020	3,051		20	153	153	153	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	Financial Statement Depreciation- Allocated From PLS			49,118			(49,118)		30
31	Financial Statement Depreciaton- Providence Downers Grove LLC			752,556			(752,556)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	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 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 12F, Carried Forward		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	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 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 12G, Carried Forward		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	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 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 12H, Carried Forward		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	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	TOTAL (lines 1 thru 33)		\$ 13,810,310	\$ 801,674		\$ 372,272	\$ (429,402)	\$ 10,791,749	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	\$ 1,149,912	\$	\$ 114,991	\$ 114,991	10	\$ 793,560	71
72	Current Year Purchases	107,091		10,709	10,709	10	10,709	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,257,003	\$	\$ 125,700	\$ 125,700		\$ 804,269	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
		Reference	Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,426,231
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 801,674
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 497,973
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (303,701)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,596,018

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	2019 Beginning Balance Adjustment	\$ 1,700,617	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 1,700,617	\$	\$	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: 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								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: \$ 126,919 Description: \$20,259 Computer Equipment; \$31,846 Printer/Copiers; Dietary Equipment \$5,464; PLS Alloc \$69,350
(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.

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.	/2021	\$
13.	/2022	\$
14.	/2023	\$

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

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

ALLOCATION OF COSTS

(d)

		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)	\$			

(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.

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	

(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	V10A	hrs	\$	5,156	\$ 386,665	\$	5,156	\$ 386,665	1
2	Licensed Speech and Language Development Therapist	V10A	hrs		1,685	126,381		1,685	126,381	2
3	Licensed Recreational Therapist	V10A	hrs							3
4	Licensed Physical Therapist	V10A	hrs		5,756	431,728		5,756	431,728	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	hrs				56,751		56,751	8
9	Pharmacy	V39	# of prescripts				472,392		472,392	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): LAB/RADIOLOGY	V39					126,796		126,796	12
13	Other (specify): BILLABLE SUPPLIES	V39					137,123		137,123	13
14	TOTAL			\$	12,597	\$ 944,774	\$ 793,062	12,597	\$ 1,737,836	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	\$ 1,250	\$ 2,250	1
2	Cash-Patient Deposits	16,838	16,838	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,224,952)	2,372,750	2,489,375	3
4	Supply Inventory (priced at)	13,231	13,231	4
5	Short-Term Investments			5
6	Prepaid Insurance	211,716	211,716	6
7	Other Prepaid Expenses	62,874	62,874	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached		427,165	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,678,659	\$ 3,223,449	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,918	13
14	Buildings, at Historical Cost		15,102,064	14
15	Leasehold Improvements, at Historical Cost		418,465	15
16	Equipment, at Historical Cost		1,536,040	16
17	Accumulated Depreciation (book methods)		(11,199,663)	17
18	Deferred Charges		264,508	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe See Attached			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 6,480,331	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,678,659	\$ 9,703,780	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 251,645	\$ 251,644	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,838	16,838	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	146,683	146,683	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	7,200	24,646	32
33	Accrued Interest Payable		37,593	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	See Attached	276,575	276,575	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 698,941	\$ 753,979	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,170,716	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached		2,677,804	43
44	See Attached	3,494,927	3,494,927	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,494,927	\$ 15,343,447	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,193,868	\$ 16,097,426	46
47	TOTAL EQUITY (page 18, line 24)	\$ (1,515,209)	\$ (6,393,646)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,678,659	\$ 9,703,780	48

*(See instructions.)

PG 17 Line 9 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
CTB	96-1310-01	Escrow - Taxes	3,024.67
CTB	96-1310-02	Escrow - Insurance	195,609.55
CTB	96-1310-03	Escrow - Replacement Reserve	212,166.70
CTB	96-1310-04	Escrow - MIP	16,363.81
Total			427,164.73

PG 17 Line 22 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
Total			-

PG 17 Line 23 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
Total			-

PG 17 Line 36 Detail			
MCD ACT	CLIENT_ACT	DESC	BALANCE
Total			-

PG 17 Line 37 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
2090.30	56-2700-11	Legal Liability	(226,473.31)
2090.40	56-2700-87	Provider Tax Reserves	(50,102.00)
Total			(276,575.31)

PG 17 Line 43 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
CTB	96-2190-00	Due To ProvOps	(921,203.48)
CTB	96-2191-00	Due to PLS-Capital DG	(904,913.19)
CTB	96-2191-01	Due To PLS-Capital SG	(472,527.89)
CTB	96-2192-00	Due To ProvOps - HQ (54)	(258,880.52)
CTB	96-2390-00	Asbestos Retirement Obligation- SG	(96,656.72)
CTB	96-2719-01	Asbestos Retirement Obligation - DG	(23,621.99)
Total			(2,677,803.79)

PG 17 Line 44 Detail			
MCD ACT	CLIENT_ACT	DESC	DEBIT
2430.00	56-1700-54	Due to 54	(8,006,602.83)
2430.00	57-1700-54	Due to/From 54	4,511,675.46
Total			(3,494,927.37)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (907,407)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (907,407)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(607,802)	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)	\$ (607,802)	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)	\$ (1,515,209)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Providence Downers Grove

0052373

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 15,229,524	1
2	Discounts and Allowances for all Levels	(2,684,295)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,545,229	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,188,309	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,188,309	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	170	12
13	Barber and Beauty Care	137	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	831,540	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	178,414	19
20	Radiology and X-Ray	38,590	20
21	Other Medical Services	263,110	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,311,961	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See Attached</u>	2,443,443	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,443,443	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,488,942	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,569,923	31
32	Health Care	8,475,104	32
33	General Administration	5,560,789	33
	B. Capital Expense		
34	Ownership	1,173,282	34
	C. Ancillary Expense		
35	Special Cost Centers	1,104,057	35
36	Provider Participation Fee	213,589	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,096,744	40
41	Income before Income Taxes (line 30 minus line 40)**	(607,802)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (607,802)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,710,655	44
45	Private Pay - Net Inpatient Revenue	5,470,040	45
46	Medicare - Net Inpatient Revenue	6,024,996	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	1,675,067	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(3,335,529)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,545,229	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.

PG 19 Line 28 Detail

MCD ACT	CLIENT_ACT	DESC	BALANCE
Total			-

PG 19 Line 28A Detail

MCD ACT	CLIENT_ACT	DESC	BALANCE
5750.1	56-3900-13	Paycheck Protection Program Revenue	(877,820.00)
5750.1	56-3920-10	Medicare Stimulus Revenue Earned	(498,556.54)
5750.1	56-3920-11	Nursing Home Infection Control Revenue	(220,250.00)
5750.1	56-3920-12	Medicaid Provider Payment	(56,709.26)
5750.1	56-3920-14	Quality Incentives Revenue	(142,190.49)
5750.1	57-3900-12	Paycheck Protection Program Revenue	(348,975.00)
5750.1	57-3920-10	Medicare Stimulus Revenue	(298,942.10)
Total			(2,443,443.39)

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	3,316	3,696	\$ 171,895	\$ 46.51	1
2	Assistant Director of Nursing	1,696	1,916	92,440	48.25	2
3	Registered Nurses	42,695	46,092	1,935,926	42.00	3
4	Licensed Practical Nurses	19,233	20,553	666,709	32.44	4
5	CNAs & Orderlies	78,255	83,737	1,543,953	18.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,828	4,181	108,448	25.94	9
10	Activity Assistants	6,607	7,022	105,320	15.00	10
11	Social Service Workers	6,089	6,562	204,829	31.21	11
12	Dietician	1,497	1,759	56,099	31.89	12
13	Food Service Supervisor	3,912	4,496	127,061	28.26	13
14	Head Cook	5,924	6,711	129,846	19.35	14
15	Cook Helpers/Assistants	6,637	7,124	113,339	15.91	15
16	Dishwashers	17,758	18,581	251,896	13.56	16
17	Maintenance Workers	11,861	12,805	267,531	20.89	17
18	Housekeepers	16,555	17,832	307,487	17.24	18
19	Laundry	3,262	3,398	48,325	14.22	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	16,819	18,277	314,828	17.23	22
23	Office Manager					23
24	Clerical					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	1,785	2,035	59,879	29.42	31
32	Other Health Care(specify)					32
33	Other(specify)	7,115	7,925	260,662	32.89	33
34	TOTAL (lines 1 - 33)	254,844	274,702	\$ 6,766,473 *	\$ 24.63	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 Fees	95,000	V09-03	36
37	Medical Records Consultant	Monthly Fees	1,053	V10-3	37
38	Nurse Consultant	Monthly Fees	13,608	V10-3	38
39	Pharmacist Consultant	Monthly Fees	25,599	V10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly Fees	340	V11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 135,600		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	4,210	\$ 510,442	V10-03	50
51	Licensed Practical Nurses	4,418	376,325	V10-03	51
52	Certified Nurse Assistants/Aides	24,498	1,083,207	V10-03	52
53	TOTAL (lines 50 - 52)	33,126	\$ 1,969,974		53

Providence Downers Grove
0052373
12/31/2020
Detail of Legal Expense

Date	General Ledger Accounts	Vendor	Description of Expense	Invoice Expense	Adjustments& Reclassifications	Final Expense
6/30/2020	56-4110-11	Stone Pogrund & Korey	General Collections, Guardianship, Litigation	350.52	(350.52)	-
7/31/2020	56-4110-11	Stone Pogrund & Korey	General Collections, Guardianship, Litigation	235.56	(235.56)	-
9/1/2020	56-4110-11	Stone Pogrund & Korey	General Collections, Guardianship, Litigation	475.00	(475.00)	-
12/31/2020	56-4110-11	Stone Pogrund & Korey	General Collections, Guardianship, Litigation	100.00	(100.00)	-
8/31/2020	57-5110-11	Perkins Coie LLP	General Legal Services	9.66	-	9.66
12/31/2020	56-4111-25	Various	Legal Deductible	145,739.00	(145,739.00)	-
Total				146,909.74	(146,900.08)	9.66

Providence Downers Grove
0052373
12/31/2020
Seminar Expense Detail

Date	General Ledger Accounts	Description of Expense	Employee	Employee Function	Location of Seminar	Net Cost	Adjustments& Reclassifications	Final Expense
12/31/2020	56-4110-22	Leading Age/AANAC/Pathways	Various	Various	All Within Illinois	1,377.47	-	1,377.47
12/31/2020	57-4110-22	Leading Age/AANAC/Pathways	Various	Various	All Within Illinois	199.00	-	199.00
12/31/2020	56-4110-20	CPR	Various	Various	Illinois (DG)	111.12	-	111.12
12/31/2020	N/A	Allocated From PLS				29,790.00	-	29,790.00
Total						31,477.59	-	31,477.59

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Leading Age \$17,655

(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? 10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 61,845 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 No 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. \$ 213,589
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. \$ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,726

(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? Ln14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran PLLC

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.

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