FOR BHF USE

LL1

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.

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

I. IDPH License ID Number: 0050468

Facility Name: Walnut Grove Village

Address: 1095 Twilight Drive (Number) Morris (City) 60450 (Zip Code)

County: Grundy

Telephone Number: (828) 381-4923 **Fax #** Faxes not accepted

HFS ID Number:

Date of Initial License for Current Owners: 08/01/09

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/14 to 12/31/14 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name)
(Title)

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

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	123	Skilled (SNF)	123	44,895	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	123	TOTALS	123	44,895	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	14,989	9,749	7,247	31,985	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,989	9,749	7,247	31,985	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.24%

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)
N/A

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 08/01/09

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 08/01/09 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 59 and days of care provided 5,441

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number Walnut Grove Village # 0050468 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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	216,297	25,478	18,599	260,374		260,374		260,374			1
2	Food Purchase		191,749		191,749		191,749	(1,217)	190,532			2
3	Housekeeping	137,703	14,665	720	153,088		153,088		153,088			3
4	Laundry	54,906	21,652	2,678	79,236		79,236		79,236			4
5	Heat and Other Utilities			112,127	112,127		112,127	3,470	115,597			5
6	Maintenance	69,882	50,406	130,797	251,085		251,085	(25,327)	225,758			6
7	Other (specify):*											7
8	**TOTAL General Services**	478,788	303,950	264,921	1,047,659		1,047,659	(23,074)	1,024,585			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,204,182	163,168	23,162	2,390,512		2,390,512		2,390,512			10
10a	Therapy											10a
11	Activities	59,455	2,410	3,540	65,405		65,405		65,405			11
12	Social Services	71,977		1,477	73,454		73,454		73,454			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,335,614	165,578	46,179	2,547,371		2,547,371		2,547,371			16
	C. General Administration											
17	Administrative	87,675		361,907	449,582		449,582	(361,907)	87,675			17
18	Directors Fees											18
19	Professional Services			92,487	92,487		92,487	(1,805)	90,682			19
20	Dues, Fees, Subscriptions & Promotions			11,855	11,855		11,855	799	12,654			20
21	Clerical & General Office Expenses	118,057	40,410	42,025	200,492		200,492	265,830	466,322			21
22	Employee Benefits & Payroll Taxes			693,353	693,353		693,353		693,353			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,206	3,206		3,206	13,658	16,864			24
25	Other Admin. Staff Transportation			38,609	38,609		38,609		38,609			25
26	Insurance-Prop.Liab.Malpractice			138,670	138,670		138,670	1,836	140,506			26
27	Other (specify):* **HO Alloc - Benefits**							31,776	31,776			27
28	**TOTAL General Administration**	205,732	40,410	1,382,112	1,628,254		1,628,254	(49,813)	1,578,441			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,020,134	509,938	1,693,212	5,223,284		5,223,284	(72,887)	5,150,397			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 Walnut Grove Village #0050468 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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			45,336	45,336		45,336	26,265	71,601			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			12	12		12	10,362	10,374			32
33	Real Estate Taxes			86,000	86,000		86,000	(543)	85,457			33
34	Rent-Facility & Grounds			707,773	707,773		707,773		707,773			34
35	Rent-Equipment & Vehicles			21,051	21,051		21,051	5,478	26,529			35
36	Other (specify):*											36
37	**TOTAL Ownership**			860,172	860,172		860,172	41,562	901,734			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		287,813	539,766	827,579		827,579		827,579			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			224,513	224,513		224,513		224,513			42
43	Other (specify):* Non-Allowable Cos			189,554	189,554		189,554	(189,554)				43
44	**TOTAL Special Cost Centers**		287,813	953,833	1,241,646		1,241,646	(189,554)	1,052,092			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,020,134	797,751	3,507,217	7,325,102		7,325,102	(220,879)	7,104,223			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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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				4
5	Telephone, TV & Radio in Resident Rooms	(5,175)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	18,247	30		9
10	Interest and Other Investment Income	(18,886)	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	(13,765)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,457)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(114,000)	43		24
25	Fund Raising, Advertising and Promotional	(21,081)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(70,771)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (236,888)		$	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)	16,009		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 16,009		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (220,879)		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

Walnut Grove Village

ID# 0050468

Report Period Beginning: 01/01/14

Ending: 12/31/14

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Radiology	$ (17,145)	43	1
2	Laboratory	(11,899)	43	2
3	Capitalize Repairs Expenses	(26,710)	6	3
4	Vending Machine Revenues	(1,217)	2	4
5	Other Revenue offset	(2,728)	21	5
6	Condo cost allocated from Home Office	(4,040)	43	6
7	Disallow "allowable" advertising	(6,489)	43	7
8	Adjust Real Estate Tax	(543)	33	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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**	(70,771)		49

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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
Morris Sterling Holdings, LLC	100	Regency Care of Mountain Ridge	North Carolina	Coventry Cottages	Sterling, IL	Independent Liv.
		Regency Care of Clemmons	North Carolina	Walnut Grove Cottage	Morris	Independent Liv.
		Regency Care of Mount Sterling	Kentucky	N100LW, LLC	Hickory, NC	Airplane entity
		Regency Care of Blountstown	Florida	DMG Aero , LLC	Hickory, NC	Airplane entity
		Coventry Living Center	Sterling, IL	Regency Care Holding	Hickory, NC	Holding Co.
				SCK Assurance, LLC	Hickory, NC	Insurance Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] 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		N/A	$			$	$	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			$			$	$ * 0	14

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	5	Utilities	$	WW Healthcare Consultants, LLC		$ 3,470	$ 3,470	15
16	V	6	Maintenance & Repair - Other		WW Healthcare Consultants, LLC		1,383	1,383	16
17	V	17	Management Fees	361,907	WW Healthcare Consultants, LLC			(361,907)	17
18	V	19	Professional Services		WW Healthcare Consultants, LLC		9,652	9,652	18
19	V	20	Dues, Fees, Subs. & Promotions		WW Healthcare Consultants, LLC		535	535	19
20	V	21	Clerical/General-Other		WW Healthcare Consultants, LLC		30,475	30,475	20
21	V	21	Office/Other Supplies		WW Healthcare Consultants, LLC		11,372	11,372	21
22	V	21	Salaries/Wages		WW Healthcare Consultants, LLC		226,975	226,975	22
23	V	24	Travel/Seminar		WW Healthcare Consultants, LLC		13,658	13,658	23
24	V	26	Insurance		WW Healthcare Consultants, LLC		1,836	1,836	24
25	V	27	Employee Benefits		WW Healthcare Consultants, LLC		31,776	31,776	25
26	V	30	Depreciation		WW Healthcare Consultants, LLC		8,018	8,018	26
27	V	32	Interest		WW Healthcare Consultants, LLC		29,248	29,248	27
28	V	35	Rent		WW Healthcare Consultants, LLC		5,478	5,478	28
29	V	43	Other Costs		WW Healthcare Consultants, LLC		4,040	4,040	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			$ 361,907			$ 377,916	$ * 16,009	39

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	22	Employee Benefit-Work Comp	$ 61,798	SCK Assurance, LLC	0.00%	$ 61,798	$	15
16	V	26	Insurance - Gen & Prof Liability	50,741	SCK Assurance, LLC	0.00%	50,741		16
17	V	26	Insurance - RAC Audit	17,472	SCK Assurance, LLC	0.00%	17,472		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			$ 130,011			$ 130,011	$ * 0	39

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5			Note : No owners received compensation from this facility.								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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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: WW Healthcare Consultants, LLC
Street Address: 1978 8th Avenue NW
City / State / Zip Code: Hickory, NC 28601
Phone Number: (828) 381-4923
Fax Number: (828) 322-9598

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident days	206246	6	$ 22,376	$	31,985	$ 3,470	1
2	6	Maintenance & Repair - Other	Resident days	206246	6	8,916		31,985	1,383	2
3	19	Professional Services	Resident days	206246	6	62,240		31,985	9,652	3
4	20	Dues, Fees, Subs. & Promotions	Resident days	206246	6	3,452		31,985	535	4
5	21	Clerical/General-Other	Resident days	206246	6	196,511		31,985	30,475	5
6	21	Office/Other Supplies	Resident days	206246	6	73,332		31,985	11,372	6
7	21	Salaries/Wages	Resident days	206246	6	1,463,582	1,463,582	31,985	226,975	7
8	24	Travel/Seminar	Resident days	206246	6	88,070		31,985	13,659	8
9	26	Insurance	Resident days	206246	6	11,841		31,985	1,836	9
10	27	Employee Benefits	Resident days	206246	6	204,897		31,985	31,776	10
11	30	Depreciation	Resident days	206246	6	51,704		31,985	8,018	11
12	32	Interest	Resident days	206246	6	188,594		31,985	29,247	12
13	35	Rent	Resident days	206246	6	35,322		31,985	5,478	13
14	43	Other Costs	Resident days	206246	6	26,051		31,985	4,040	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,436,888	$ 1,463,582		$ 377,916	25

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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: SCK Assurance, LLC
Street Address: 1978 8th Avenue NW
City / State / Zip Code: Hickory, NC 28601
Phone Number: (828) 381-4923
Fax Number: (828) 322-9598

	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	22	Employee Benefit-Work Comp	Direct Cost			$	$		$ 61,798	1
2	26	Insurance - Gen & Prof Liability	Direct Cost						50,741	2
3	26	Insurance - RAC Audit	Direct Cost						17,472	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					$	$		$ 130,011	25

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	NRF Healthcare, LLC		X	Rent Arrearages	Demand	7/1/11	170,224	28,371	Demand			6
7												7
8	Finance charge		X								12	8
9	TOTAL Facility Related						$ 170,224	$ 28,371			$ 12	9
	B. Non-Facility Related*											
10								Offset interest income			(18,886)	10
11												11
12								HO Interest Allocation			29,248	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 10,362	14
15	TOTALS (line 9+line14)						$ 170,224	$ 28,371			$ 10,374	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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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.**	$ 86,000	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.)	2013	$ 85,457	2
3. Under or (over) accrual (line 2 minus line 1).		$ (543)	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 86,000	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
	Allocated from Managment Co.		
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.		$ 85,457	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2009	122,435	8
	2010	121,856	9
	2011	90,178	10
	2012	85,918	11
	2013	85,457	12

Accrual Calculation:	PY Accrual: $86,000		
+	CY RE Tax Expense: $85,457		
+	Immaterial Variance: $543		
Total:	$86,000	16	AMOUNT TO USE FOR RATE CALCULATION $ 16

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

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 Walnut Grove Village COUNTY Grundy

FACILITY IDPH LICENSE NUMBER 0050468

CONTACT PERSON REGARDING THIS REPORT Gene Woodard

TELEPHONE (828) 381-4923 FAX #: Please call, faxes may not be received.

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.	02-33-301-013	Nursing Facility	$ 84,466.28	$ 84,466.28
2.	02-33-301-006	Nursing Facility	$ 573.22	$ 573.22
3.	02-33-353-025	Nursing Facility	$ 170.06	$ 170.06
4.	02-33-353-026	Nursing Facility	$ 247.04	$ 247.04
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 85,456.60	$ 85,456.60

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach 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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,744 B. General Construction Type: Exterior Brick Frame Wood Number of Stories One

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

30 Cottages - Cost not included in cost report

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:
(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			N/A	$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Focus Fire			2009	6,096	813	5	610	(203)	6,096	9
10	Flooring			2009	3,774	503	5	377	(126)	3,774	10
11	Landscaping-Lava Rock			2009	6,723	672	10	672		3,696	11
12	Carpet			2009	3,183	371	5	317	(54)	3,183	12
13											13
14	New Wing Construction			2010	20,853	2,085	10	2,085	0	9,384	14
15	-Drywall work, doors, furniture, equipment, change heating										15
16	and air conditioning, 10 new exit signs										16
17											17
18	Emcor Repair										18
19	-Replace blower motor, 2 compressors, 2 belts, flushed out			2010	10,153	1,015	10	1,015	0	4,736	19
20	2 condensor coils, new motor, 2 new capacitors, new										20
21	thermostat, new temp sensor, replace supply line, clean										21
22	exchanger tubes air filter & trap, clean evaporator coil,										22
23	recharge 2 units										23
24	-New boiler flow switch, rewired controls, boiler relief valve,			2010	3,349	335	10	335	(0)	1,340	24
25	adjust boiler damper motor location, 2 new couplers										25
26											26
27	New sprinkler system : repipe N & S hallways, heads for N, S & W			2010	15,647	1,565	10	1,565	(0)	7,041	27
28	hallways, bathrooms & nursing station, pressure test										28
29											29
30	Hot Water Replacement			2010	4,800		10	480	480	2,160	30
31											31
32											32
33											33
34											34
35											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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	Doors Done Right-6 Doors- Invoice 4563 4/8/2011	2011	$ 7,004	$	15	$ 467	$ 467	$ 1,634	37
38	RF Technologies-Wanderer System	2011	9,531		5	1,906	1,906	6,672	38
39	Illinois Electric Services Inv 113009336,113011336,113014336 Elect	2011	9,350	935	10	935		3,273	39
40	Illinois Electric Services - Install code alert model	2011	7,300		7	1,043	1,043	3,650	40
41	Menards - BTU Window AC & Stand fan	2011	3,119		10	312	312	1,092	41
42	Menards - BTU Window AC & ELEC DEHUM SOL	2011	3,638		10	364	364	1,273	42
43									43
44	Sprinkler System - Nursing Home	2012	10,326	1,033	10	1,033	(0)	2,582	44
45	New Door Installation - Employee Entrance & Service Hall	2012	6,330	633	10	633	0	1,583	45
46	R/M Reclass: Chiller Condenser (outside, service entrance)	2012	2,762		5	552	552	1,381	46
47	Equipment Reclass: Generator (outside, off large dining rm.)	2012	4,617		5	923	923	2,309	47
48									48
49	Heat Pump Installation in Hallway One	2013	7,513	412	10	751	339	1,127	49
50	New Door Installation - Nursing Home	2013	13,137	1,315	10	1,314	(1)	1,971	50
51	New Fire Sprinkler Installation in Boiler Room	2013	5,750	575	10	575		863	51
52	R/M Reclass: Heat Pump & Blower-Hallway 1 (Dining RM & Kitcl	2013	2,695		10	270	270	405	52
53	R/M Reclass: Garcia Masonry	2013	3,800		10	380	380	570	53
54									54
55	R/M Reclass: Guttering, corners, fascia & downspouts for bldg	2014	2,870		10	144	144	144	55
56	R/M Reclass: Building HVAC unit controls	2014	2,640		5	264	264	264	56
57	R/M Reclass: EMCOR-Replace Fan (HP#5); replace compressor	2014	5,230		5	523	523	523	57
58	for rooms 407/409; replace shower heat pump								58
59	R/M Reclass: Replace compressor for admin office & blower	2014	4,105		5	411	411	411	59
60	motor on the hall unit								60
61	R/M Reclass: Generator repair- Rear of building	2014	2,547		5	255	255	255	61
62	R/M Reclass: Repair of boiler & heat pump in kitchen, admin	2014	4,098		5	410	410	410	62
63	ofc, DON ofc. Cleaned & repaired when possible. Replaced								63
64	units where necessary.								64
65	Phones Plus Biz - Telephone system	2014	18,050		10	903	903	903	65
66	RF Technologies - Wanderer system	2014	17,335		5	1,734	1,734	1,734	66
67	D Construction inv 22294 - Driveway extension	2014	21,075	790	8	1,317	527	1,317	67
68	R/M Reclass: EMCOR-Replace compressor-Mech rm.-Inspect	2014	5,220						68
69	& evaluate 45 heat pumps-Replace/Repair where necessary				5	522	522	522	69
70	TOTAL (lines 4 thru 69)		$ 254,621	$ 13,052		$ 25,397	$ 12,346	$ 78,275	70

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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		$ 254,621	$ 13,052		$ 25,397	$ 12,346	$ 78,275	1
2									2
3	HVAC and Sprinkler System throughout facility	2010	77,975		10	7,798	7,798	35,091	3
4	New Cooling Tower	2010	27,775		10	2,778	2,778	12,501	4
5	Renovate hallway and replace nursing station with private	2010	44,307		10	4,431	4,431	19,940	5
6	rooms - Gardens Hall								6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 404,678	$ 13,052		$ 40,404	$ 27,353	$ 145,807	34

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 181,106	$ 28,627	$ 21,219	$ (7,408)	6-7	$ 92,574	71
72	Current Year Purchases	23,703	3,657	1,960	(1,697)	5-7	1,960	72
73	Fully Depreciated Assets	20,170					20,170	73
74	Home Office Allocation			8,018	8,018			74
75	TOTALS	$ 224,979	$ 32,284	$ 31,197	$ (1,087)		$ 114,704	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	N/A			$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	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)	$ 629,657	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 45,336	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 71,601	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 26,266	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 260,511	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.

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Wakefield Communities-Morris LLC
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. [X] 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:		123	1/1/10	$ 707,773			3
4	Additions							4
5								5
6								6
7	TOTAL		123		$ 707,773 **			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 .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning 3/26/10
    Ending 3/31/2025

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2015	$ 702,000
13.	12/31/2016	$ 702,000
14.	12/31/2017	$ 702,000

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: $ 26,529 Description: See Sch 14A
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name: **Walnut Grove Village**
IDPH License ID Number: **0050468**
Fiscal Year End: **12/31/14**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Equipment Rental - Adminisrative	269
Equipment Rental - Nursing	17,248
Equipment Rental - Dietary	1,746
Home Office Allocation	5,478
Other Rent/Lease Expense	1,788
Total - Line 16	**26,529**

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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.

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	39(2) &(3)	hrs	$	4,735	$ 217,805	$ 36	4,735	$ 217,841	1
2	Licensed Speech and Language Development Therapist	39(2) &(3)	hrs		1,167	60,526		1,167	60,526	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2) &(3)	hrs		4,590	257,761	3,404	4,590	261,165	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				260,805		260,805	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	39(2) & (3)				3,674	23,568		27,242	12
13	Other (specify):									13
14	TOTAL			$	10,492	$ 539,766	$ 287,813	10,492	$ 827,579	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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/14 (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	$ 35,202	$ 35,202	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 189,517)	1,172,589	1,172,589	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	84,253	84,253	7
8	Accounts Receivable (owners or related parties)	1,134,565	1,134,565	8
9	Other(specify): Other Rec - See Sch 17A	595,637	595,637	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,022,246	$ 3,022,246	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	143,261	404,678	15
16	Equipment, at Historical Cost	281,516	224,979	16
17	Accumulated Depreciation (book methods)	(167,645)	(260,511)	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 (spe			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 257,132	$ 369,146	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,279,378	$ 3,391,392	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 761,593	$ 761,593	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,781	33,781	28
29	Short-Term Notes Payable	28,371	28,371	29
30	Accrued Salaries Payable	137,990	137,990	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	86,000	86,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Sch. 17A	119,943	119,943	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,167,678	$ 1,167,678	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			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)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,167,678	$ 1,167,678	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,111,700	$ 2,223,714	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,279,378	$ 3,391,392	48

*(See instructions.)

Facility Name: **Walnut Grove Village**
IDPH License ID Number: **0050468**
Fiscal Year End: **12/31/14**

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Real estate tax escrow	241,805	241,805
Capital improvements escrow	224,518	224,518
Resident trust fund cash	33,781	33,781
Deposits-Uitlities	35,680	35,680
W/H-Group insurance	53,207	53,207
W/H-Employee Advances	580	580
Due to/from SCK	4,756	4,756
Due to/from IDA	1,310	1,310
Total - Line 9	**595,637**	**595,637**

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Reserve for Medicaid/Medicare audit	34,228	34,228
Escrow payable to Wakefield	80,017	80,017
Due to/from Employee Health Ins.	3,949	3,949
Health Savings Account	1,749	1,749
Total - Line 36	**119,943**	**119,943**

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,213,113	1
2	Restatements (describe):		2
3	**Prior Period Adjustment**	(14,453)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,198,660	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(86,960)	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)**	$ (86,960)	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)**	$ 2,111,700	24 *

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

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 5,287,549	1
2	Discounts and Allowances for all Levels	(1,562,591)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,724,958	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,909,678	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,909,678	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	420,424	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,683	19
20	Radiology and X-Ray	21,129	20
21	Other Medical Services	127,439	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 580,675	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	18,886	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 18,886	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	Other Revenue - See Sch 19A	3,945	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,945	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,238,142	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,047,659	31
32	Health Care	2,547,371	32
33	General Administration	1,628,254	33
	B. Capital Expense		
34	Ownership	860,172	34
	C. Ancillary Expense		
35	Special Cost Centers	1,017,133	35
36	Provider Participation Fee	224,513	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,325,102	40
41	**Income before Income Taxes (line 30 minus line 40)****	(86,960)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (86,960)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,262,981	44
45	Private Pay - Net Inpatient Revenue	1,612,878	45
46	Medicare - Net Inpatient Revenue	(250,528)	46
47	Other-(specify) Managed Care & Retro	(54,949)	47
48	Other-(specify) Hospice	154,576	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 3,724,958	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: **Walnut Grove Village**
IDPH License ID Number: **0050468**
Fiscal Year End: **12/31/14**

Schedule 19A

XVII. Income Statement
Line 28 Other Revenue (specify):

Description	Amount
Vending Revenue	1,217
Other Revenue	2,728
Total - Line 28	**3,945**

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	976	1,169	$ 49,043	$ 41.95	1
2	Assistant Director of Nursing	282	463	11,948	25.81	2
3	Registered Nurses	25,450	27,595	664,995	24.10	3
4	Licensed Practical Nurses	18,680	20,126	481,151	23.91	4
5	CNAs & Orderlies	79,569	86,102	920,098	10.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,905	4,324	59,455	13.75	10
11	Social Service Workers	2,272	2,616	71,977	27.51	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,446	22,677	216,297	9.54	15
16	Dishwashers					16
17	Maintenance Workers	3,614	4,012	69,882	17.42	17
18	Housekeepers	14,569	15,311	137,703	8.99	18
19	Laundry	6,166	6,415	54,906	8.56	19
20	Administrator	1,785	2,080	87,675	42.15	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,269	6,721	118,057	17.57	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,881	2,136	25,283	11.84	31
32	Other Health C: MDS Coord.	968	1,223	51,664	42.24	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	187,832	202,970	$ 3,020,134 *	$ 14.88	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	306	$ 15,212	1(3)	35
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant	Flat Rate	1,639	10(3)	37
38	Nurse Consultant	107	13,922	10(3)	38
39	Pharmacist Consultant	Flat Rate	7,280	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Flat Rate	1,223	39(3)	42
43	Speech Therapy Consultant				43
44	Activity Consultant	38	2,200	11(3)	44
45	Social Service Consultant	13	1,440	12(3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	464	$ 60,916		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	N/A			51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Catherine Wood (9/23-12/31/14))	Administrator	0	$ 28,212
Melody Stein (3/25-10/7/14)	Administrator	0	44,446
Carolyn Progress (1/1-5/6/14)	Administrator	0	15,017
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 87,675

B. Administrative - Other

Description	Amount
Management Fees - Eliminated in Col #7	$ 361,907
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 361,907

C. Professional Services

Vendor/Payee	Type	Amount
See Sch 21C	See Sch 21C	$ 92,487
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 92,487

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 138,609
Unemployment Compensation Insurance	135,641
FICA Taxes	230,936
Employee Health Insurance	60,067
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Benefits	128,100
TOTAL (agree to Schedule V, line 22, col.8)	$ 693,353

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	7,947
Health Care Worker Background Check	132
(Indicate # of checks performed 13)	
Patient Background Checks 13	132
Miscellaneous Licenses & Fees	3,653
Misc. Publications & Subscriptions	110
Management company allocation	535
Miscellaneous Dues	145
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,654

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,206
Seminar Expense	13,658
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,864

**See instructions.

Facility Name: **Walnut Grove Village**
IDPH License ID Number: **0050468**
Fiscal Year End: **12/31/14**

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Brian LaLonde, CPA	Accounting	2,750
McGladrey LLP	Accounting	5,500
WW Healthcare Consultants	Legal	3,672
Ogletree Deakins	Legal	1,680
Malmquist & Geiger	Legal collections	8,191
Bailey & Harneck	Legal	270
Law Ofc of Lawrence W. Bailey	Legal	2,835
William Mullins	Legal	528
Polsinelli Shughart	Legal	9,021
MDI Achieve/Matrixcare	Data Processing	8,696
Medifax-EDI, LLC	Data Processing	157
COMS Interactive, LLC	Data Processing	12,750
Wescom Solutions	Data Processing	15,314
Paylocity Payroll	Payroll Processing	21,123
	Total (agree to Schedule V, line 19, column 3)	92,487
Allocated from Management Company Legal Fees		7,354
Allocated from Management Company Professional Services		2,298
Less: Non-Allowable Legal Fees		(11,457)
	Total (agree to Schedule V, line 19, column 8)	90,682 R

Facility Name & ID Number Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 Walnut Grove Village # 0050468 Report Period Beginning: 01/01/14 Ending: 12/31/14

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? **No**
If YES, give association name and amount. **N/A**

(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? **6 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **22,732** Line **10**

(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. $ **224,513**
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. $ **N/A** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **Yes - Minimal trips to Home Office**
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? **N/A**
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? **No**
Firm Name: **N/A**

(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.