FOR BHF USE

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2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

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: 0047613

Facility Name: Assisi Hlth CC at Clare Oaks

Address: 829 Carillon Drive (Number) Bartlett (City) 60103 (Zip Code)

County: Cook

Telephone Number: 630-372-1983 **Fax #** 630-289-8846

HFS ID Number:

Date of Initial License for Current Owners: 6/02/2008

Type of Ownership:

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

IRS Exemption Code 501C3

In the event there are further questions about this report, please contact:
Name: Gigi Walker **Telephone Number:** 630-483-4730
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 7/01/2013 to 6/30/2014 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) Tiffany Barton
(Title) Administrator

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title) Deb Freeland, Principal
(Firm Name & Address) CliftonLarsonAllen LLP, 9339 Priority Way W Dr, Ste. 200, Indianapolis, IN 46240
(Telephone) 317-569-6230 Fax # 317-574-9707

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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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 _____

	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	120	Skilled (SNF)	120	43,800	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	120	TOTALS	120	43,800	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	6,741	12,235	15,781	34,757	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,741	12,235	15,781	34,757	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.35%

D. How many bed-hold days during this year were paid by the Department?
0 (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)
Day Care for Assisted Living 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 [ ] NO [X]

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 6/02/2008

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 120 and days of care provided 14,008

Medicare Intermediary National Government Services Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 6/30/2014 Fiscal Year: 6/30/2014

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 **Report Period Beginning:** 7/01/2013 **Ending:** 6/30/2014

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	1,123,394	66,949	146,172	1,336,515		1,336,515	(619,008)	717,507			1
2	Food Purchase		765,506		765,506		765,506	(351,583)	413,923			2
3	Housekeeping	526,704	56,190	173,537	756,431		756,431	(631,240)	125,191			3
4	Laundry											4
5	Heat and Other Utilities			870,987	870,987		870,987	(785,782)	85,205			5
6	Maintenance	389,819	76,985	565,732	1,032,536		1,032,536	(861,495)	171,041			6
7	Other (specify):*							(40,367)	(40,367)			7
8	**TOTAL General Services**	2,039,917	965,630	1,756,428	4,761,975		4,761,975	(3,289,475)	1,472,500			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	4,385,796	233,255	507,672	5,126,723		5,126,723	(487,008)	4,639,715			10
10a	Therapy			1,664,914	1,664,914		1,664,914		1,664,914			10a
11	Activities	337,951	18,210	37,563	393,724		393,724		393,724			11
12	Social Services	145,019		420	145,439		145,439		145,439			12
13	CNA Training											13
14	Program Transportation	24,921		23,523	48,444		48,444	(1,015)	47,429			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,893,687	251,465	2,234,092	7,379,244		7,379,244	(488,023)	6,891,221			16
	C. General Administration											
17	Administrative	274,308			274,308		274,308	(176,611)	97,697			17
18	Directors Fees											18
19	Professional Services			110,835	110,835		110,835		110,835			19
20	Dues, Fees, Subscriptions & Promotions			24,748	24,748		24,748		24,748			20
21	Clerical & General Office Expenses	537,670	13,186	1,269,639	1,820,495		1,820,495	(761,648)	1,058,847			21
22	Employee Benefits & Payroll Taxes			1,687,827	1,687,827		1,687,827	(591,077)	1,096,750			22
23	Inservice Training & Education											23
24	Travel and Seminar			35,352	35,352		35,352	(24,360)	10,992			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			272,683	272,683		272,683		272,683			26
27	Other (specify):* **Marketing**	258,938	6,232	669,811	934,981		934,981	(934,981)				27
28	**TOTAL General Administration**	1,070,916	19,418	4,070,895	5,161,229		5,161,229	(2,488,677)	2,672,552			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,004,520	1,236,513	8,061,415	17,302,448		17,302,448	(6,266,175)	11,036,273			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 Assisi Hlth CC at Clare Oaks #0047613 **Report Period Beginning:** 7/01/2013 **Ending:** 6/30/2014

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			1,403,665	1,403,665		1,403,665	(1,172,066)	231,599			30
31	Amortization of Pre-Op. & Org.			488,808	488,808		488,808	(407,836)	80,972			31
32	Interest			3,272,399	3,272,399		3,272,399	(2,727,106)	545,293			32
33	Real Estate Taxes			333,336	333,336		333,336		333,336			33
34	Rent-Facility & Grounds							(278,118)	(278,118)			34
35	Rent-Equipment & Vehicles			14,766	14,766		14,766	(12,320)	2,446			35
36	Other (specify):*											36
37	**TOTAL Ownership**			5,512,974	5,512,974		5,512,974	(4,597,446)	915,528			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			685,500	685,500		685,500		685,500			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			190,123	190,123		190,123		190,123			42
43	Other (specify):* **AL/IL School**	184,141		(1,925)	182,216		182,216	(182,216)				43
44	**TOTAL Special Cost Centers**	184,141		873,698	1,057,839		1,057,839	(182,216)	875,623			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,188,661	1,236,513	14,448,087	23,873,261		23,873,261	(11,045,837)	12,827,424			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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	(12,343)	1		4
5	Telephone, TV & Radio in Resident Rooms	(99,442)	5		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	(870)	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	(2,726,236)	32		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				24
25	Fund Raising, Advertising and Promotional	(934,981)	27		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				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,773,872)		$	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)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,773,872)		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 **Page 5A**

Assisi Hlth CC at Clare Oaks

ID# **0047613**

Report Period Beginning: **7/01/2013**

Ending: **6/30/2014**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Allowable (AL & IL) Dietary	$ (606,665)	1	1
2	Non-Allowable (AL & IL) Food	(347,475)	2	2
3	Non-Allowable (AL & IL) Housekeeping	(631,127)	3	3
4	Non-Allowable (AL & IL) Utilities	(686,340)	5	4
5	Non-Allowable (AL & IL) Maintenance	(861,495)	6	5
6	Non-Allowable (AL & IL) Nursing	(487,008)	10	6
7	Non-Allowable (AL & IL) Administrative	(176,611)	17	7
8	Non-Allowable (AL & IL) Clerical and Office	(750,906)	21	8
9	Non-Allowable (AL & IL) Benefits & Payroll Taxes	(591,077)	22	9
10	Non-Allowable (AL & IL) Property/Liability Insurance	0	26	10
11	Non-Allowable (AL & IL) Depreciation	(1,172,066)	30	11
12	Non-Allowable (AL & IL) Amortization	(407,836)	31	12
13	Non-Allowable (AL & IL) Expenses	(182,216)	43	13
14	Non-Allowable (AL & IL) Travel and Seminar	(4,678)	24	14
15	Non-Allowable (AL & IL) Trash Removal Expense	(40,367)	7	15
16	Non-Allowable Food	(4,108)	2	16
17	Non-Allowable (AL & IL) Ground Lease Expense	(278,118)	34	17
18	Non-Allowable (AL & IL) Equipment Rental	(12,320)	35	18
19	Guest Accomodations	(9,171)	21	19
20	Laundry Services	(113)	3	20
21	Misc Revenue	(1,571)	21	21
22	Transporation Revenue	(1,015)	14	22
23	Non-Allowable Travel & Seminar Expense	(19,682)	24	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**	(7,271,965)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 **Report Period Beginning:** 7/01/2013 **Ending:** 6/30/2014

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary	(619,008)	0	0	0	0	0	0	0	0	0	0	(619,008)	1
2	Food Purchase	(351,583)	0	0	0	0	0	0	0	0	0	0	(351,583)	2
3	Housekeeping	(631,240)	0	0	0	0	0	0	0	0	0	0	(631,240)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(785,782)	0	0	0	0	0	0	0	0	0	0	(785,782)	5
6	Maintenance	(861,495)	0	0	0	0	0	0	0	0	0	0	(861,495)	6
7	Other (specify):*	(40,367)	0	0	0	0	0	0	0	0	0	0	(40,367)	7
8	**TOTAL General Services**	(3,289,475)	0	0	0	0	0	0	0	0	0	0	(3,289,475)	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	(487,008)	0	0	0	0	0	0	0	0	0	0	(487,008)	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	(1,015)	0	0	0	0	0	0	0	0	0	0	(1,015)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(488,023)	0	0	0	0	0	0	0	0	0	0	(488,023)	16
	C. General Administration													
17	Administrative	(176,611)	0	0	0	0	0	0	0	0	0	0	(176,611)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(761,648)	0	0	0	0	0	0	0	0	0	0	(761,648)	21
22	Employee Benefits & Payroll Taxes	(591,077)	0	0	0	0	0	0	0	0	0	0	(591,077)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(24,360)	0	0	0	0	0	0	0	0	0	0	(24,360)	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):*	(934,981)	0	0	0	0	0	0	0	0	0	0	(934,981)	27
28	**TOTAL General Administration**	(2,488,677)	0	0	0	0	0	0	0	0	0	0	(2,488,677)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(6,266,175)	0	0	0	0	0	0	0	0	0	0	(6,266,175)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 **Report Period Beginning:** 7/01/2013 **Ending:** 6/30/2014

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

	Capital Expense D. Ownership	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)	
30	Depreciation	(1,172,066)	0	0	0	0	0	0	0	0	0	0	(1,172,066)	30
31	Amortization of Pre-Op. & Org.	(407,836)	0	0	0	0	0	0	0	0	0	0	(407,836)	31
32	Interest	(2,727,106)	0	0	0	0	0	0	0	0	0	0	(2,727,106)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(278,118)	0	0	0	0	0	0	0	0	0	0	(278,118)	34
35	Rent-Equipment & Vehicles	(12,320)	0	0	0	0	0	0	0	0	0	0	(12,320)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(4,597,446)	0	0	0	0	0	0	0	0	0	0	(4,597,446)	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):*	(182,216)	0	0	0	0	0	0	0	0	0	0	(182,216)	43
44	**TOTAL Special Cost Centers**	(182,216)	0	0	0	0	0	0	0	0	0	0	(182,216)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(11,045,837)	0	0	0	0	0	0	0	0	0	0	(11,045,837)	45

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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
				Sisters of St. Joseph	Stevens Point, WI	Convent

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	Ground Lease Expense	$ 333,336	Sisters of St. Joseph	0.00%	$ 333,336	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 333,336			$ 333,336	$ *	14

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	See attached listing of board of directors								$		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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	Series 2012 Bonds		X	Refinancing		12/1/2012	$ 89,000,068	$ 88,560,068	11/15/2052	Varies	$ 2,561,677	1
2	Interest Accretion Series 2012										710,722	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 89,000,068	$ 88,560,068			$ 3,272,399	9
	B. Non-Facility Related*											
10	Less: Non-allowable portion of above bonds										(2,726,236)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,726,236)	14
15	TOTALS (line 9+line14)						$ 89,000,068	$ 88,560,068			$ 546,163	15

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

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

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 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.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2009		8
2010		9
2011		10
2012		11
2013		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Assisi Hlth CC at Clare Oaks COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0047613

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	N/A		$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,088 B. General Construction Type: Exterior Brick and Composite Frame Steel and Concrete Number of Stories 5

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. [ ] (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).

Clare Oaks, Independent Living Facility (154 Apartments, 10 Cottages)
Clare Oaks, Assisted Living Facility (17 units)
Clare Oaks. Memory Support (16 units)

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

1. Total Amount Incurred: 8,537,561
2. Number of Years Over Which it is Being Amortized: Marketing 13-Financing 30
3. Current Period Amortization: 488,808
4. Dates Incurred: 2/1/2008 and 12/1/2012

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				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	120		2008	2008	$ 26,298,344	$ 876,611	30	$ 876,611	$	$ 7,034,330	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	2008 Fixed Assets			2008	1,866,356						9
10	2009 Fixed Assets			2009	55,774						10
11	Maple Sugar #006 apt conversion			2010	1,754						11
12	Asbestos removal			2010	1,135						12
13	Requisition #35 pd 11/19/2010			2010	261,606						13
14	Asphalt repairs school parking lot			2010	2,000						14
15	drainage repair Cornerstone Partners 11/20/10			2010	5,764						15
16	drainage repairs Cornerstone Partners 11/23/10			2010	2,602						16
17	drainage repairs Cornerstone Partners 11/29/10			2010	378						17
18	Convert unit from Handicap to Std			2011	1,517						18
19	Labor for HVAC Repair			2011	1,600						19
20	New concrete sidewalks			2011	3,860						20
21	Gutters			2012	2,451						21
22	Drainage system improvement			2012	2,150						22
23	Boiler - De-aertor equipment - 1st draw			2012	28,000						23
24	New granite counter tops and sinks			2012	12,850						24
25	Refriderant supply lines improvements			2012	8,564						25
26	Apartment/Cottage upgrades - faucets, lighting			2012	1,667						26
27	WSHP water load system			2012	2,800						27
28	New appliances for cottage upgrade			2012	3,983						28
29	New pendant system			2012	73,164						29
30	New security camera system			2012	25,490						30
31	New grease trap for main kitchen			2012	24,500						31
32	Boiler - De-aertor equipment - 2nd draw			2012	52,135						32
33	Boiler - Steam boiler treatment and control system			2012	21,855						33
34	WSHP Replacement units			2012	20,580						34
35	4 compressors for WSHP units			2012	3,142						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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	Boiler - Installation	2013	$ 48,860	$		$	$	$	37
38	Apartment/Cottage upgrades - labor	2013	2,366						38
39	HVAC unit install	2013	1,094						39
40	Soft start drive controls for cooling tower	2013	4,795						40
41	Replacement interior doors in HC	2013	3,302						41
42	Replace compressor in unit 219	2013	3,083						42
43	Electrical line - new pendent	2013	1,018						43
44	Apartment/Cottage upgrades - Painting	2013	7,107						44
45	Apartment/Cottage upgrades - Additional lighting fixt.	2013	689						45
46	Refurbish unit 232	2013	1,548						46
47	Flooring upgrade - IL305	2013	1,952						47
48	Boiler - De-aertor equipment - 4th draw	2013	13,400						48
49	Boiler - De-aertor equipment - 3rd draw	2013	16,600						49
50	New laminate countertops for IL 232 & 131	2013	2,164						50
51	Boiler - De-aertor equipment - 5th and Final draw	2013	27,165						51
52	Upgrades to IL 310	2013	1,586						52
53	New push button systems for main entrance doors	2013	2,549						53
54	Boiler - RO system	2013	9,018						54
55	Fire safety doors for Clare Woods Academy	2013	10,896						55
56	Additon of a walkway to access pond	2013	3,850						56
57	Parking lot - sealcoating, restriping, repair cracks	2013	24,000						57
58	Asphalt sealing for bike path	2013	2,380						58
59	Speed bumps	2013	2,400						59
60	Sewer cover repair & assembly	2013	1,708						60
61	Outlets for generator in main phone room	2013	1,184						61
62	Amer. Elm Cottage/Furniture/Décor/Light Fixtures/Cabinet	2013	72,035						62
63	Boiler Project - Deareator insulation	2013	1,050						63
64	Model Upgrades - New Appliances	2013	3,541						64
65	Model Upgrades - New Countertops	2013	3,150						65
66	Boiler - completion of chemical feed	2013	7,700						66
67	Replace unit disconnect	2013	3,565						67
68	Discovery Room Upgrade Chairs/table Marketing	2013	4,247						68
69	Breakroom Upgrade bar stools/chairs	2013	11,583						69
70	TOTAL (lines 4 thru 69)		$ 29,087,605	$ 876,611		$ 876,611	$	$ 7,034,330	70

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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		$ 29,087,605	$ 876,611		$ 876,611	$	$ 7,034,330	1
2	Painting and Flooring for Apts 310,312,Cottage 1&10	2013	16,496						2
3	IL Hallway Project Prep/Paint/drywall building 827	2013	18,650						3
4	ED office renovation (Demolition, Doors, Drywall, Electrical, Carp	2014	5,260						4
5	Painting Project - New office area	2014	5,200						5
6	Painting 2nd/3rd Floor Hallways, Libraries, Offices (DRs, MDS, C	2014	30,042						6
7	New sprinkler and fire alarm system in new office area	2014	16,785						7
8	New flooring and wall repair in AL Spa	2014	5,446						8
9	Apply ceiling insulation in the Commons attic	2014	20,680						9
10	General Electrical Work Rooms 2R and G-53	2014	1,020						10
11	New Laminate Flooring Rooms 2R and G-53	2014	2,646						11
12	Painting (labor and supplies) room G-53	2014	390						12
13	Paint 2 coats, walls and trim, plus repair cracks in room 2R	2014	300						13
14	New door handles (11), light bulbs (3 pk) and blinds	2014	799						14
15	New Hardwood Flooring for Pub & IL Private Dining Rm	2014	19,400						15
16	Landscaping Project, improvment of grounds	2014	10,578						16
17	Extend drain curtain in parking lot	2014	1,700						17
18									18
19	Financial Statement Depreciation			177,028		177,028		2,800,649	19
20	AL/IL Allocation			(880,100)		(880,100)		(6,627,816)	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)		$ 29,242,997	$ 173,539		$ 173,539	$	$ 3,207,163	34

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	$ 2,808,340	$ 334,464	$ 334,464	$	VAR	$ 1,555,670	71
72	Current Year Purchases	327,686	11,340	11,340		VAR	11,340	72
73	Fully Depreciated Assets	1,141,348				VAR	1,141,348	73
74	Less AL/IL	(3,563,466)	(288,088)	(288,088)			(2,256,324)	74
75	TOTALS	$ 713,908	$ 57,716	$ 57,716	$		$ 452,034	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	Transportation of Residents	2008 Chevrolet Starcraft Van	2008	$ 69,631	$	$	$	5	$ 69,631	76
77	Transportation of Residents	Bus Lease Buyout	2014	6,888	344	344		5	344	77
78										78
79										79
80	TOTALS			$ 76,519	$ 344	$ 344	$		$ 69,975	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)	$ 30,033,424	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 231,599	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 231,599	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)	$ 3,729,172	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	Non-Allowable (AL & IL) Building	$ 24,362,239	$ 880,100	$ 6,627,816	86
87	Non-Allowable (AL & IL) Equipment	3,563,466	288,088	2,256,324	87
88	Non-Allowable (AL & IL) Vehicles	66,734	3,877	40,371	88
89					89
90					90
91	TOTALS	$ 27,992,439	$ 1,172,065	$ 8,924,511	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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

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.	/2015	$
13.	/2016	$
14.	/2017	$

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

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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.

   The Health Care Center only hires trained CNAs.

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.

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	$	13,380	$ 833,669	$	13,380	$ 833,669	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		4,010	185,086		4,010	185,086	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-3	hrs		20,931	646,159		20,931	646,159	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							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			$	38,321	$ 1,664,914	$	38,321	$ 1,664,914	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 Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/2014 (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	$ 2,775,851	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 540,006)	2,186,127		3
4	Supply Inventory (priced at)	36,689		4
5	Short-Term Investments			5
6	Prepaid Insurance	103,663		6
7	Other Prepaid Expenses	1,529,235		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,631,565	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	29,242,995		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,420,627		16
17	Accumulated Depreciation (book methods)	(12,653,684)		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): See supplemental schedule	14,608,550		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 35,618,488	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 42,250,053	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,078,266	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	236,719		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	319,889		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37	Other Accrued Expenses	364,620		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,999,494	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	89,619,190		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule	38,718,358		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 128,337,548	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 130,337,042	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (88,086,989)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 42,250,053	$	48

***(See instructions.)**

Facility Name & ID Number Assisi Hlth CC at Clare Oaks **#** 0047613 **Report Period Beginning:** 7/01/2013 **Ending:** 6/30/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (83,437,060)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (83,437,060)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,649,929)	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)**	$ (4,649,929)	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)**	$ (88,086,989)	24 *

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	$ 11,300,271	1
2	Discounts and Allowances for all Levels	(4,541,835)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,758,436	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,608,332	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,608,332	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	10,317	13
14	Non-Patient Meals	12,343	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	86,026	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 108,686	23
	D. Non-Operating Revenue		
24	Contributions	395	24
25	Interest and Other Investment Income***	870	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,265	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	IL Revenue	6,792,734	28
28a	Other Revenue	(46,121)	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 6,746,613	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 19,223,332	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	4,761,975	31
32	Health Care	7,379,244	32
33	General Administration	5,161,229	33
	B. Capital Expense		
34	Ownership	5,512,974	34
	C. Ancillary Expense		
35	Special Cost Centers	1,057,839	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 23,873,261	40
41	**Income before Income Taxes (line 30 minus line 40)****	(4,649,929)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (4,649,929)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 915,147	44
45	Private Pay - Net Inpatient Revenue	3,450,972	45
46	Medicare - Net Inpatient Revenue	2,262,713	46
47	Other-(specify) Managed Care	98,174	47
48	Other-(specify) Hospice	31,430	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,758,436	49

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

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

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

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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	2,060	2,080	$ 91,277	$ 43.88	1
2	Assistant Director of Nursing	2,080	2,080	77,252	37.14	2
3	Registered Nurses	53,429	50,588	1,410,993	27.89	3
4	Licensed Practical Nurses	47,511	53,945	885,357	16.41	4
5	CNAs & Orderlies	118,373	127,451	1,494,857	11.73	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	5,421	6,411	98,557	15.37	9
10	Activity Assistants	17,920	18,068	286,564	15.86	10
11	Social Service Workers	7,471	7,919	173,223	21.87	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	77,835	80,713	1,009,375	12.51	15
16	Dishwashers	11,688	12,385	107,190	8.65	16
17	Maintenance Workers	20,895	24,043	384,491	15.99	17
18	Housekeepers	41,863	44,453	474,804	10.68	18
19	Laundry	2,558	2,678	27,085	10.11	19
20	Administrator	2,080	2,080	104,550	50.26	20
21	Assistant Administrator					21
22	Other Administrative	17,676	15,864	699,626	44.10	22
23	Office Manager					23
24	Clerical	32,579	41,315	693,195	16.78	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,594	2,330	123,483	53.00	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,054	1,567	46,782	29.85	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	468,087	495,970	$ 8,188,661 *	$ 16.51	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	322	$ 16,088	10-3	35
36	Medical Director	192	66,000	10-3	36
37	Medical Records Consultant	24	1,560	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	245	7,173	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	1,290		44
45	Social Service Consultant	10	760	10-3	45
46	Other(specify) Interim MDS	344	30,272	10-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,157	$ 123,143		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	3,799	86,917	10-3	52
53	TOTAL (lines 50 - 52)	3,799	$ 86,917		53

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michelle Hart-Carlson	Admnistrator		$ 104,833
Elizabeth Welch	Executive Director		169,475
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 274,308

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
Various	Legal	$ 50,783
CliftonLarsonAllen	Accounting	48,226
Arch Consultants	Consulting	10,918
Laurie & Brennan LLP	Construction Legal	909
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 110,835

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 402,255
Unemployment Compensation Insurance	38,932
FICA Taxes	617,771
Employee Health Insurance	481,120
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
FUTA/SUI Expense	
Employee PTO	58,405
Employee Hiring Expense	407
Employee Recruitment	27,678
Drug/Background Checks	48,196
Employee Retention	13,063
Less: Non-Allowable Benefits	(591,077)
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,096,750

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

Description	Line #	Amount
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Dues and subscriptions	24,748
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 24,748

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	4,306
Meals	24,112
Seminar Expense	3,934
Less: Non-Allowable Travel	(24,360)
Less: Reclassification	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,992

**See instructions.

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/01/2013 Ending: 6/30/2014

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. **LSN $13,866**

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

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

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **50,257** 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. $ **190,123**
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. $ **12,343**

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

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **CliftonLarsonAllen**

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.