		FOR BHF USE					

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: 0028605

Facility Name: Providence Downers Grove

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

County: DuPage

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

HFS ID Number:

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

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code	501(c)(3)	[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Michael W. Martin **Telephone Number:** (217) 258-8888
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2011 to 12/31/2011 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) SEE ACCOUNTANTS' PREPARATION REPORT (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey & Pullen, LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	145	Skilled (SNF)	145	52,925	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	96	Sheltered Care (SC)	96	35,040	5
6		ICF/DD 16 or Less			6
7	241	TOTALS	241	87,965	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	10,533	4,148	19,153	33,834	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		21,744		21,744	12
13	DD 16 OR LESS					13
14	TOTALS	10,533	25,892	19,153	55,578	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.18%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 05/01/1984

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 05/01/1984 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 145 and days of care provided 19,153

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: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	677,130	70,195	63,047	810,372		810,372		810,372			1
2	Food Purchase		462,430		462,430		462,430	(15,420)	447,010			2
3	Housekeeping	187,080	37,603		224,683		224,683		224,683			3
4	Laundry	23,519	155,547		179,066		179,066		179,066			4
5	Heat and Other Utilities			243,138	243,138		243,138	18,979	262,117			5
6	Maintenance	260,141		362,736	622,877		622,877	(44,011)	578,866			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,147,870	725,775	668,921	2,542,566		2,542,566	(40,452)	2,502,114			8
	B. Health Care and Programs											
9	Medical Director			36,312	36,312		36,312		36,312			9
10	Nursing and Medical Records	3,387,496	529,308	214,088	4,130,892		4,130,892		4,130,892			10
10a	Therapy			1,531,683	1,531,683		1,531,683		1,531,683			10a
11	Activities	262,258	31,543	1,166	294,967		294,967		294,967			11
12	Social Services	165,085	134	1,705	166,924		166,924		166,924			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,814,839	560,985	1,784,954	6,160,778		6,160,778		6,160,778			16
	C. General Administration											
17	Administrative			1,198,284	1,198,284		1,198,284	(1,009,219)	189,065			17
18	Directors Fees											18
19	Professional Services			39,696	39,696		39,696	8,253	47,949			19
20	Dues, Fees, Subscriptions & Promotions			36,088	36,088		36,088	244	36,332			20
21	Clerical & General Office Expenses	805,057	108,260	45,250	958,567		958,567	636,000	1,594,567			21
22	Employee Benefits & Payroll Taxes			1,199,320	1,199,320		1,199,320		1,199,320			22
23	Inservice Training & Education			3,529	3,529		3,529		3,529			23
24	Travel and Seminar			3,573	3,573		3,573	11,497	15,070			24
25	Other Admin. Staff Transportation			9,644	9,644		9,644	4,233	13,877			25
26	Insurance-Prop.Liab.Malpractice			438,736	438,736		438,736	4,634	443,370			26
27	Other (specify):* **Mgmt - EE Benefits**							217,748	217,748			27
28	**TOTAL General Administration**	805,057	108,260	2,974,120	3,887,437		3,887,437	(126,610)	3,760,827			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,767,766	1,395,020	5,427,995	12,590,781		12,590,781	(167,062)	12,423,719			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Providence Downers Grove #0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			575,530	575,530		575,530	22,314	597,844			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			369,483	369,483		369,483	(100,479)	269,004			32
33	Real Estate Taxes			21,000	21,000		21,000	(10,347)	10,653			33
34	Rent-Facility & Grounds							9,404	9,404			34
35	Rent-Equipment & Vehicles			415	415		415		415			35
36	Other (specify):*											36
37	**TOTAL Ownership**			966,428	966,428		966,428	(79,108)	887,320			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,103,016		1,103,016		1,103,016		1,103,016			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			133,909	133,909		133,909		133,909			42
43	Other (specify):* **Non-Allow Costs**			584,886	584,886		584,886	(584,886)				43
44	**TOTAL Special Cost Centers**		1,103,016	718,795	1,821,811		1,821,811	(584,886)	1,236,925			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,767,766	2,498,036	7,113,218	15,379,020		15,379,020	(831,056)	14,547,964			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 Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	(29,969)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,464)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(29,076)	30		9
10	Interest and Other Investment Income	(783)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(120,000)	43		24
25	Fund Raising, Advertising and Promotional	(49,521)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(33,175)	43		28
29	Other-Attach Schedule See Pg 5A	(578,231)	Vari		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (856,219)		$	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)	25,163		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 25,163		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (831,056)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Providence Downers Grove

ID# 0028605

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Nonallowable marketing costs	$ (115,104)	43	1
2	Labs - Part A	(32,634)	43	2
3	X-Rays - Part A	(85,043)	43	3
4	Interrehab Physiatry	(87,500)	43	4
5	Residents Welfare	(45,682)	43	5
6	Accretion Expense	(2,687)	43	6
7	NonCare Real Estate Taxes	(21,000)	33	7
8	Non-Care Related Interest	(125,048)	32	8
9	R&M Reclasses	(47,134)	6	9
10	Disallow free care contractual	(13,540)	43	10
11	Out of period legal	(400)	19	11
12				12
13	Chamber of commerce dues	(2,459)	20	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**	(578,231)		49

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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	2	Food	$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	$ 12,379	$ 12,379	1
2	V	5	Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	16,148	16,148	2
3	V	6	Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,657	2,657	3
4	V	17	Administrative	984,228	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	166,532	(817,696)	4
5	V	19	Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,362	7,362	5
6	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,300	2,300	6
7	V	21	Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	475,914	475,914	7
8	V	21	Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	78,366	78,366	8
9	V	24	Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	9,782	9,782	9
10	V	25	Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,602	3,602	10
11	V	26	Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,943	3,943	11
12	V	27	Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	185,265	185,265	12
13	V	30	Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	43,723	43,723	13
14	Total			$ 984,228			$ 1,007,973	$ * 23,745	14

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	32	Interest	$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	$ 21,570	$ 21,570	15
16	V	33	Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	9,064	9,064	16
17	V	34	Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,001	8,001	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 38,635	$ * 38,635	39

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	2	Food	$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	$ 2,170	$ 2,170	15
16	V	5	Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,831	2,831	16
17	V	6	Maintenance - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	466	466	17
18	V	17	Administrative	214,056	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	22,533	(191,523)	18
19	V	19	Professional services - Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,291	1,291	19
20	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	403	403	20
21	V	21	Clerical & general - salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	83,444	83,444	21
22	V	21	Clerical & general - other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	13,740	13,740	22
23	V	24	Travel & seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,715	1,715	23
24	V	25	Other Admin. Staff transportation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	631	631	24
25	V	26	Insurance - Prop., Liab & Malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	691	691	25
26	V	27	Mgmt. allocation of benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	32,483	32,483	26
27	V	30	Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,667	7,667	27
28	V	32	Interest		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,782	3,782	28
29	V	33	Real Estate Taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,589	1,589	29
30	V	34	Rent - facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	1,403	1,403	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			$ 214,056			$ 176,839	$ * (37,217)	39

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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									$		1
2											2
3											3
4		N/A - Voluntary Board with no compensation. See Attached Schedule 7A									4
5											5
6											6
7											7
8	No board member or related business provided services to this facility.										8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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 [X] NO [ ]

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

Name of Related Organization: Rest Haven Illiana Christian Conv. Home
Street Address: 18601 North Creek Drive
City / State / Zip Code: Tinley Park, IL 60477
Phone Number: (708) 342-8100
Fax Number: (708) 342-8006

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	91,713,965	17	$ 100,940	$	11,247,427	$ 12,379	1
2	5	Utilities	Accumulated Cost B	91,713,965	17	131,675		11,247,427	16,148	2
3	6	Maintenance - other	Accumulated Cost B	91,713,965	17	21,668		11,247,427	2,657	3
4	17	Administrative	Direct Cost A	91,713,965	1	1,195,939	1,195,939	1	166,532	4
5	19	Professional services - Other	Accumulated Cost B	91,713,965	17	60,031		11,247,427	7,362	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	91,713,965	17	18,758		11,247,427	2,300	6
7	21	Clerical & general - salary	Accumulated Cost B	91,713,965	17	3,880,704	3,880,704	11,247,427	475,914	7
8	21	Clerical & general - other	Accumulated Cost B	91,713,965	17	639,012		11,247,427	78,366	8
9	24	Travel & seminar	Accumulated Cost B	91,713,965	17	79,768		11,247,427	9,782	9
10	25	Other Admin. Staff transportatio	Accumulated Cost B	91,713,965	17	29,368		11,247,427	3,602	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	91,713,965	17	32,156		11,247,427	3,943	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	91,713,965	17	1,510,690		11,247,427	185,265	12
13	30	Depreciation	Accumulated Cost B	91,713,965	17	356,530		11,247,427	43,723	13
14	32	Interest	Accumulated Cost B	91,713,965	17	175,890		11,247,427	21,570	14
15	33	Real Estate Taxes	Accumulated Cost B	91,713,965	17	73,911		11,247,427	9,064	15
16	34	Rent - facility & grounds	Accumulated Cost B	91,713,965	17	65,240		11,247,427	8,001	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 8,372,280	$ 5,076,643		$ 1,046,608	25

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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 [X] NO [ ]

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

Name of Related Organization: Rest Haven Illiana Christian Conv. Home
Street Address: 18601 North Creek Drive
City / State / Zip Code: Tinley Park, IL 60477
Phone Number: (708) 342-8100
Fax Number: (708) 342-8006

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	91,713,965	17	$ 100,940	$	1,972,070	$ 2,170	1
2	5	Utilities	Accumulated Cost B	91,713,965	17	131,675		1,972,070	2,831	2
3	6	Maintenance - other	Accumulated Cost B	91,713,965	17	21,668		1,972,070	466	3
4	17	Administrative	Direct Cost A	91,713,965	1	1,195,939	1,195,939	1	22,533	4
5	19	Professional services - Other	Accumulated Cost B	91,713,965	17	60,031		1,972,070	1,291	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	91,713,965	17	18,758		1,972,070	403	6
7	21	Clerical & general - salary	Accumulated Cost B	91,713,965	17	3,880,704	3,880,704	1,972,070	83,444	7
8	21	Clerical & general - other	Accumulated Cost B	91,713,965	17	639,012		1,972,070	13,740	8
9	24	Travel & seminar	Accumulated Cost B	91,713,965	17	79,768		1,972,070	1,715	9
10	25	Other Admin. Staff transportatio	Accumulated Cost B	91,713,965	17	29,368		1,972,070	631	10
11	26	Insurance - Prop., Liab & Malpra	Accumulated Cost B	91,713,965	17	32,156		1,972,070	691	11
12	27	Mgmt. allocation of benefits	Accumulated Cost B	91,713,965	17	1,510,690		1,972,070	32,483	12
13	30	Depreciation	Accumulated Cost B	91,713,965	17	356,530		1,972,070	7,666	13
14	32	Interest	Accumulated Cost B	91,713,965	17	175,890		1,972,070	3,782	14
15	33	Real Estate Taxes	Accumulated Cost B	91,713,965	17	73,911		1,972,070	1,589	15
16	34	Rent - facility & grounds	Accumulated Cost B	91,713,965	17	65,240		1,972,070	1,403	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 8,372,280	$ 5,076,643		$ 176,838	25

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	Tax Exempt Bonds		X	Additions & Renovations	Varies	11/01/04	$ 9,450,000	$ 4,979,943	10/31/34	Variable	$ 367,102	1
2	Notes		X	Facility Improvements	Varies	Various	763,564	92,230	Various	Variable	751	2
3												3
4												4
5												5
	Working Capital											
6	Notes		X	Operating	Varies	08/01/11	100,000	94,081	08/01/16	5.0000	1,630	6
7												7
8												8
9	TOTAL Facility Related						$ 10,313,564	$ 5,166,254			$ 369,483	9
	B. Non-Facility Related*											
10								Allocated from Home Office			25,352	10
11								Disallow non-care related interest			(125,048)	11
12								Interest Income Offset			(783)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (100,479)	14
15	TOTALS (line 9+line14)						$ 10,313,564	$ 5,166,254			$ 269,004	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

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

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2010	$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.	**Allocated from Home Office**	**10,653**	
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.		**$ 10,653**	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	2006	8
	2007	9
	2008	10
	2009	11
	2010	12

Real estate taxes are allocated from a for-profit management company.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Downers Grove COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0028605

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

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

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-09-01-203-007-1001	Home Office Building	$ 18,025.28	$
2.	19-09-01-203-007-1006	Home Office Building	$ 26,158.20	$
3.	19-09-01-203-007-1007	Home Office Building	$ 26,598.12	$
4.		Allocated From Home Offic	$	$ 10,653.00
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 70,781.60	$ 10,653.00

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

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

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

Nature of Costs: N/A
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	29,200	1984	$ 339,570	1
2					2
3	TOTALS	29,200		$ 339,570	3

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	241		1984	1962	$ 86,903	$	40	$	$	$ 86,903	4
5				1972	889,527	22,245	40	22,245		889,527	5
6				1976	34,742	869	40	869		33,891	6
7				1974	7,414	185	40	185		7,030	7
8				1975	55,878	1,397	40	1,397		51,689	8
	Improvement Type**										
9	Improvement			1976	4,115	103	40	103		3,708	9
10	Improvement			1977	33,527	838	40	838		29,330	10
11	Improvement			1980	6,049	151	40	151		4,832	11
12	Improvement			1981	7,380	185	40	185		5,735	12
13	Improvement			1983	22,839	571	40	571		16,559	13
14	Improvement			1984	253,714	9,250	40	9,250		231,403	14
15	Improvement			1985	297,491	7,437	40	7,437		200,799	15
16	Improvement			1986	275,406	6,885	40	6,885		179,010	16
17	Improvement			1987	24,035	601	40	601		15,025	17
18	Improvement			1988	509,896	12,747	40	12,747		305,928	18
19	Improvement			1989	4,381,420	109,536	40	109,536		2,519,328	19
20	Improvement			1989	90,660	2,267	40	2,267		52,141	20
21	Improvement			1990	155,196	3,880	40	3,880		85,360	21
22	Improvement			1991	5,021	126	40	126		2,646	22
23	Improvement			1992	75,453	1,886	40	1,886		37,720	23
24	Improvement			1993	26,281	657	40	657		12,483	24
25	Improvement			1994	16,231	405	40	405		7,290	25
26	Improvement			1995	128,962	3,224	40	3,224		53,196	26
27	Sign and landscaping			1996	4,764	119	40	119		1,845	27
28	Fence			1996	1,565	40	40	40		620	28
29	Renovate laundry and break rooms			1996	4,400	110	40	110		1,705	29
30	Whirlpool tubs			1996	20,200	505	40	505		7,827	30
31	Side rail			1996	2,293	57	40	57		884	31
32	Phone system			1996	35,085	877	40	877		21,416	32
33	Parking lot			1997	15,078	377	40	377		5,467	33
34	Landscaping			1997	10,839	271	40	271		3,929	34
35	Dining room renovation			1997	1,193	30	40	30		435	35
36				1997	34,830	871	40	871		12,629	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	Activity / class room renovation	1997	$ 3,476	$ 87	40	$ 87	$	$ 1,261	37
38	Carpeting	1997	1,521	38	40	38		551	38
39	Railing	1997	500	13	40	13		188	39
40	Laundry / break room renovation	1998	6,864	172	40	172		2,322	40
41	Compressor	1998	917		10	(184)	(184)	917	41
42	Roof repair	1998	2,320		10			2,320	42
43	Alarm system	1998	1,056		10			1,056	43
44	Hospitality room renovation	1998	12,605	316	40	316		4,266	44
45	Carpeting	1998	76,503		5			76,503	45
46	Wallpaper	1998	40,287		5			40,287	46
47	Roofing	1999	208,749		10			208,749	47
48	Therapy room renovation	1999	23,731		10			23,731	48
49	Resident room lighting	1999	23,965		10			23,965	49
50	Phone upgrade	1999	2,470		10			2,470	50
51	Renovations	1999	47,385		10			47,385	51
52	New door on exygen room	1999	1,993		10			1,993	52
53	Landscaping	2000	59,350	1,484	40	1,484		17,066	53
54	Benches	2000	2,500	63	40	63		724	54
55	Room 18 renovation , wallcover, painting, tiling and carpet	2000	7,682		10			7,682	55
56	Therapy room renovation, wallcover, painting and tiling	2000	28,849		10			28,849	56
57	Beauty renovation, wallcover, painting, tiling and carpeting	2000	31,764		10			31,764	57
58	Common renovation, wallcover, painting, tiling and carpteing	2000	36,699		10			36,699	58
59	Kitchen renovation, wallcover, painting and tiling	2000	24,995		10			24,995	59
60	HVAC	2000	32,028		10			32,028	60
61	Doors	2000	3,300		10			3,300	61
62	Countertop	2000	654		10			654	62
63									63
64									64
65	Room renovation	2001	1,124,343		10			1,124,343	65
66	Rehab renovation	2001	82,557		10			82,557	66
67	Nurse call system	2001	114,755	5,733	10	5,733		114,755	67
68	Kitchen renovations	2001	3,800	190	10	190		3,800	68
69	HVAC	2001	3,000	150	10	150		3,000	69
70	TOTAL (lines 4 thru 69)		$ 9,529,005	$ 196,948		$ 196,764	$ (184)	$ 6,838,470	70

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,529,005	$ 196,948		$ 196,764	$ (184)	$ 6,838,470	1
2	Doors	2001	3,187	157	10	157		3,187	2
3	Office remodeling	2001	35,071	1,754	10	1,754		35,071	3
4	HVAC	2001	28,200	1,410	10	1,410		28,200	4
5									5
6	landscaping	2002	25,539	2,554	10	2,554		24,263	6
7	Fence	2002	4,675	468	10	468		4,447	7
8	Nurse Call Station Renovation	2002	26,950	674	40	674		6,403	8
9	HVAC	2002	12,424	311	40	311		2,954	9
10									10
11	Renovations	2002	33,960	849	40	849		8,065	11
12	New Therapy Addition	2002	69,218	1,730	40	1,730		16,592	12
13	Landscaping	2001	10,400	260	40	260		2,470	13
14	Repair R3000 System	2002	3,922	98	40	98		931	14
15	Carpeting	2002	9,713	243	40	243		2,308	15
16	Bathroom remodeling	2003	12,350	618	20	618		5,253	16
17	Wallcoverings	2003	36,922	923	40	923		7,846	17
18	Floorcoverings	2003	42,356	1,059	40	1,059		9,001	18
19	Curtains and Blinds	2003	65,815	1,645	40	1,645		13,983	19
20	Landscaping and Fencing	2003	150,886	3,772	40	3,772		32,062	20
21	Parking, Curbs, and Sidewalks	2003	276,160	6,904	40	6,904		58,684	21
22	PT Wing / New Entry / New Admin. Offices	2003	1,754,047	43,852	40	43,852		378,665	22
23	Signage	2003	9,043	904	10	904		7,684	23
24	Gazebo	2003	5,436	272	20	272		2,210	24
25									25
26	Shelving	2003	1,328	133	10	133		1,130	26
27	Nurse call system	2004	33,450	3,345	10	3,345		25,088	27
28	Bath tub resurfacing	2004	4,750	238	20	238		1,785	28
29	Alzheimer Unit Renovation	2004	77,906	1,948	40	1,948		14,610	29
30	Fire Alarm	2004	1,795	180	10	180		1,388	30
31	Lighting	2004	501	50	10	50		386	31
32	Carpet	2004	2,374	237	10	237		1,829	32
33	Cabinets	2004	2,626	263	10	263		2,029	33
34	TOTAL (lines 1 thru 33)		$ 12,270,009	$ 273,799		$ 273,615	$ (184)	$ 7,536,994	34

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 12,270,009	$ 273,799		$ 273,615	$ (184)	$ 7,536,994	1
2	Water heater	2004	2,997	300	10	300		2,250	2
3	Dentist office	2004	8,981	224	40	224		1,680	3
4	Expansion	2004	1,928	48	40	48		360	4
5									5
6	Carpeting	2005	2,050	205	10	205		1,333	6
7	Thermostats	2005	4,500	300	15	300		1,950	7
8	Handrails	2005	1,375	92	15	92		598	8
9	Sidewalks	2005	10,927	546	20	546		3,549	9
10	Bath Tub Conversions	2005	5,700	390	15	390		2,530	10
11	Carpeting	2005	7,904	1,130	7	1,130		7,345	11
12	Chiller	2005	6,101	306	20	306		1,989	12
13	Paving	2005	19,642	982	20	982		6,383	13
14	Boilers & HVAC	2005	13,435	672	20	672		4,368	14
15	Storage Tank & Water Lines	2005	1,125	56	20	56		364	15
16	Chiller	2005	540	28	20	28		182	16
17	Carpeting	2005	3,040	434	7	434		2,821	17
18	Smoke Detectors	2005	2,316	116	20	116		754	18
19	Generator	2005	1,122	56	20	56		364	19
20									20
21	Asbestos Retirement Obligation - West	2006	39,569	5,652	7	5,652		31,086	21
22	Sirens - West	2006	3,063	438	7	438		2,409	22
23	Door Alarm System - West	2006	33,453	3,346	10	3,346		18,403	23
24	West Office Remodel - West	2006	19,770	988	20	988		5,434	24
25	Heat A/C Valve - West	2006	4,400	294	15	294		1,617	25
26	Grading & Sodding of Front lawn - West	2006	5,060	338	15	338		1,859	26
27	Asbestos Retirement Obligation - Saratoga Grove	2006	9,695	1,386	7	1,386		7,623	27
28	Boilers	2006	37,695	2,512	15	2,512		13,816	28
29	Reception area renovation	2006	6,500	434	15	434		2,387	29
30	Gift Shop Lighting & Fixtures	2006	29,057	1,452	20	1,452		7,986	30
31	Office & Exit Doors	2006	5,164	258	20	258		1,419	31
32	Carpeting	2006	7,138	1,020	7	1,020		5,610	32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,564,256	$ 297,802		$ 297,618	$ (184)	$ 7,675,463	34

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 12,564,256	$ 297,802		$ 297,618	$ (184)	$ 7,675,463	1
2	Door Repair - West	2007	5,670	284	20	284		1,562	2
3	Phone System - West	2007	70,262	7,026	10	7,026		38,643	3
4	Boiler	2007	9,686	969	15	969		5,168	4
5	Electrical Work - West	2007	3,120	156	20	156		858	5
6	Door Alarm Enhancement - West	2007	16,695	1,670	10	1,670		9,185	6
7	A/C Unit - West	2007	11,550	770	15	770		4,235	7
8	Water Heater - West	2007	9,370	625	15	625		3,437	8
9	Carpeting for Resident Rooms - West	2007	3,221	460	7	460		2,530	9
10	Rooftop HVAC unit	2007	15,300	1,020	15	1,020		5,610	10
11	Phone System - Saratoga Grove	2007	46,842	4,684	10	4,684		25,762	11
12	Replace bathtubs in 11 resident rooms - Saratoga Grove	2007	5,500	367	15	367		2,018	12
13	A/C Valve & ductwork replacement - Saratoga Grove	2007	6,227	311	20	311		1,711	13
14	Carpeting for Resident Rooms - Saratoga Grove	2007	15,453	2,208	7	2,208		12,144	14
15									15
16	Outdoor Lighting - West	2008	2,538	169	15	169		592	16
17	Landscapitng - Junipers	2008	8,895	593	15	593		2,076	17
18	Enlarge Oxygen Room	2008	4,513	113	40	113		395	18
19	Replace doors - Interior Main & Dining Room	2008	14,560	728	20	728		2,548	19
20	Dining Room - Architect	2008	2,800	140	20	140		490	20
21	Phone System - Labor/Wiring	2008	6,029	603	10	603		2,110	21
22	#64 & #74 Vinyl Planking	2008	6,442	644	10	644		2,254	22
23	Carpeting (SG)	2008	62,031	8,862	7	8,862		31,017	23
24	Window Treatments (SG)	2008	7,210	1,030	7	1,030		3,605	24
25									25
26	Remove & Replace sewer under nurses supply room & bathroom	2008	16,545	1,655	10	1,655		5,792	26
27	Remove wallpaper, repair wall, install new rail, paint	2008	4,000	400	10	400		1,400	27
28									28
29	SG-security camera	2009	3,347	478	7	478		1,068	29
30	Canopy sprinklers	2009	21,850	1,092	20	1,092		2,730	30
31	Fire Doors	2009	13,630	340	40	340		850	31
32	Main Dining Room Roof	2009	22,667	2,266	10	2,266		5,665	32
33									33
34	TOTAL (lines 1 thru 33)		$ 12,980,209	$ 337,465		$ 337,281	$ (184)	$ 7,850,918	34

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 12,980,209	$ 337,465		$ 337,281	$ (184)	$ 7,850,918	1
2	Emergency Outlets - Generator	2009	13,200	660	20	660		1,650	2
3	Fire Sprinkler Updates	2009	3,275	328	10	328		820	3
4	Flooring	2009	141,155	14,114	10	14,114		35,285	4
5	Plumbing	2009	33,500	1,676	20	1,676		4,190	5
6	Brick work	2009	4,575	228	20	228		456	6
7	Generator	2009	10,500	524	20	524		1,048	7
8									8
9	Dining Room Flooring	2010	41,313	4,131	10	4,131		6,197	9
10	Wanderguard System-West	2010	162,875	16,288	10	16,288		24,432	10
11	Flooring	2010	8,115	811	10	811		1,217	11
12	SG Boiler	2010	20,412	1,361	15	1,361		2,041	12
13	Wandergaurd SG	2010	178,160	17,816	10	17,816		26,724	13
14									14
15	Refrigeration repairs	2010	2,763	553	5	553		829	15
16	Gym Floor refurbishing	2010	2,886	289	10	289		433	16
17	Carpeting	2010	2,672	382	7	382		573	17
18	Flooring	2010	8,321	1,189	7	1,189		1,783	18
19									19
20	Carpeting	2011	5,500	393	7	393		393	20
21	Vinyl Flooring	2011	3,500	250	7	250		250	21
22	SG - Upper Level Carpeting	2011	36,787	2,627	7	2,627		2,627	22
23	Flooring	2011	37,935	1,897	10	1,897		1,897	23
24	Phone System	2011	43,163	2,157	10	2,157		2,157	24
25	SG - Roof Replacement	2011	82,238	4,112	10	4,112		4,112	25
26	Rooftop 5T A/C	2011	8,970	299	20	299		299	26
27	Water Heater/Boiler	2011	14,500	483	15	483		483	27
28	SG - Stabilize Floor	2011	7,650	191	20	191		191	28
29	SG - Upper Core ceiling/Lighting Upgrade	2011	8,863	222	20	222		222	29
30	SG - Signs	2011	8,210	274	15	274		274	30
31	SG - Blacktop & sidewalk repair	2011	10,859	272	20	272		272	31
32	SG - Gazebo	2011	3,460	86	20	86		86	32
33									33
34	TOTAL (lines 1 thru 33)		$ 13,885,566	$ 411,078		$ 410,894	$ (184)	$ 7,971,859	34

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 13,885,566	$ 411,078		$ 410,894	$ (184)	$ 7,971,859	1
2									2
3	SG - R&M Reclass - Installation of Backflow System	2011	6,621		10	331	331	331	3
4	SG - R&M Reclass - Carpeting	2011	5,576		10	279	279	279	4
5	SG - R&M Reclass - bathroom remodel								5
6	- Scrape/Scrub walls, patch cracks & holes, paint	2011	2,550		10	128	128	128	6
7	SG - R&M Reclass - Flush Plumbing in Building	2011	4,073		10	204	204	204	7
8	SG - R&M Reclass - Installation of new trip breaker in elevator								8
9	Mechanical Room	2011	2,500		10	125	125	125	9
10	SG - R&M Reclass - Replace valve for storage tank	2011	3,513		10	176	176	176	10
11									11
12	DG - R&M Reclass - Replace doubly Wye & concrete in floor	2011	7,450		10	373	373	373	12
13	DG - R&M Reclass - Paint walls	2011	6,500		10	325	325	325	13
14	DG - R&M Reclass - Sewer Repair	2011	8,350		10	418	418	418	14
15									15
16									16
17									17
18									18
19	Allocation from Home Office 2011		607,952			28,228	28,228	146,991	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)		$ 14,540,653	$ 411,078		$ 441,481	$ 30,403	$ 8,121,209	34

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 3,594,314	$ 137,693	$ 106,442	$ (31,251)	3-10	$ 3,514,459	71
72	Current Year Purchases	204,127	14,171	14,171		3-10	14,171	72
73	Fully Depreciated Assets							73
74	Allocation from Home Office	634,625		22,642	22,642		574,189	74
75	TOTALS	$ 4,433,066	$ 151,864	$ 143,255	$ (8,609)		$ 4,102,819	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Care	1984 Ford Bus	1989	$ 47,590	$	$	$	5	$ 47,590	76
77	Resident Care	1995 Chevrolet K20 Truck	1995	22,494				5	22,494	77
78	Resident Care	2009 Ford 12 Passenger Bus	2009	47,748	9,550	9,550		5	23,875	78
79	See Attached Schedule 13A			38,622	3,038	3,558	520		10,349	79
80	TOTALS			$ 156,454	$ 12,588	$ 13,108	$ 520		$ 104,308	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 19,469,743	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 575,530	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 597,844	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 22,314	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 12,328,336	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

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

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

Providence Downers Grove
0028605
12/31/2011
Schedule 13A

	Use	Model, Make and Year	Year Acquired	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation
1	Resident Care	SG-Ford F250 Truck	2011	30,382	3,038	3,038	-	5	3,038
2	Allocation from home office			8,240		520	520		7,311
	Totals			38,622	3,038	3,558	520		10,349

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Allocated from Home Office				9,404			6
7	TOTAL				$ 9,404 **			7

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

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

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.	/2012	$
13.	/2013	$
14.	/2014	$

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: $ 415 Description: Dietary Equipment
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		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 Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

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

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
COMMUNITY COLLEGE [ ]
HOURS PER CNA ____

3. CLINICAL PORTION:
IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
HOURS PER CNA ____

B. EXPENSES

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	10A(3)	hrs	$	8,156	$ 611,726	$	8,156	$ 611,726	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		2,871	215,357		2,871	215,357	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2,3)	hrs		9,369	702,683		9,369	702,683	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				1,103,016		1,103,016	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	20,396	$ 1,529,766	$ 1,103,016	20,396	$ 2,632,782	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.

STATE OF ILLINOIS

Facility Name & ID Number Providence Downers Grove **#** 0028605 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 **(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	$ 8,600	$ 8,600	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 222,414)	1,088,565	1,088,565	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	9,946	9,946	7
8	Accounts Receivable (owners or related parties)	1,576,412	1,576,412	8
9	Other(specify): BC / BS	5,661	5,661	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,689,184	$ 2,689,184	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	358,918	339,570	13
14	Buildings, at Historical Cost	15,842,385	14,540,653	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,000,766	4,589,520	16
17	Accumulated Depreciation (book methods)	(12,099,918)	(12,328,336)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,102,151	$ 7,141,407	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,791,335	$ 9,830,591	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 411,025	$ 411,025	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,739	89,739	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,037	20,037	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Parties	347,135	347,135	36
37	Due to Related Parties	8,198,521	8,198,521	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 9,066,457	$ 9,066,457	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	186,311	186,311	39
40	Mortgage Payable			40
41	Bonds Payable		4,979,943	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 186,311	$ 5,166,254	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 9,252,768	$ 14,232,711	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,538,567	$ (4,402,120)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,791,335	$ 9,830,591	48

***(See instructions.)**

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,984,222	1
2	Restatements (describe):		2
3	**Prior period adjustments**	(27,571)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,956,651	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(418,084)	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)**	$ (418,084)	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)**	$ 1,538,567	24 *

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 12,760,185	1
2	Discounts and Allowances for all Levels	(3,617,355)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,142,830	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,627,796	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,627,796	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	3,246	13
14	Non-Patient Meals	29,969	14
15	Telephone, Television and Radio	15,464	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,082,341	17
18	Sale of Supplies to Non-Patients	817,990	18
19	Laboratory	83,469	19
20	Radiology and X-Ray	123,179	20
21	Other Medical Services	12,524	21
22	Laundry	2,445	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,170,627	23
	D. Non-Operating Revenue		
24	Contributions	4,800	24
25	Interest and Other Investment Income***	783	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,583	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	14,100	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 14,100	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,960,936	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,542,566	31
32	Health Care	6,160,778	32
33	General Administration	3,887,437	33
	B. Capital Expense		
34	Ownership	966,428	34
	C. Ancillary Expense		
35	Special Cost Centers	1,687,902	35
36	Provider Participation Fee	133,909	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,379,020	40
41	**Income before Income Taxes (line 30 minus line 40)****	(418,084)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (418,084)	43

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

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

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

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

Providence Life Services
Provider #: 0028605
1/1/2011 to 12/31/2011 **Schedule 19A**

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

Gain or Loss on Sale of Asset	500
Other Income	55
Misc. Charges	6,529
Postage Revenue	1
Recreation Hall - DG	1,840
Recreation Hall - SG	395
Guest Room Rental - SG	650
Miscellaneous Service Income - SG	4,130
Total Line 28	14,100

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	1,688	1,880	$ 89,031	$ 47.36	1
2	Assistant Director of Nursing	1,894	2,143	77,789	36.30	2
3	Registered Nurses	42,596	31,229	1,004,322	32.16	3
4	Licensed Practical Nurses	23,352	24,600	625,744	25.44	4
5	CNAs & Orderlies	101,777	117,338	1,540,835	13.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,952	2,080	44,766	21.52	9
10	Activity Assistants	8,877	9,624	139,514	14.50	10
11	Social Service Workers	6,442	7,155	165,085	23.07	11
12	Dietician	1,081	1,130	28,946	25.62	12
13	Food Service Supervisor	9,508	10,494	184,804	17.61	13
14	Head Cook	13,224	14,508	187,049	12.89	14
15	Cook Helpers/Assistants	24,739	26,472	276,331	10.44	15
16	Dishwashers					16
17	Maintenance Workers	13,698	15,108	260,141	17.22	17
18	Housekeepers	14,804	15,885	187,080	11.78	18
19	Laundry	1,555	1,939	23,519	12.13	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	36,911	40,035	805,057	20.11	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	2,374	2,662	49,775	18.70	31
32	Other Health Care(specify)					32
33	Other(specify) Concierge	3,389	4,134	77,978	18.86	33
34	TOTAL (lines 1 - 33)	309,860	328,416	$ 5,767,766 *	$ 17.56	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		$		35
36	Medical Director	Monthly	36,312	9(3)	36
37	Medical Records Consultant	Monthly	3,821	10(3)	37
38	Nurse Consultant	Monthly	28,592	10(3)	38
39	Pharmacist Consultant	Monthly	6,268	10(3)	39
40	Physical Therapy Consultant	Monthly	1,917	10A(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,166	11(3)	44
45	Social Service Consultant	Monthly	1,125	12(3)	45
46	Other(specify) Chapel Ministry	Monthly	580	12(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 79,781		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,840	$ 153,618	10(3)	50
51	Licensed Practical Nurses	32	1,665	10(3)	51
52	Certified Nurse Assistants/Aides	848	20,124	10(3)	52
53	TOTAL (lines 50 - 52)	3,720	$ 175,407		53

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jackie Terpstra	Administrator		$ 189,065
Amounts paid out of Home Office			
allocated in column 7.			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 189,065

B. Administrative - Other

Description	Amount
Management Fees	$ 1,198,284
(Eliminated in Col. 7)	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,198,284
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Much Shelist	Legal	$ 1,256
John R. Russell Ltd	Legal	6,527
Myers Carden & Sax LLC	Legal	1,079
McGladrey & Pullen, LLP	Accounting	23,039
New Heights Group	Operations	1,937
Mitigation Solution	Operations	1,266
Holleran Consulting LLC	Resident/Staff Surveys	4,457
Darlene Ward	Operations	135
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 39,696

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 236,020
Unemployment Compensation Insurance	27,336
FICA Taxes	429,183
Employee Health Insurance	343,105
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Education	4,074
Employee Welfare	69,940
Drug Testing	10,669
TDA Expense	76,473
Uniforms	2,520
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,199,320

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	1,836
Health Care Worker Background Check	8,447
(Indicate # of checks performed 50)	
Patient Background Checks	
Life Services Network	985
Miscellaneous Licenses & Dues & Subs	24,820
Chamber of Commerce	(2,459)
Allocated from Home Office	2,703
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 36,332

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Allocated from Home Office	11,497
Seminar Expense	3,573
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 15,070

* Attach copy of IMRF notifications

**See instructions.

Providence Life Services
Provider #: 0028605
1/1/2011 to 12/31/2011 **Schedule 21A**

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	39,696
Plus: Home Office Allocation	8,653
Less: Out of period	(400)
Total (agree to Schedule V, line 19, column 8)	47,949

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

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

Facility Name & ID Number Providence Downers Grove # 0028605 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network-985**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **63,718** Line **10(2)**

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

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **133,909**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **29,969**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **In progress**
Firm Name: **KMPG**

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

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees