		FOR BHF USE					

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

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: 0056085

Facility Name: St Pauls Senior Community

Address: 1021 West E Street (Number) Belleville (City) 62220 (Zip Code)

County: Saint Clair

Telephone Number: (618) 233-2095 **Fax #** (618) 233-2109

HFS ID Number:

Date of Initial License for Current Owners: 12/1/2019

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact
Name: Kevin Wellen, CPA **Telephone Number:** (314) 925-4300
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 1/1/2025 to 12/31/2025 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)	Kevin Wellen, CPA Signing Director
	(Firm Name & Address)	CliftonLarsonAllen LLP 600 Washington Ave, Ste. 1800, St. Louis, MO 63101
	(Telephone)	(314) 925-4300 Fax # (314) 925-4350

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406 **Phone # (217) 782-1630**

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	108	Skilled (SNF)	108	39,420	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	26	Intermediate/DD	26	9,490	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	134	TOTALS	134	48,910	7

B. Census-For the entire report period.

	Level of Care	1 Medicaid Fee for Service	2 Medicaid MLTSS	3 MMAI Medicaid Primary	4 MMAI Medicare Primary	5 Private Pay	6 Medicare Part A Only	7 Other	8 Total	
		Patient Days by Level of Care and Primary Source of Payment								
8	SNF	4,928	5,148	3,924		11,044	5,263	6,943	37,250	8
9	SNF/PED									9
10	ICF									10
11	ICF/DD							4,453	4,453	11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	4,928	5,148	3,924		11,044	5,263	11,396	41,703	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 85.26%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Outpatient therapy services to ILU, SC/SH Residents

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 1926

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 12/1/2019 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 108

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]
Tax Year: 12/31/2025 Fiscal Year: 12/31/2025

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	707,463	49,548	85,755	842,766		842,766	(364)	842,402			1
2	Food Purchase		547,213		547,213		547,213		547,213			2
3	Housekeeping	257,070	36,164		293,234		293,234		293,234			3
4	Laundry	63,451	14,427		77,878		77,878		77,878			4
5	Heat and Other Utilities			385,515	385,515		385,515		385,515			5
6	Maintenance	115,135	71,098	367,163	553,396		553,396		553,396			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,143,119	718,450	838,433	2,700,002		2,700,002	(364)	2,699,638			8
	B. Health Care and Programs											
9	Medical Director			19,200	19,200		19,200		19,200			9
10	Nursing and Medical Records	4,215,215	160,522	1,084,059	5,459,796		5,459,796		5,459,796			10
10a	Therapy											10a
11	Activities	166,277	16,672	14,185	197,134		197,134		197,134			11
12	Social Services	166,508		(5,331)	161,177		161,177		161,177			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,548,000	177,194	1,112,113	5,837,307		5,837,307		5,837,307			16
	C. General Administration											
17	Administrative	77,632			77,632		77,632	718,271	795,903			17
18	Directors Fees											18
19	Professional Services			167,837	167,837		167,837	(37,113)	130,724			19
20	Dues, Fees, Subscriptions & Promotions			29,495	29,495		29,495	(2,835)	26,660			20
21	Clerical & General Office Expenses	358,102	45,697	1,504,694	1,908,493		1,908,493	(661,111)	1,247,382			21
22	Employee Benefits & Payroll Taxes			727,687	727,687		727,687		727,687			22
23	Inservice Training & Education			943	943		943		943			23
24	Travel and Seminar			48,485	48,485		48,485		48,485			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			183,372	183,372		183,372		183,372			26
27	Other (specify):*											27
28	**TOTAL General Administration**	435,734	45,697	2,662,513	3,143,944		3,143,944	17,212	3,161,156			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,126,853	941,341	4,613,059	11,681,253		11,681,253	16,848	11,698,101			29

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

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

Facility Name & ID Number St Pauls Senior Community #0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			241,617	241,617		241,617	906,278	1,147,895			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			57,840	57,840		57,840	526,241	584,081			32
33	Real Estate Taxes			520,277	520,277		520,277		520,277			33
34	Rent-Facility & Grounds			600,000	600,000		600,000	(600,000)				34
35	Rent-Equipment & Vehicles			14,442	14,442		14,442		14,442			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,434,176	1,434,176		1,434,176	832,519	2,266,695			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		55,628	1,496,883	1,552,511		1,552,511		1,552,511			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			587,471	587,471		587,471		587,471			42
43	Other (specify):* **Marketing/AL/IL**	695,066	1,191	173,802	870,059		870,059	(870,059)				43
44	**TOTAL Special Cost Centers**	695,066	56,819	2,258,156	3,010,041		3,010,041	(870,059)	2,139,982			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,821,919	998,160	8,305,391	16,125,470		16,125,470	(20,692)	16,104,778			45

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	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	(364)	1		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(15,258)	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	(84,014)	21		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	(618,495)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(804,836)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,522,967)		$	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)	1,502,275		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 1,502,275		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (20,692)		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

STATE OF ILLINOIS

St Pauls Senior Community

ID# 0056085

Report Period Beginning: 1/1/2025

Ending: 12/31/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (2,912)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	AL/IL Marketing Benefits	(147,065)	43	3
4	AL/IL/Marketing Salaries	(695,066)	43	4
5	AL/IL/Marketing Supplies	(1,191)	43	5
6	Technology/Tele/Cable Fee	(360)	21	6
7	Rental Renevue	(660)	21	7
8	Miscellaneous Income	(10,038)	21	8
9	Community Fee	(26,000)	21	9
10	Vending Machine Revenue	(1,897)	21	10
11	C-Store Revenue	(150)	21	11
12	Late Fees	(800)	21	12
13	COVID Expenses	81,303	21	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**	(804,836)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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	(364)	0	0	0	0	0	0	0	0	0	0	(364)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(364)	0	0	0	0	0	0	0	0	0	0	(364)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Program**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	718,271	0	0	0	0	0	0	0	0	718,271	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	477	(37,590)	0	0	0	0	0	0	0	0	(37,113)	19
20	Fees, Subscriptions & Promotions	(2,912)	77	0	0	0	0	0	0	0	0	0	(2,835)	20
21	Clerical & General Office Expenses	(661,111)	0	0	0	0	0	0	0	0	0	0	(661,111)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(664,023)	554	680,681	0	0	0	0	0	0	0	0	17,212	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(664,387)	554	680,681	0	0	0	0	0	0	0	0	16,848	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	883,892	22,386	0	0	0	0	0	0	0	0	906,278	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(15,258)	599,339	(57,840)	0	0	0	0	0	0	0	0	526,241	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(600,000)	0	0	0	0	0	0	0	0	0	(600,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(15,258)	883,231	(35,454)	0	0	0	0	0	0	0	0	832,519	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):*	(843,322)	0	(26,737)	0	0	0	0	0	0	0	0	(870,059)	43
44	**TOTAL Special Cost Centers**	(843,322)	0	(26,737)	0	0	0	0	0	0	0	0	(870,059)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,522,967)	883,785	618,490	0	0	0	0	0	0	0	0	(20,692)	45

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership-1		See Ownership-1		See Ownership-1		

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. [X] 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	34	Rent	$ 600,000	TI - Belleville LLC	75.00%	$	$ (600,000)	1
2	V	30	Depreciation		TI - Belleville LLC	75.00%	715,482	715,482	2
3	V	32	Interest		TI - Belleville LLC	75.00%	453,752	453,752	3
4	V	20	Licenses		TI - Belleville LLC	75.00%	77	77	4
5	V	19	Legal Fees		TI - Belleville LLC	75.00%	200	200	5
6	V	19	Legal Fees		St. Paul's Property	25.00%	277	277	6
7	V	32	Interest		St. Paul's Property	25.00%	145,587	145,587	7
8	V	30	Depreciation		St. Paul's Property	25.00%	168,410	168,410	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 600,000			$ 1,483,785	$ * 883,785	14

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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. [X] 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)	
15	V	17	Management-Operating	$	Tutera Health Care Service		$ 718,271	$ 718,271	15
16	V	30	Management-Depreciation		Tutera Health Care Service		22,386	22,386	16
17	V	43	Management - Marketing	26,737	Tutera Health Care Service			(26,737)	17
18	V	19	Management - DP	37,590	Tutera Health Care Service			(37,590)	18
19	V	10	Pharmacy Consultant	15,568	Critical Care Rx, LLC		15,568		19
20	V	10	OTC Drugs	533	Critical Care Rx, LLC		533		20
21	V	39	Drugs & supplies	367,200	Critical Care Rx, LLC		367,200		21
22	V	39	IV Therapy Purchased Services	8,680	Critical Care Rx, LLC		8,680		22
23	V	10	Nursing Purchased Svcs	466,526	TeamWorkers LLC		466,526		23
24	V	43	AL/IL Nursing Purchased Svcs	1,882	TeamWorkers LLC		1,882		24
25	V	26	Insurance	103,694	LTC Plus Insurance		103,694		25
26	V	32	Interest	57,840	Tutera Group Inc.			(57,840)	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			$ 1,086,250			$ 1,704,740	$ * 618,490	39

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

STATE OF ILLINOIS **Ownership Listing-1**

St Pauls Senior Community

ID# **0056085**

Report Period Beginning: **1/1/2025**

Ending: **12/31/2025**

Walnut Creek Mgt Com

TI-Belleville & St Paul Property

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)

-Owners of companies must be listed instead of company names.

-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	Joseph	C	Tutera, Sr.	Mission Hills	KS	74.00000	74.00000	74.00000	1
2	Marian	O	Tutera	Mission Hills	KS	10.00000	10.00000	10.00000	2
3	Laura	C	Tutera-Tomlinson	Kansas City	MO	4.00000	4.00000	4.00000	3
4	Hannah	M	Tutera	Mission Hills	KS	4.00000	4.00000	4.00000	4
5	Dominic	F	Tutera	Mission Hills	KS	4.00000	4.00000	4.00000	5
6	Joseph	C	Tutera, Jr.	Mission Hills	KS	4.00000	4.00000	4.00000	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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73									73
74									74
75									75

STATE OF ILLINOIS **Ownership Listing-2**

St Pauls Senior Community

ID# **0056085**

Report Period Beginning: **1/1/2025**

Ending: **12/31/2025**

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
76	N/A								76
77									77
78									78
79									79
80									80
81									81
82									82
83									83
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144									144
145									145
146									146
147									147
148									148
149									149
150									150

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
1	Bethany Rehab & Health Care Center	Dekalb, IL			Antioch Valley	Overland Park, KS	AL	1
2	Carlinville Rehab & Health Care Center	Carlinville, IL			Carnegie Village Senic	Belton, MO	IL/AL	2
3	Carnegie Village Rehab & Health Care Center	Belton, MO			Country Gardens Asst	Muskogee, OK	AL	3
4	Charlton Place Rehab & Health Care Center	Deatsville, AL			Laurel Assited Living	Liberty, MO	AL	4
5	Coulterville Rehab & Health Care Center	Coulterville, IL			Missiona Chateua Sen	Prairie Village, KS	AL/IL	5
6	Crystal Pines Rehab & Health Care Center	Crystal Lake, IL			Oakley Court Assisted	Freeport, IL	AL	6
7	Dixon Rehab & Health Care Center	Dixon, IL			Town Center	Overland Park, KS	AL	7
8	Estoria Rehabilitation	Liberty, MO			Stratford Commons M	Overland Park, KS	Memory Care	8
9	Fair Oaks Rehab & Health Care Center	South Beloit, IL			The Lodge at Manito	Manito, IL	AL	9
10	Grand Meadows Senior Living	Asbury, IA			Tiffany Springs SLC	Kansas City, MO	AL/IL	10
11	Highland Rehab & Health Care Center	Kansas City, MO			Wesley Court Assisted	Boling Springs, SC	AL	11
12	Hillsboro Rehab & Health Care Center	Hillsboro, IL						12
13	Lakeland Rehab & Health Care Center	Effingham, IL						13
14	Matton Rehab & Health Care Center	Mattoon IL						14
15	Meridian Rehab & Health Care Center	Wichita, KS			LTC Plus Insurance Ir	Kansas City, MO	Insurance Company	15
16	Metropolis Rehab & Health Care Center	Metropolis, IL			JCT Capital, Inc.	Kansas City, MO	Mgmt Company	16
17	Monterey Park Rehab & Health Care Center	Independence, MO			Tutera Group, Inc.	Kansas City, MO	Mgmt Company	17
18	Montgomery Children's Specialty Center	Montgomery, AL			Tutera Health Care Se	Kansas City, MO	Mgmt Company	18
19	Moweaqua Rehab & Health Care Center	Moweaqua, IL			Tutera Investments, L	Kansas City, MO	Mgmt Company	19
20	Northland Rehab & Health Care Center	Kansas City, MO			Walnut Creek Mgmt C	Kansas City, MO	Mgmt Company	20
21	Stratford Rehab & Health Care Center	Overland Park, KS			Walnut Creek New En	Kansas City, MO	Mgmt Company	21
22	The Village at Mission	Prairie Village, KS			IPM, Inc.	Kansas City, MO	Property Mgt	22
23	Tiffany Springs Rehab & Health Care Center	Kansas City, MO			Columbia 7611 LC	Kansas City, MO	Building Company	23
24	Westview of Derby Rehab & Health Care Cente	Derby, KS			JCT FLP Auburn LLC	Aurora, IL	Building Company	24
25	Windsor Estates of St. Charles	St. Charles, MO			TeamWorkers LLC	Kansas City, MO	Agency Nursing	25
26	Holly Hill Rehab & Health Care Center	Sulphur, LA			Critical Care Rx, LLC	Kansas City, MO	Pharmacy Company	26
27	Rosewood Rehab & Health Care Center	Lake Charles, LA						27
28								28
29								29
30								30

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	N/A								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 2/31/2025

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Tutera Health Care Services
Street Address: 7611 State Line Road
City / State / Zip Code: Kansas City, Missouri 64114
Phone Number: (816) 444-0900
Fax Number: (816) 822-0081

	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	17	Management Fee Operating	Direct Cost	512,439,158	114	$ 24,349,098	$ 16,637,381	15,116,589	$ 718,281	1
2	30	Management Fee Depreciation	Direct Cost	512,439,158	114	758,922		15,116,587	22,388	2
3										3
4										4
5										5
6										6
7										7
8										8
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17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 25,108,020	$ 16,637,381		$ 740,669	25

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Note Payable (TI Belleville)	X		Working Capital LOC		12/2019	$	$			$ 453,752	1
2	Note Payable (St. Paul's Propert	X		Working Capital LOC							145,587	2
3	Interest Income Offset										(15,258)	3
4												4
5												5
	Working Capital											
6	Tutera Investments	X		Working Capital LOC			3,150,000	6,433,949		0.0100	57,840	6
7	Related Party Offset										(57,840)	7
8												8
9	TOTAL Facility Related						$ 3,150,000	$ 6,433,949			$ 584,081	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 3,150,000	$ 6,433,949			$ 584,081	15

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

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

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2024 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	354,427	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.)	$	437,352	2
3. Under or (over) accrual (line 2 minus line 1).	$	82,925	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$	437,352	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	520,277	7

Assessed Value from Real Estate Tax Bill:	2024	402,183	8
Real Estate Tax Bill for Calendar Year:	2020	447,942	9
	2021	460,149	10
	2022	421,024	11
	2023	458,658	12
	2024	437,352	13

FOR BHF USE ONLY

14	FROM R. E. TAX STATEMENT FOR 2024	$	14
15	PLUS APPEAL COST FROM LINE 5	$	15
16	LESS REFUND FROM LINE 6	$	16
17	AMOUNT TO USE FOR RATE CALCULATION	$	17

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.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME St Pauls Senior Community COUNTY Saint Clair

FACILITY IDPH LICENSE NUMBER 0056085

CONTACT PERSON REGARDING THIS REPORT Kiley Brooks

TELEPHONE (816) 444-0900 FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2024 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 2024.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-21.0-119-026	Long Term Care	$ 437,352.22	$ 437,352.22
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 437,352.22	$ 437,352.22

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X 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 copies of the original 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

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

Facility Name & ID Numb St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,383 **B.** General Construction Type: Exterior Brick, Vinyl Frame _____ Number of Stories _____

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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 ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc. List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. List the bed capacity for the building if it differs from the licensed total. N/A

G. Have you properly capitalized all major repairs and equipment purchases? Yes

H. Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____

I. Are you presently operating under a sublease agreement? No

J. 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.

K. 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: _____ 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Long Term Care	178,000	2019	$ 1,143,750	1
2					2
3	TOTALS	178,000		$ 1,143,750	3

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	134		2019	2015	$ 10,383,127	$ 346,105		$ 346,105	$	$ 2,105,468	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2015 Land Improvements (TI-Belleville)			2015	190,123	12,675	15	12,675		77,105	9
10	2022 Cabinets (TI-Belleville)			2022	12,647	843	15	843		2,600	10
11	Piston Check Valve Packing Replacement (TI-Belleville)			2022	19,350	1,935	10	1,935		5,805	11
12	Flooring Installation (TI-Belleville) - Vinyl Foyer/Lobby			2022	14,620	1,462	10	1,462		4,386	12
13	2019 Land Improvements (St. Paul's Property)			2019	43,875	2,925	15	2,925		17,794	13
14	Cabinets (St. Paul's Property) - nursing stations 1st & 2nd floors			2022	4,216	281	15	281		867	14
15	Piston Check Valve Packing Replacement (St. Paul's Property)			2022	6,450	645	10	645		1,935	15
16	Flooring Installation (St. Paul's Property) - Vinyl Foyer/Lobby			2022	4,873	487	10	487		1,462	16
17	Shower Stall Replacement (St. Paul's Property) Unit 1066			2022	8,375	838	10	838		2,931	17
18	Remove old shower 5'x36" Fiberglass unit escutcheon plate replace with										18
19	2'x2' tile floor, sides and back. Refinish drywall, mud tape and paint with										19
20	a level 5 finish. Added handrails to shower.										20
21	ILF/ALF Remodel (St. Paul's Property) - outdoor garden area			2020	8,555	570	15	570		3,232	21
22	Installed decking, flooring electrical, handrails steps & furniture										22
23	ILF/ALF Balcony Remodel (St. Paul's Property)			2021	58,694	3,913	15	3,913		16,956	23
24	All 4th Floor balconies replaced and rebuilt (total of 13)										24
25	Shower Stall Replacements (TI-Belleville)- Units 308, 315, 319, 101, 103,			2022	25,125	2,513	10	2,513		8,794	25
26	201, 203, 204, 301 and 302										26
27	Remove old shower 5'x36" Fiberglass unit escutcheon plate replace with										27
28	2'x2' tile floor, sides and back. Refinish drywall, mud tape and paint with										28
29	a level 5 finish. Added handrails to shower.										29
30	ILF/ALF Remodel (TI-Belleville) - outdoor Garden area			2020	25,665	1,711	15	1,711		9,696	30
31	Installed decking, flooring electrical, handrails steps & furniture										31
32	Balcony Remodel (TI-Belleville)			2021	104,346	6,956	15	6,956		30,144	32
33	All 4th Floor balconies replaced and rebuilt (total of 13)										33
34											34
35	Home Office Depreciation					22,388		22,388			35
36											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 St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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	
37	CU4 Compressor Replacement	2020	$ 13,666	$ 1,367		$ 1,367	$	$ 7,516	37
38	CU2 & CU5 Compressor Replacement	2020	6,585	659	15	659		3,567	38
39	Dining Room Floor Replacement - Carpet	2020	7,696	770		770		3,976	39
40	1st Floor South Floor Replacement - Lotus Room (Rehab Area) C	2020	30,058	3,006	10	3,006		15,280	40
41	2nd Level North Floor Replacement - Carpet	2020	38,029	3,803		3,803		19,332	41
42	Floor Replacement - hallways	2021	14,371	958		958		4,710	42
43	Hallway flooring replacement - vinyl	2022	65,813	6,581		6,581		25,777	43
44	LED Light Installation - Hallways	2022	13,891	1,389		1,389		5,440	44
45	Carpet & Vinyl Installation - Units 409, 410 & SNF Memory Care	2022	18,381	1,838	10	1,838		7,199	45
46	Shower Replacements for units - 1057, 1067, 1055, 1052, 1051	2022	115,510	11,551	10	11,551		43,316	46
47	1004, 2010, 2013, 2015, 2017, 2053, 2057, 2058, 2060, 2063				15				47
48	2064, 3005, 3013, 3015, 3052								48
49	remove old shower 5'x36" fiberglasee shower unit escutcheon plate								49
50	replace with 2'x2' tile floor, side and back. Refinish drywall								50
51	mudtape and paint with a level 5 finish. Added handrails to showers.								51
52	Fix Drywall, Paint, Replace Ceiling Tiles - Units 308, 315, 319,	2022	303,328	43,333	7	43,333		155,275	52
53	101, 103, 201, 203, 204, 301, & 302								53
54	Hallway flooring replacement - vinyl installation	2022	30,686	3,069	10	3,069		10,996	54
55	Parking Lot Asphalt Resurface	2022	24,415	1,628	15	1,628		5,426	55
56	FDC Pipe Replacement	2023	11,574	772	15	772		2,122	56
57	Water Damage Renovations in kithchen & bathrooms								57
58	Replace faucets & countertops - Units 301, 303, 414, 415 & 416	2023	12,800	853	20	853		1,707	58
59	Replaced all counters - Units 119, 304, 306, 310, 311, 212, 214, &	2023	23,717	1,184	20	1,184		2,682	59
60	Replaced flooring Units 119, 212, 214, 215, 301, 303, 304, 306	2023	46,040	2,302	20	2,302		4,916	60
61	309, 310, 311, 409, 410, 411, 412, 414, 415 & 416 - vinyl								61
62	Replace/Reconstruct all Electrical - Units 119, 212, 214, 215	2023	682,484	34,124	20	34,124		71,092	62
63	301, 303, 304, 306, 310, 311, 409, 410, 411, 412, 414, 415, 416								63
64	Replace drywall, Paint, Replace Ceiling Tiles - same Units	2023	172,814	8,641	20	8,641		18,002	64
65	Roof Replacement	2023	177,961	8,898		8,898		20,762	65
66	Flooring units 301,303,401,414,415,416	2023	27,600	1,380		1,380		2,875	66
67	Project 938 Units 401, 402, 405, 406, 407	2024	182,799	9,139		9,139		15,995	67
68	Renovation Flooring	2024	17,961	898		898		1,422	68
69	Dialysis Den	2024	269,609	13,480		13,480		20,221	69
70	TOTAL (lines 4 thru 69)		$ 13,217,829	$ 567,870		$ 567,870	$	$ 2,758,781	70

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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		$ 13,217,829	$ 567,870		$ 567,870	$	$ 2,758,781	1
2	Roof Replacement	2025	11,250	469	15	469		469	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)		$ 13,229,079	$ 568,339		$ 568,339	$	$ 2,759,250	34

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

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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	$ 3,922,407	$ 560,166	$ 560,166	$	Various	$ 3,209,190	71
72	Current Year Purchases	110,392	8,486	8,486		Various	8,486	72
73	Fully Depreciated Assets	6,963				Various	5,963	73
74								74
75	TOTALS	$ 4,039,762	$ 568,652	$ 568,652	$		$ 3,223,639	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	Patient Transport	2022 Chrysler Voyager	2022	$ 54,519	$ 10,904	$ 10,904	$	5	$ 37,255	76
77										77
78										78
79										79
80	TOTALS			$ 54,519	$ 10,904	$ 10,904	$		$ 37,255	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)	$ 18,467,110	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 1,147,895	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 1,147,895	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,020,144	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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 [X] NO

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

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2026	$
13.	/2027	$
14.	/2028	$

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 [X] NO Terms: *

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 14,442 Description: Copier (see WTB)
(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.

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] 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)	$			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits
(c) For in-house training programs only. Do not include fringe benefits
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	V39-03	hrs	$	6,440	$ 507,808	$ 503	6,440	$ 508,311	1
2	Licensed Speech and Language Development Therapist	V39-03	hrs		1,481	99,262	243	1,481	99,505	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	V39-02,03	hrs		5,616	379,370	713	5,616	380,083	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39-02	# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	V39-03								12
13	Other (specify): See WTB	V39-02,03				510,443	54,169		564,612	13
14	TOTAL			$	13,537	$ 1,496,883	$ 55,628	13,537	$ 1,552,511	14

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

Facility Name & ID Number St Pauls Senior Community **#** 0056085 **Report Period Beginning:** 1/1/2025 **Ending:** 12/31/2025

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2025 **(last day of reporting year)**

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	$ 25,393	$ 35,980	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	908,733	908,733	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	125,715	125,715	6
7	Other Prepaid Expenses	119,162	119,162	7
8	Accounts Receivable (owners or related parties)	19,701	19,701	8
9	Other(specify):		115,702	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,198,704	$ 1,324,993	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,143,750	13
14	Buildings, at Historical Cost		10,910,041	14
15	Leasehold Improvements, at Historical Cost	2,319,039	2,319,039	15
16	Equipment, at Historical Cost	594,020	4,094,280	16
17	Accumulated Depreciation (book methods)	(689,608)	(6,020,144)	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):	195,882	393,052	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,419,333	$ 12,840,018	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,618,037	$ 14,165,011	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 690,016	$ 690,016	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,519	15,519	28
29	Short-Term Notes Payable	6,433,949	12,833,990	29
30	Accrued Salaries Payable	550,943	550,943	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,081	15,081	31
32	Accrued Real Estate Taxes(Sch.IX-B)	437,352	437,352	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Prerelease Deposits	60,089	60,089	36
37	Due to/from Related Party	34,784	8,295,094	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,237,733	$ 22,898,084	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	239,091	239,091	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 239,091	$ 239,091	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,476,824	$ 23,137,175	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (4,858,787)	$ (8,972,164)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,618,037	$ 14,165,011	48

***(See instructions.)**

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,573,678)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (3,573,678)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,270,201)	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) **PY Adjustments**	(14,908)	15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,285,109)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (4,858,787)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 13,118,842	1
2	Discounts and Allowances for all Levels	(2,574,710)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,544,132	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,442,978	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,442,978	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		13
14	Non-Patient Meals	364	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	716,201	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	65,141	19
20	Radiology and X-Ray	33,355	20
21	Other Medical Services	67,263	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 882,324	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	15,258	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 15,258	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	(29,423)	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ (29,423)	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,855,269	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,700,002	31
32	Health Care	5,837,307	32
33	General Administration	3,143,944	33
	B. Capital Expense		
34	Ownership	1,434,176	34
	C. Ancillary Expense		
35	Special Cost Centers	2,422,570	35
36	Provider Participation Fee	587,471	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 16,125,470	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,270,201)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,270,201)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 1,228,867.00	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	1,283,727.00	45
46	MMAI-Medicaid is the Primary Payer	978,505.00	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	5,545,771.00	48
49	Medicare Part A	1,672,631.00	49
50	Other-(specify) Managed Care	-165,369.00	50
51	Other-(specify)		51
52	Other-(specify)		52
53	Other-(specify)		53
54	Other-(specify)		54
55	Other-(specify)		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,544,132	56

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	4,040	4,204	$ 266,503	$ 63.39	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,344	12,019	771,399	64.18	3
4	Licensed Practical Nurses	31,144	32,704	1,330,453	40.68	4
5	CNAs & Orderlies	61,542	65,689	1,812,643	27.59	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,729	1,833	44,593	24.33	9
10	Activity Assistants	2,187	2,251	121,684	54.06	10
11	Social Service Workers	3,624	3,792	166,508	43.91	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,882	34,806	707,463	20.33	15
16	Dishwashers					16
17	Maintenance Workers	4,233	4,476	115,135	25.72	17
18	Housekeepers	14,420	15,303	257,070	16.80	18
19	Laundry	3,321	3,455	63,451	18.36	19
20	Administrator	1,328	1,455	77,632	53.36	20
21	Assistant Administrator					21
22	Other Administrative	862	862	15,650	18.16	22
23	Office Manager					23
24	Clerical	14,886	15,854	358,102	22.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified ID Prof (QIDP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,007	1,235	18,567	15.03	31
32	Other Health Care(specify)					32
33	Other(specify) AL/IL/Mrkting	31,360	33,088	695,066	21.01	33
34	TOTAL (lines 1 - 33)	219,909	233,026	$ 6,821,919 *	$ 29.28	34

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

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	1,295	$ 52,503	V01-3	35
36	Medical Director	Monthly	19,200	V09-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	16,103	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	42	2,909	V11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,337	$ 90,715		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	4,490	$ 314,320	V10-3	50
51	Licensed Practical Nurses	6,840	373,494	V10-3	51
52	Certified Nurse Assistants/Aides	10,551	342,894	V10-3	52
53	TOTAL (lines 50 - 52)	21,881	$ 1,030,708		53

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Tammy Von Yeast	Administrator	0	$ 77,632
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 77,632

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Daniel Maher	Legal Fees	$ 26,537
SEYFERTH BLUMENTHAL & HA	Legal Fees	2,755
Aline OPS LLC	CRM Software	3,322
Consolidated Billing	Billing	398
Managed Care Group	Managed care contracting	550
Netsmart Technologies	E.H.R.	2,156
Pointclickcare Technologoes	Medical records software	18,861
Proclaim Partners	Claims Mgt	2,630
Walnut Creek Mgt Company	CBO, IT & DP Mgt Fee	37,590
Payroll	Payroll Processing	35,450
CLA, LLP	Cost Reports/Taxes	6,518
Various	Data Processing/Software	31,070
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 167,837

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 86,591
Unemployment Compensation Insurance	
FICA Taxes	526,471
Employee Health Insurance	120,547
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Othere Benefits	(5,922)
TOTAL (agree to Schedule V, line 22, col.8)	$ 727,687

* Attach copy of IMRF notifications

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	13,706
Health Care Worker Background Check	453
(Indicate # of checks performed 25)	
Patient Background Checks 66	685
Association Dues (total from pg 22, #4)	8,302
IL Office of State Fire Marshall	
St. Clair County Health Dept	
Other Dues	(563)
Other Licenses	6,989
Less: Public Relations Expense	( )
PAC and Lobbying payments	(2,912)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 26,660

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	48,485
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 48,485

**See instructions.

Facility Name & ID Number St Pauls Senior Community # 0056085 Report Period Beginning: 1/1/2025 Ending: 12/31/2025

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union' **No**

(2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below
Use the drop down list to identify the association.

Association Name	Amount
IL HEALTHCARE ASSOCIATION (IHCA)	5,390
	5,390 Total

(3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1

IL HEALTHCARE ASSOCIATION (IHCA)	2,912
	2,912 Total

(4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)

IL HEALTHCARE ASSOCIATION (IHCA)	8,302
	8,302 Total

(5) Indicate the total amount of both disposable and non-disposable incontinent expens and the location of this expense on Sch. V. $ 55,931 Line 10

(6) Have all costs reported on this form been determined using accounting procedure consistent with prior reports? Yes If NO, attach a complete explanation.

(7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 587,471
This amount is to be recorded on line 42 of Schedule V.

(8) 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.

(9) Have costs for all supplies and services which are of the type that can be billed t the Department, in addition to the daily rate, been properly classifie in the Ancillary Section of Schedule V' Yes

(10) 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.

(11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ N/A Has any meal income been offset agains related costs? No Indicate the amount. $

(12) 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? 100%

d. Have vehicle usage logs been maintained' N/A

e. Are all vehicles stored at the nursing home during the night and all othe 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

(13) Has an audit been performed by an independent certified public accounting firm No
Firm Name: N/A

(14) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes

(15) 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