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.

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

I. IDPH License ID Number: 0047613

Facility Name: Assisi Hlth CC at Clare Oaks

Address: 829 Carillon Dr (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: 06/02/2008

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code	501C3	[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

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 7/1/2016 to 6/30/2017 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 LLLP, 9365 Counselors Row, Suite 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: 7/1/2016 Ending: 6/30/2017

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	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	5,879	13,039	12,011	30,929	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,879	13,039	12,011	30,929	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.61%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
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 06/02/2008

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 12,011

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: 6/30/2017 Fiscal Year: 6/30/2017

* 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: 7/1/2016 Ending: 6/30/2017

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	1,158,429	111,317	162,569	1,432,315		1,432,315	(737,404)	694,911			1
2	Food Purchase		828,508		828,508		828,508	(411,928)	416,580			2
3	Housekeeping	550,834	56,268	12,101	619,203		619,203	(516,631)	102,572			3
4	Laundry											4
5	Heat and Other Utilities			877,892	877,892		877,892	(693,213)	184,679			5
6	Maintenance	485,387	37,294	577,767	1,100,448		1,100,448	(957,411)	143,037			6
7	Other (specify):*											7
8	**TOTAL General Services**	2,194,650	1,033,387	1,630,329	4,858,366		4,858,366	(3,316,587)	1,541,779			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	4,327,078	207,665	440,197	4,974,940		4,974,940	(627,663)	4,347,277			10
10a	Therapy			1,398,861	1,398,861		1,398,861		1,398,861			10a
11	Activities	209,258	10,707	65,859	285,824		285,824	(146,933)	138,891			11
12	Social Services	238,428		9,022	247,450		247,450		247,450			12
13	CNA Training											13
14	Program Transportation	4,833		672	5,505		5,505	(65)	5,440			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	4,779,597	218,372	1,914,611	6,912,580		6,912,580	(774,661)	6,137,919			16
	C. General Administration											
17	Administrative	345,521			345,521		345,521	(236,976)	108,545			17
18	Directors Fees											18
19	Professional Services			133,298	133,298		133,298		133,298			19
20	Dues, Fees, Subscriptions & Promotions			57,505	57,505		57,505	(10,462)	47,043			20
21	Clerical & General Office Expenses	596,356	7,054	496,322	1,099,732		1,099,732	(724,415)	375,317			21
22	Employee Benefits & Payroll Taxes			1,590,683	1,590,683		1,590,683	(610,696)	979,987			22
23	Inservice Training & Education											23
24	Travel and Seminar			34,574	34,574		34,574	(9,246)	25,328			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			361,438	361,438		361,438	(301,565)	59,873			26
27	Other (specify):*	183,374	1,375	542,191	726,940		726,940	(726,940)				27
28	**TOTAL General Administration**	1,125,251	8,429	3,216,011	4,349,691		4,349,691	(2,620,300)	1,729,391			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,099,498	1,260,188	6,760,951	16,120,637		16,120,637	(6,711,548)	9,409,089			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: 7/1/2016 Ending: 6/30/2017

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			1,560,006	1,560,006		1,560,006	(1,287,396)	272,610			30
31	Amortization of Pre-Op. & Org.			396,408	396,408		396,408	(330,742)	65,666			31
32	Interest			3,156,529	3,156,529		3,156,529	(2,633,926)	522,603			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			253,336	253,336		253,336	(211,370)	41,966			34
35	Rent-Equipment & Vehicles			303	303		303	(253)	50			35
36	Other (specify):*											36
37	TOTAL Ownership			5,366,582	5,366,582		5,366,582	(4,463,687)	902,895			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			615,011	615,011		615,011		615,011			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			172,738	172,738		172,738		172,738			42
43	Other (specify):*	207,605		7,796	215,401		215,401	(215,401)				43
44	TOTAL Special Cost Centers	207,605		795,545	1,003,150		1,003,150	(215,401)	787,749			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,307,103	1,260,188	12,923,078	22,490,369		22,490,369	(11,390,636)	11,099,733			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: 7/1/2016 Ending: 6/30/2017

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	(30,238)	1		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,222)	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	(2,629,704)	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	(5,068)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(726,940)	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	(7,994,464)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (11,390,636)		$	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))**	$ (11,390,636)		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

Assisi Hlth CC at Clare Oaks

ID# 0047613

Report Period Beginning: 7/1/2016

Ending: 6/30/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Allowable (AL & IL) Dietary	$ (707,166)	1	1
2	Non-Allowable (AL & IL) Food	(409,053)	2	2
3	Non-Allowable (AL & IL) Housekeeping	(516,631)	3	3
4	Non-Allowable (AL & IL) Utilities	(693,213)	5	4
5	Non-Allowable (AL & IL) Maintenance	(918,157)	6	5
6	Non-Allowable (AL & IL) Nursing	(627,663)	10	6
7	Non-Allowable (AL & IL) Administrative	(236,976)	17	7
8	Non-Allowable (AL & IL) Clerical and Office	(702,813)	21	8
9	Non-Allowable (AL & IL) Benefits & Payroll Taxes	(610,696)	22	9
10	Non-Allowable (AL & IL) Property/Liability Insurance	(301,565)	26	10
11	Non-Allowable (AL & IL) Depreciation	(1,287,396)	30	11
12	Non-Allowable (AL & IL) Amortization	(330,742)	31	12
13	Non-Allowable (AL & IL) Expenses	(215,401)	43	13
14	Non-Allowable (AL & IL) Travel and Seminar	(9,246)	24	14
15	Non-Allowable (AL & IL) Trash Removal Expense	(39,254)	6	15
16	Non-Allowable Food	(2,875)	2	16
17	Non-Allowable (AL & IL) Ground Lease Expense	(211,370)	34	17
18	Non-Allowable (AL & IL) Equipment Rental	(253)	35	18
19	Guest Accomodations	(8,821)	21	19
20	Misc Revenue	(7,713)	21	20
21	Transportation Revenue	(65)	14	21
22	Non-Allowable (Al & IL) Resident Services	(146,933)	11	22
23	Public Relations Expense	(10,462)	20	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**	(7,994,464)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Assisi Hlth CC at Clare Oaks **#** 0047613 **Report Period Beginning:** 7/1/2016 **Ending:** 6/30/2017

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(737,404)	0	0	0	0	0	0	0	0	0	0	(737,404)	1
2	Food Purchase	(411,928)	0	0	0	0	0	0	0	0	0	0	(411,928)	2
3	Housekeeping	(516,631)	0	0	0	0	0	0	0	0	0	0	(516,631)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(693,213)	0	0	0	0	0	0	0	0	0	0	(693,213)	5
6	Maintenance	(957,411)	0	0	0	0	0	0	0	0	0	0	(957,411)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(3,316,587)	0	0	0	0	0	0	0	0	0	0	(3,316,587)	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	(627,663)	0	0	0	0	0	0	0	0	0	0	(627,663)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(146,933)	0	0	0	0	0	0	0	0	0	0	(146,933)	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	(65)	0	0	0	0	0	0	0	0	0	0	(65)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(774,661)	0	0	0	0	0	0	0	0	0	0	(774,661)	16
	C. General Administration													
17	Administrative	(236,976)	0	0	0	0	0	0	0	0	0	0	(236,976)	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	(10,462)	0	0	0	0	0	0	0	0	0	0	(10,462)	20
21	Clerical & General Office Expenses	(724,415)	0	0	0	0	0	0	0	0	0	0	(724,415)	21
22	Employee Benefits & Payroll Taxes	(610,696)	0	0	0	0	0	0	0	0	0	0	(610,696)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(9,246)	0	0	0	0	0	0	0	0	0	0	(9,246)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(301,565)	0	0	0	0	0	0	0	0	0	0	(301,565)	26
27	Other (specify):*	(726,940)	0	0	0	0	0	0	0	0	0	0	(726,940)	27
28	**TOTAL General Administration**	(2,620,300)	0	0	0	0	0	0	0	0	0	0	(2,620,300)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(6,711,548)	0	0	0	0	0	0	0	0	0	0	(6,711,548)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 **Report Period Beginning:** 7/1/2016 **Ending:** 6/30/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,287,396)	0	0	0	0	0	0	0	0	0	0	(1,287,396)	30
31	Amortization of Pre-Op. & Org.	(330,742)	0	0	0	0	0	0	0	0	0	0	(330,742)	31
32	Interest	(2,633,926)	0	0	0	0	0	0	0	0	0	0	(2,633,926)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(211,370)	0	0	0	0	0	0	0	0	0	0	(211,370)	34
35	Rent-Equipment & Vehicles	(253)	0	0	0	0	0	0	0	0	0	0	(253)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(4,463,687)	0	0	0	0	0	0	0	0	0	0	(4,463,687)	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):*	(215,401)	0	0	0	0	0	0	0	0	0	0	(215,401)	43
44	**TOTAL Special Cost Centers**	(215,401)	0	0	0	0	0	0	0	0	0	0	(215,401)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(11,390,636)	0	0	0	0	0	0	0	0	0	0	(11,390,636)	45

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

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. ☐ 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	$ 253,336	Sisters of St. Joseph	0.00%	$ 253,336	$	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			$ 253,336			$ 253,336	$ *	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:** 7/1/2016 **Ending:** 6/30/2017

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Therese M. Malm							1
2	Paul Clemens							2
3	Michael D. Hovde, Jr.							3
4	Joseph L. Benson							4
5	Kathy Meisinger							5
6	Gerrianne M. Hartman							6
7	Maureen Taus							7
8	Valerie Salmons							8
9	Sister Jeanne Conzemius							9
10	Sister Collette Wilczynski							10
11	**Beth Welch**							11
12	**Jeannene Walker**							12
13	**Tiffany Barton**							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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

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	Therese M. Malm	President	Class A Member						$		1
2	Paul Clemens	Treasurer	Class A Member								2
3	Michael D. Hovde, Jr.	Vice President/Secret	Class A Member								3
4	Joseph L. Benson	Board Member	Class A Member								4
5	Kathy Meisinger	Board Member	Class A Member								5
6	Gerrianne M. Hartman	Board Member	Class B Member								6
7	Maureen Taus	Board Member	Class B Member								7
8	Valerie Salmons	Board Member	Class B Member								8
9	Sister Jeanne Conzemius	Member Liaison	Non-voting								9
10	Sister Collette Wilczynski	Director Emeritus	Non-voting								10
11	Beth Welch	CEO	Board Member								11
12	Jeannene Walker	CFOO	Board Member								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: 7/1/2016 Ending: 6/30/2017

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: 7/1/2016 Ending: 6/30/2017

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 A Bonds		X	Refinancing		12/1/2012	$ 12,000,000	$ 9,285,000	11/15/2027	7.0000	$ 472,938	1
2	Series 2012 A-3 Bonds		X	Refinancing		12/1/2012	2,000,000		11/15/2017	7.0000	236,469	2
3	Series 2012 B Bonds		X	Refinancing		12/1/2012	39,991,094	39,991,094	11/15/2052	Various	1,599,643	3
4	Series 2012 C Bonds		X	Refinancing		12/1/2012	35,008,974	35,008,974	11/15/2052	2.0000		4
5	Interest Accretion Series 2012										755,079	5
	Working Capital											
6	Bond Issuance Costs		X	Issuance costs							92,400	6
7												7
8												8
9	TOTAL Facility Related						$ 89,000,068	$ 84,285,068			$ 3,156,529	9
	B. Non-Facility Related*											
10	Less: Non-allowable portion of above bonds										(2,629,704)	10
11	Less: Interest Income										(4,222)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,633,926)	14
15	TOTALS (line 9+line14)						$ 89,000,068	$ 84,285,068			$ 522,603	15

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

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

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 **Report Period Beginning:** 7/1/2016 **Ending:** 6/30/2017

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 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 2017 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:			
	2012		8
	2013		9
	2014		10
	2015		11
	2016		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	$	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.

2016 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 Gigi Walker

TELEPHONE 630-483-4730 FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2016 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 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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: 7/1/2016 Ending: 6/30/2017

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: 396,408
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: 7/1/2016 Ending: 6/30/2017

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	$	$ 9,664,164	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	2010 Fixed Assets			2010	275,239						11
12	2011 Fixed Assets			2011	6,977						12
13	2012 Fixed Assets			2012	283,331						13
14	2013 Fixed Assets			2013	347,626						14
15	ED office renovation (Demolition, Doors, Drywall, Electrical, Carp			2014	5,260						15
16	Painting Project - New office area			2014	5,200						16
17	Painting 2nd/3rd Floor Hallways, Libraries, Offices (DRs, MDS, C			2014	30,042						17
18	New sprinkler and fire alarm system in new office area			2014	16,785						18
19	New flooring and wall repair in AL Spa			2014	5,446						19
20	Apply ceiling insulation in the Commons attic			2014	20,680						20
21	General Electrical Work Rooms 2R and G-53			2014	1,020						21
22	New Laminate Flooring Rooms 2R and G-53			2014	2,646						22
23	Painting (labor and supplies) room G-53			2014	390						23
24	Paint 2 coats, walls and trim, plus repair cracks in room 2R			2014	300						24
25	New door handles (11), light bulbs (3 pk) and blinds			2014	799						25
26	New Hardwood Flooring for Pub & IL Private Dining Rm			2014	19,400						26
27	Landscaping Project, improvment of grounds			2014	10,578						27
28	Extend drain curtain in parking lot			2014	1,700						28
29	New HVAC system in MPR			2015	335,621						29
30	Addition to emp parking lot, resurfacing of existing emp l			2015	75,683						30
31	Bury existing down spouts on the A building to divert wate			2015	13,000						31
32	Bury down spouts on B,C,D buildings to divert water from			2015	8,700						32
33	Remove, replace, and repair rubber roofing material over m			2015	5,000						33
34	Add railing to exterior walkway			2015	9,899						34
35	New vinyl flooring inthe ATC resident dining room			2015	6,205						35
36	New industrial sized freezer in main kitchen			2015	66,848						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: 7/1/2016 Ending: 6/30/2017

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	Upgrades and Renovations to Center business offices - new	2015	$ 5,535	$		$	$	$	37
38	New automatic doors in garages, Commons, MPR, and, AL	2015	20,787						38
39	Painting Refresh for AL and MS hallways	2015	7,203						39
40	Renovation of AL dining room - new vinyl plank flooring and pain	2015	11,772						40
41	Repair 3 sky lights	2016	4,950						41
42	Repair, restore, refinish 3 IL balcony concrete pads	2016	5,782						42
43	Upgrade entry-way pillars at the 825, 827, 829 enntrances	2016	5,760						43
44	Mech HVAC Improvements	2016	5,252						44
45	Bird Guard Project	2016	1,998						45
46	IL 103 Refurb	2016	7,251						46
47	IL 201 Refurb	2016	5,880						47
48	IL 131 Refurb	2016	3,337						48
49	IL 203 Refurb	2016							49
50	IL 308 Refurb	2016	6,373						50
51	IL 404 Refurb	2016	9,208						51
52	IL 408 Refurb	2016	8,820						52
53	IL 413 Refurb	2016	3,110						53
54	IL 415 Refurb	2016	4,518						54
55	IL 426 Refurb	2016	7,926						55
56	IL 433 Refurb	2016	3,804						56
57	IL 436 Refurb	2016	7,304						57
58	IL 422 Refurb	2016	9,380						58
59	ERV#1 Improvement	2016	9,878						59
60	IL Kitchen HVAC AC replacement	2016	8,891						60
61	IL Skylights Improvements	2016							61
62	Site Drainage and Walkway improvements	2016	28,189						62
63	Drainage Improvement	2016	8,500						63
64	Vent Covers	2016	7,500						64
65	Rewire walk in kitchen cooler	2016	4,070						65
66	Concrete walkway/drainage improvements	2016	138,467						66
67	IL	2016	3,014						67
68	IL 102 Refurb	2016	2,778						68
69	IL 112 Refurb	2016	3,659						69
70	TOTAL (lines 4 thru 69)		$ 30,135,745	$ 876,611		$ 876,611	$	$ 9,664,164	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: 7/1/2016 Ending: 6/30/2017

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		$ 30,135,745	$ 876,611		$ 876,611	$	$ 9,664,164	1
2	IL 121 Refurb	2016	3,960						2
3	IL 331 Refurb	2016	2,718						3
4	IL 412 Refurb	2016	5,847						4
5	WSHP - four units	2016	8,038						5
6	ERV #3 & 6	2016	5,929						6
7	ERV4 Improvements	2016	3,324						7
8	SARA Monitoring System	2016	111,882						8
9	Seal Coating and Striping	2016	37,963						9
10	Pergola - Memory Support	2016	4,431						10
11	Pool Dehumidifier	2016	19,043						11
12	ERV 3 & 4	2016	5,722						12
13	IL COTT 9 REFURB	2016	4,955						13
14	IL 202 Refurb	2016	3,095						14
15	IL 206 Refurb	2016	7,805						15
16	IL 408 Refurb	2016	1,506						16
17	IL 413 Refurb	2016	770						17
18	IL 415 Refurb	2016	2,732						18
19	IL 422 Refurb	2016	1,892						19
20	IL 206 Refurb	2016	3,094						20
21	Balcony and Siding Improvements	2016	5,027						21
22	Drain Tile System installation	2016	8,440						22
23	IL COTT 6 REFURB	2016	14,200						23
24	IL 119 Refurb	2016	3,549						24
25	IL 125 Refurb	2016	6,518						25
26	IL 313 Refurb	2016	6,720						26
27	IL 414 Refurb	2016	3,311						27
28	Swimming Pool Improvements	2016	5,294						28
29	Fence in AL	2016	5,835						29
30	IL Courtyard walkways	2016	2,000						30
31	ERV4 Compressor	2017	9,510						31
32	Unit 413 Updates	2017	1,550						32
33	Unit 132 Updates	2017	2,485						33
34	TOTAL (lines 1 thru 33)		$ 30,444,889	$ 876,611		$ 876,611	$	$ 9,664,164	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: 7/1/2016 Ending: 6/30/2017

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 30,444,889	$ 876,611		$ 876,611	$	$ 9,664,164	1
2	Unit 102 Updates	2017	3,817						2
3	IL unit #013 refurb	2017	5,559						3
4	IL unit #107 refurb	2017	3,751						4
5	Unit 322 Updates	2017	7,750						5
6	WSHP IL and AL	2017	18,948						6
7	Concrete ramp and curb cut	2017	3,100						7
8	IL Dining Room improvements	2017	52,600						8
9	Fencing repalcement generator and compactor	2017	14,221						9
10	Cottage driveways and curb cut	2017	46,231						10
11	IL unit #132 refurb	2017	1,840						11
12	IL unit #322 refurb	2017	1,405						12
13	IL unit #004 refurb	2017	6,358						13
14	IL unit #111 refurb	2017	7,661						14
15	IL unit #316 refurb	2017	6,807						15
16									16
17									17
18	Financial Statement Depreciation			295,039		295,039		1,620,566	18
19	Less: AL/IL		(25,516,690)	(963,601)		(963,601)		(9,401,270)	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)		$ 5,108,247	$ 208,049		$ 208,049	$	$ 1,883,460	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: 7/1/2016 Ending: 6/30/2017

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 3,165,549	$ 382,689	$ 382,689	$		$ 2,421,637	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	1,451,424					1,451,424	73
74	Less AL/IL	(3,846,385)	(318,817)	(318,817)			(3,226,634)	74
75	TOTALS	$ 770,588	$ 63,872	$ 63,872	$		$ 646,427	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	$	$	$		$ 69,631	76
77	Transportation of Residents	Bus Lease Buyout	2014	6,888	689	689			1,722	77
78										78
79										79
80	TOTALS			$ 76,519	$ 689	$ 689	$		$ 71,353	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)	$ 5,955,354	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 272,610	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 272,610	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)	$ 2,601,240	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	$ 25,516,690	$ 963,601	$ 9,401,270	86
87	Non-Allowable (AL & IL) Equipment	3,846,385	318,817	3,226,634	87
88	Non-Allowable (AL & IL) Vehicles	187,085	4,978	40,250	88
89					89
90					90
91	TOTALS	$ 29,550,160	$ 1,287,396	$ 12,668,154	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: 7/1/2016 Ending: 6/30/2017

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.	/2018	$
13.	/2019	$
14.	/2020	$

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: $ 303 Description: Portable Oxygen tanks, Beds, Bi-pap, C-pap, Mattresses, Rails, Leg Pump, Wound Vac
(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: 7/1/2016 Ending: 6/30/2017

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A-3	hrs	$	33,888	$ 326,650	$	33,888	$ 326,650	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		4,925	197,248		4,925	197,248	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A-3	hrs		40,187	302,703		40,187	302,703	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-3	# of prescrpts			521,372			521,372	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Lab & X-Ray	39-3				93,639			93,639	12
13	Other (specify):									13
14	TOTAL			$	79,000	$ 1,441,612	$	79,000	$ 1,441,612	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:** 7/1/2016 **Ending:** 6/30/2017

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 6/30/2017 **(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	$ 2,936,570	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 182,653)	2,216,474		3
4	Supply Inventory (priced at)	53,902		4
5	Short-Term Investments			5
6	Prepaid Insurance	152,511		6
7	Other Prepaid Expenses	1,372,919		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 6,732,376	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	30,628,731		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,880,577		16
17	Accumulated Depreciation (book methods)	(17,166,265)		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 **Deferred Rent Asset**	360,000		22
23	Other(specify): See supplemental schedule	8,190,890		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 26,893,933	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 33,626,309	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 531,313	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	235,431		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	286,712		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Current Portion of Bonds Payable	630,000		36
37	Other Accrued Expenses	366,521		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,049,977	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	84,716,856		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See supplemental schedule	43,994,590		43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 128,711,446	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 130,761,423	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (97,135,114)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 33,626,309	$	48

***(See instructions.)**

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (94,340,852)	1
2	Restatements (describe):		2
3	Post audit entry	(12,762)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (94,353,614)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,781,490)	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) Rounding	(10)	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (2,781,500)	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)**	$ (97,135,114)	24 *

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

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

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	$ 10,623,145	1
2	Discounts and Allowances for all Levels	(3,692,940)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,930,205	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,754,239	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,754,239	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	5,010	13
14	Non-Patient Meals	30,298	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	33,081	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 68,389	23
	D. Non-Operating Revenue		
24	Contributions	7,919	24
25	Interest and Other Investment Income***	4,222	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 12,141	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	IL Revenue	7,900,727	28
28a	Other Revenue	43,178	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7,943,905	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 19,708,879	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	4,858,366	31
32	Health Care	6,912,580	32
33	General Administration	4,349,691	33
	B. Capital Expense		
34	Ownership	5,366,582	34
	C. Ancillary Expense		
35	Special Cost Centers	830,412	35
36	Provider Participation Fee	172,738	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 22,490,369	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,781,490)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,781,490)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 970,596	44
45	Private Pay - Net Inpatient Revenue	3,334,562	45
46	Medicare - Net Inpatient Revenue	2,365,521	46
47	Other-(specify) Managed Care	250,526	47
48	Other-(specify) Hospice	9,000	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,930,205	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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: 7/1/2016 Ending: 6/30/2017

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	2,080	2,086	$ 102,063	$ 48.93	1
2	Assistant Director of Nursing	1,780	1,786	63,760	35.70	2
3	Registered Nurses	42,106	42,211	1,384,094	32.79	3
4	Licensed Practical Nurses	31,173	31,267	788,614	25.22	4
5	CNAs & Orderlies	106,261	106,560	1,503,939	14.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,086	44,400	21.28	9
10	Activity Assistants	17,835	17,881	310,504	17.37	10
11	Social Service Workers	5,204	5,204	108,419	20.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	76,586	76,803	1,061,478	13.82	15
16	Dishwashers	9,472	9,497	97,751	10.29	16
17	Maintenance Workers	25,213	25,278	485,302	19.20	17
18	Housekeepers	41,316	41,435	501,036	12.09	18
19	Laundry	2,170	2,176	25,060	11.52	19
20	Administrator	2,080	2,086	120,810	57.91	20
21	Assistant Administrator					21
22	Other Administrative	22,271	22,318	952,717	42.69	22
23	Office Manager					23
24	Clerical	31,150	31,220	631,384	20.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,086	76,396	36.62	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,409	6,430	104,550	16.26	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	427,266	428,410	$ 8,362,277 *	$ 19.52	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	208	48,000	10-3	36
37	Medical Records Consultant	14	894	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	88	7,452	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	16	1,040	10-3	44
45	Social Service Consultant	24	1,260	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	349	$ 58,646		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	74	$ 4,073	10-3	50
51	Licensed Practical Nurses	927	45,442	10-3	51
52	Certified Nurse Assistants/Aides	115	2,816	10-3	52
53	TOTAL (lines 50 - 52)	1,116	$ 52,331		53

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Tiffany Barton	Administrator		$ 121,623
Elizabeth Welch	Executive Director		223,898
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 345,521

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
Polsinelli	Legal	$ 82,270
CliftonLarsonAllen LLP	Accounting	48,928
Aspire Consulting Partner, Inc.	Consulting	2,100
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 133,298

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 262,464
Unemployment Compensation Insurance	23,864
FICA Taxes	604,940
Employee Health Insurance	649,177
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Vaccinations	75
Employee PTO	(19,795)
401K	57,081
Employee Retention	12,877
Less: Non-Allowable Benefits	(610,696)
TOTAL (agree to Schedule V, line 22, col.8)	$ 979,987

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	9,344
Health Care Worker Background Check	
(Indicate # of checks performed 53)	2,059
Patient Background Checks 471	4,710
IDPH License Fee (AL)	2,660
Dues and Subscriptions	24,290
Public Relations	10,462
Less: Public Relations Expense	(10,462)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 47,043

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 5,705
In-State Travel	1,686
Seminar Expense	27,183
Less: Non-Allowable Travel	(9,246)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 25,328

* Attach copy of IMRF notifications

**See instructions.

Vendor Code	Vendor Name	State	Invoice Numbe	Invoice Date	Posting Period	Invoice Amount	Description
996	Polsinelli P	IL	1303506	7/14/2016	7/31/2016	675.00	Emplooyment legal matters
996	Polsinelli P	IL	1303507	7/14/2016	7/31/2016	375.00	Emplooyment legal matters
996	Polsinelli P	IL	130505	7/14/2016	7/31/2016	862.50	Emplooyment legal matters
996	Polsinelli P	IL	1307785	7/21/2016	7/31/2016	600.00	Emplooyment legal matters
996	Polsinelli P	IL	1310879	8/4/2016	8/31/2016	2,550.00	Emplooyment legal matters
996	Polsinelli P	IL	1312174	8/8/2016	8/31/2016	640.00	General professional matters
996	Polsinelli P	IL	1314865	8/19/2016	8/31/2016	8,050.00	General professional matters
996	Polsinelli P	IL	1323398	9/8/2016	9/30/2016	2,062.50	Emplooyment legal matters
996	Polsinelli P	IL	1328472	9/13/2016	9/30/2016	750.00	Emplooyment legal matters
996	Polsinelli P	IL	1331141	9/27/2016	10/31/2016	20,000.00	General professional matters
996	Polsinelli P	IL	1331915	10/5/2016	10/31/2016	800.00	Emplooyment legal matters
996	Polsinelli P	IL	1334893	10/7/2016	10/31/2016	680.00	Emplooyment legal matters
996	Polsinelli P	IL	1342493	10/26/2016	10/31/2016	16,957.50	General professional matters
996	Polsinelli P	IL	1345666	11/14/2016	11/30/2016	1,120.00	Emplooyment legal matters
996	Polsinelli P	IL	1347361	11/17/2016	11/30/2016	13,490.00	General professional matters
996	Polsinelli P	IL	1350247	11/23/2016	11/30/2016	920.00	Emplooyment legal matters
996	Polsinelli P	IL	1352787	12/5/2016	12/31/2016	592.00	General professional matters
996	Polsinelli P	IL	1353657	12/7/2016	12/31/2016	5,557.50	General professional matters
996	Polsinelli P	IL	1373970	2/9/2017	2/28/2017	2,422.50	General professional matters
996	Polsinelli P	IL	1388501	3/20/2017	3/31/2017	420.00	General professional matters
996	Polsinelli P	IL	1388502	3/20/2017	3/31/2017	520.00	Emplooyment legal matters
996	Polsinelli P	IL	1392762	4/10/2017	4/30/2017	285.00	General professional matters
996	Polsinelli P	IL	1393069	4/10/2017	4/30/2017	262.50	SNF legal matters
996	Polsinelli P	IL	1393070	4/10/2017	4/30/2017	320.00	Emplooyment legal matters
996	Polsinelli P	IL	1402222	5/5/2017	5/31/2017	357.50	SNF legal matters
996	Polsinelli P	IL	1402223	5/5/2017	5/31/2017	600.00	Emplooyment legal matters
996	Polsinelli P	IL	1412390	6/8/2017	6/30/2017	400.00	Emplooyment legal matters
						82,269.50	

Facility Name & ID Number Assisi Hlth CC at Clare Oaks # 0047613 Report Period Beginning: 7/1/2016 Ending: 6/30/2017

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Leading Age - $19,752**

(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. $ **52,143** 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. $ **172,738**
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. $ **30,238**

(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? **No**
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 LLP**

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