FOR BHF USE

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

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

I. IDPH License ID Number: 0035485

Facility Name: Swann Special Care Center

Address: 109 Kenwood Road (Number) Champaign (City) 61821 (Zip Code)

County: Champaign

Telephone Number: (217) 356-5164 **Fax #** (217) 356-7873

HFS ID Number:

Date of Initial License for Current Owners: 08/15/1989

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Morgan Wright **Telephone Number:** (859) 255-0075 ext 327
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 07/01/2016 to 06/30/2017 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) Joseph Guillory
(Title) Designated Agent / VP of Reimbursement & Treasury

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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 _____

	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		Skilled (SNF)			1
2	123	Skilled Pediatric (SNF/PED)	123	44,895	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					8
9	SNF/PED	41,923	369		42,292	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,923	369		42,292	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.20%

D. How many bed reserve days during this year were paid by the Department?
267 (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)
None

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

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

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 08/15/1989

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 08/15/1989 NO [ ]

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

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

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

Tax Year: FYE 06/30/2017 Fiscal Year: FYE 06/30/2017

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	230,669	15,314	13,327	259,310		259,310	(69,211)	190,099			1
2	Food Purchase		232,389		232,389		232,389	(62,025)	170,364			2
3	Housekeeping		47,626	142,403	190,029		190,029	(56,113)	133,916			3
4	Laundry	19,669	11,587	101,294	132,550		132,550		132,550			4
5	Heat and Other Utilities			89,405	89,405		89,405	(4,030)	85,375			5
6	Maintenance	82,995	8,058	42,075	133,128		133,128	(49,602)	83,526			6
7	Other (specify):*											7
8	TOTAL General Services	333,333	314,974	388,504	1,036,811		1,036,811	(240,981)	795,830			8
	B. Health Care and Programs											
9	Medical Director			54,000	54,000		54,000		54,000			9
10	Nursing and Medical Records	2,927,139	331,859	1,527	3,260,525		3,260,525	(301,476)	2,959,049			10
10a	Therapy		58,009	153,691	211,700		211,700	(77,107)	134,593			10a
11	Activities	219,526	2,322		221,848		221,848		221,848			11
12	Social Services			1,817	1,817		1,817	(266)	1,551			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,146,665	392,190	211,035	3,749,890		3,749,890	(378,849)	3,371,041			16
	C. General Administration											
17	Administrative	103,155			103,155		103,155	15,102	118,257			17
18	Directors Fees			115,476	115,476		115,476	(33,595)	81,881			18
19	Professional Services			624,320	624,320		624,320	(548,660)	75,660			19
20	Dues, Fees, Subscriptions & Promotions			83,339	83,339		83,339	(52,928)	30,411			20
21	Clerical & General Office Expenses	131,192	10,725	93,986	235,903		235,903	(235,903)				21
22	Employee Benefits & Payroll Taxes			945,800	945,800		945,800	(197,425)	748,375			22
23	Inservice Training & Education			16,519	16,519		16,519	(4,225)	12,294			23
24	Travel and Seminar			6,280	6,280		6,280	21,827	28,107			24
25	Other Admin. Staff Transportation			1,462	1,462		1,462	(1,204)	258			25
26	Insurance-Prop.Liab.Malpractice			63,697	63,697		63,697	11,403	75,100			26
27	Other (specify):* Indigent Care			50,167	50,167		50,167	(50,167)				27
28	TOTAL General Administration	234,347	10,725	2,001,046	2,246,118		2,246,118	(1,075,774)	1,170,344			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,714,345	717,889	2,600,585	7,032,819		7,032,819	(1,695,604)	5,337,215			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 Swann Special Care Center #0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation							128,988	128,988			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			11,073	11,073		11,073	199,825	210,898			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			616,547	616,547		616,547	(607,859)	8,688			34
35	Rent-Equipment & Vehicles			12,656	12,656		12,656	(4,208)	8,448			35
36	Other (specify):* MIP							37,919	37,919			36
37	**TOTAL Ownership**			640,276	640,276		640,276	(245,335)	394,941			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			2,947	2,947		2,947		2,947			38
39	Ancillary Service Centers	67,668	5,795	61,547	135,010		135,010	(84,733)	50,277			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			458,628	458,628		458,628		458,628			42
43	Other (specify):* EDU/DT exp, x-ray	1,200,989		428,031	1,629,020		1,629,020	(1,627,553)	1,467			43
44	**TOTAL Special Cost Centers**	1,268,657	5,795	951,153	2,225,605		2,225,605	(1,712,286)	513,319			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,983,002	723,684	4,192,014	9,898,700		9,898,700	(3,653,225)	6,245,475			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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

Swann Special Care Center
Schedule V - Line 23 Detailed Schedule

	Purpose of Seminar	Name of Attendee	Title of Attendee	Exp Amount
	Relias Learning Core Curriculum Education Software (Billed Quarterly)	All Employees		12,410.19
	B. Williams Enterprise LLC Employee Service & Leadership Training	All Employees		185.40
	In-Pulse Training CPR/FA Training Sessions (throughout year)	Various Employees		3,185.00
A	ICPN Annual Conference	Aniceta Andres	QIDP	40.00
A	ICPN Annual Conference	Raymund Mangantulao	QMRP-D	40.00
A	Safe Food Handlers Corporation Food Safety Course	George Laurizas	Food Services Assistant	150.00
A	Safe Food Handlers Corporation Food Safety Course	Jefferson Acierto	Dietary - Cook	150.00
A	Allocated Regional Support Costs			358.65
	Line 23 Column 4 Total:			**16,519**
	Line 23 Column 7 Adjustment - Corporate/Home Office Allocated Costs:			1,935
	Line 23 Column 6 Total:			**18,454**
	Unallowable Amounts above removed through SCH 5 Adjustments:			
A	Non-care related amounts noted above:			(739)
	Allocation for non-care-related Education and Day Training (See Pg 11.2 & 5A)			(5,421)
	Line 23 Column 8 Total:			**12,295**
				0

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs	(1,627,553)	43		3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,078)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				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	(1,868)	20		18
19	Entertainment				19
20	Contributions	(14,378)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,680)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(50,167)	27		24
25	Fund Raising, Advertising and Promotional	(19,934)	20		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	(1,613,132)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,335,790)		$	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)	(317,435)	19, 34	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (317,435)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,653,225)		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

Swann Special Care Center

ID# 0035485

Report Period Beginning: 07/01/2016

Ending: 06/30/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Income Offset - Contributions Received	$ (180,592)	21	1
2	Unallowable Depr Exp (below threshold, non-cap)	(60,462)	30	2
3	Unallowable Lobbying Portion of ILHCA Dues	(2,218)	20	3
4	Unallowable Portion of Inservice Training/Edu	(739)	23	4
5	Unallowable Portion of Travel/Seminar	(3,945)	24	5
6	Income Offset - Contributions Received	(149,654)	17	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18	Unallowable Day Trng EDU Direct Exp Pg5Ln3			18
19	Unallowable Day Trng EDU Alloc - Dietary	(69,211)	1	19
20	Unallowable Day Trng EDU Alloc - Food	(62,025)	2	20
21	Unallowable Day Trng EDU Alloc - Hskpg	(56,113)	3	21
22	Unallowable Day Trng EDU Alloc - Maint	(49,635)	6	22
23	Unallowable Day Trng EDU Alloc - Nursing	(301,476)	10	23
24	Unallowable Day Trng EDU Alloc - Therapy	(77,107)	10a	24
25	Unallowable Day Trng EDU Alloc - Soc Svcs	(266)	12	25
26	Unallowable Day Trng EDU Admin Alloc	(33,853)	17	26
27	Unallowable Day Trng EDU Dir Fees	(33,595)	18	27
28	Unallowable Day Trng EDU Prof Svcs Alloc	(102,128)	19	28
29	Unallowable Day Trng EDU Dues/Fees Alloc	(17,742)	20	29
30	Unallowable Day Trng EDU Clerical Alloc	(62,434)	21	30
31	Unallowable Day Trng EDU EE Ben Alloc	(227,076)	22	31
32	Unallowable Day Trng EDU Insrv/Trn Alloc	(5,421)	23	32
33	Unallowable Day Trng EDU Travel/Seminar Alloc	(917)	24	33
34	Unallowable Day Trng EDU Other Admin Trn	(1,204)	25	34
35	Unallowable Day Trng EDU Insur Alloc	(25,782)	26	35
36	Unallowable Day Trng EDU Rent Equip Alloc	(4,805)	35	36
37	Unallowable Day Trng EDU Ancillary Alloc	(84,733)	39	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**	(1,613,132)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Swann Special Care Center **#** 0035485 **Report Period Beginning:** 07/01/2016 **Ending:** 06/30/2017

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	(69,211)	0	0	0	0	0	0	0	0	0	0	(69,211)	1
2	Food Purchase	(62,025)	0	0	0	0	0	0	0	0	0	0	(62,025)	2
3	Housekeeping	(56,113)	0	0	0	0	0	0	0	0	0	0	(56,113)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(7,078)	0	3,048	0	0	0	0	0	0	0	0	(4,030)	5
6	Maintenance	(49,635)	0	33	0	0	0	0	0	0	0	0	(49,602)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(244,062)	0	3,081	0	0	0	0	0	0	0	0	(240,981)	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	(301,476)	0	0	0	0	0	0	0	0	0	0	(301,476)	10
10a	Therapy	(77,107)	0	0	0	0	0	0	0	0	0	0	(77,107)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(266)	0	0	0	0	0	0	0	0	0	0	(266)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(378,849)	0	0	0	0	0	0	0	0	0	0	(378,849)	16
	C. General Administration													
17	Administrative	(183,507)	0	198,609	0	0	0	0	0	0	0	0	15,102	17
18	Directors Fees	(33,595)	0	0	0	0	0	0	0	0	0	0	(33,595)	18
19	Professional Services	(103,808)	0	(455,852)	11,000	0	0	0	0	0	0	0	(548,660)	19
20	Fees, Subscriptions & Promotions	(56,140)	0	3,212	0	0	0	0	0	0	0	0	(52,928)	20
21	Clerical & General Office Expenses	(243,026)	0	7,123	0	0	0	0	0	0	0	0	(235,903)	21
22	Employee Benefits & Payroll Taxes	(227,076)	0	29,651	0	0	0	0	0	0	0	0	(197,425)	22
23	Inservice Training & Education	(6,160)	0	1,935	0	0	0	0	0	0	0	0	(4,225)	23
24	Travel and Seminar	(4,862)	0	26,689	0	0	0	0	0	0	0	0	21,827	24
25	Other Admin. Staff Transportation	(1,204)	0	0	0	0	0	0	0	0	0	0	(1,204)	25
26	Insurance-Prop.Liab.Malpractice	(25,782)	0	2,642	34,543	0	0	0	0	0	0	0	11,403	26
27	Other (specify):*	(50,167)	0	0	0	0	0	0	0	0	0	0	(50,167)	27
28	**TOTAL General Administration**	(935,326)	0	(185,991)	45,543	0	0	0	0	0	0	0	(1,075,774)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(1,558,237)	0	(182,910)	45,543	0	0	0	0	0	0	0	(1,695,604)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Swann Special Care Center # 0035485 **Report Period Beginning:** 07/01/2016 **Ending:** 06/30/2017

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	(60,462)	0	2,431	187,019	0	0	0	0	0	0	0	128,988	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	199,825	0	0	0	0	0	0	0	199,825	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	8,688	(616,547)	0	0	0	0	0	0	0	(607,859)	34
35	Rent-Equipment & Vehicles	(4,805)	0	597	0	0	0	0	0	0	0	0	(4,208)	35
36	Other (specify):*	0	0	0	37,919	0	0	0	0	0	0	0	37,919	36
37	TOTAL Ownership	(65,267)	0	11,716	(191,784)	0	0	0	0	0	0	0	(245,335)	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	(84,733)	0	0	0	0	0	0	0	0	0	0	(84,733)	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):*	(1,627,553)	0	0	0	0	0	0	0	0	0	0	(1,627,553)	43
44	TOTAL Special Cost Centers	(1,712,286)	0	0	0	0	0	0	0	0	0	0	(1,712,286)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,335,790)	0	(171,194)	(146,241)	0	0	0	0	0	0	0	(3,653,225)	45

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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
Hoosier Care, Inc.	100	Walter Lawson Children's Home	Loves Park, IL	Medical Rehabilitation	Lexington, KY	Mgmt Co.
		Exceptional Care & Training Center	Sterling, IL	Hoosier Care Investme	Nashville, TN	NFP Affiliated Co.
		Exceptional Living of Brazil	Brazil, IN	Champaign Facility Co	Champaign, IL	Property Co.
		Richland-Bean Blossom Health Care	Ellettsville, IN			
		Vernon Manor Children's Home	Wabash, IN			
		Randolph Nursing Home	Winchester, IN			
		Claremont Center	Point Pleasant, NJ			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	18	Group Mgmt/Dir Fees	$ 115,476	Hoosier Care, Inc.	100.00%	$ 115,476	$	1
2	V				Note: See Schedule VII Section C for description				2
3	V								3
4	V								4
5	V								5
6	V		PLEASE SEE CONTINUED DISCLOSURE AND DETAIL OF ADJUSTMENTS ON THE NEXT PAGE (6A):						6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 115,476			$ 115,476	$ *	14

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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			Churchman Village	Newark, DE				1
2			Harbor Health Care	Lewes, DE				2
3			Parkview Nursing	Wilmington, DE				3
4			Clearwater Care Center	Eau Claire, WI				4
5			Bethel Center	Arpin, WI				5
6			Colonial Center	Colby, WI				6
7			Karmenta Center	Madison, WI				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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	19	Rel. Party Management Fee	$ 480,076	Medical Rehabilitation Centers, LLC	37.50%	$	$ (480,076)	15
16	V				dba Exceptional Living Centers				16
17	V				Hoosier Care owns a beneficial interest in MRC				17
18	V				Note: Please see Schedule VIII for detail of Col. 7 amts				18
19	V	5	Utilities				3,048	3,048	19
20	V	6	Maintenance				33	33	20
21	V	17	Administrative				198,609	198,609	21
22	V	19	Professional Services				24,224	24,224	22
23	V	20	Dues, Fees, Subscriptions				3,212	3,212	23
24	V	21	Clerical & General Office				7,123	7,123	24
25	V	22	Employee Benefits & Payroll Taxes				29,651	29,651	25
26	V	23	Inservice Training & Education				1,935	1,935	26
27	V	24	Travel & Seminar				26,689	26,689	27
28	V	26	Insurance				2,642	2,642	28
29	V	30	Depreciation				2,431	2,431	29
30	V	34	Rent - Facility & Grounds				8,688	8,688	30
31	V	35	Rent - Equipment				597	597	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V		PLEASE SEE CONTINUED DISCLOSURE AND DETAIL OF ADJUSTMENTS ON THE NEXT PAGE (6B):						37
38	V								38
39	Total			$ 480,076			$ 308,882	$ * (171,194)	39

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	34	Rel. Party Bldg/Equip Rent	$ 616,547	Champaign Facility Company, LLC	100.00%	$	$ (616,547)	15
16	V				This facility company is under 100% common				16
17	V				ownership with SSCC, and therefore the "rent" paid				17
18	V				to the facility company has been removed from this report,				18
19	V				and the actual expenses of the facility company have been				19
20	V				added here:.				20
21	V	30	Actual Depreciation of Rel Pty		-Depreciation		187,019	187,019	21
22	V	32	Actual Interest (net) of Rel Pty		-Interest (net of interest income)		192,438	192,438	22
23	V	32	Actual Amort of Debt Cost-Rel Pty		-Amort of Debt Costs		7,387	7,387	23
24	V	26	Actual Insurance of Rel Pty		-Insurance		34,543	34,543	24
25	V	36	Actual Mortgage Ins of Rel Pty		-Mortgage Insurance		37,919	37,919	25
26	V	19	Actual Accting Fees of Rel Pty		-Accounting Fees		11,000	11,000	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			$ 616,547			$ 470,306	$ * (146,241)	39

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	John Foos	Board Member	Governance	0%					$		1
2	John Gillmor	Board Member	Governance	0%							2
3	Jim Ridenour	Board Member	Governance	0%							3
4	Jo Anne Corbitt	Board Member	Governance	0%							4
5	Douglass Smith	Board Member	Governance	0%							5
6	Stephen Wood	Board Member	Governance	0%							6
7	Andrea Barach	Board Member	Governance	0%							7
8	NOTE: Fees are paid by SSCC to Hoosier Care Investments, LLC ("HCI"; an affiliated not-for-profit) which go toward fees for members of the Boards of Directors										8
9	of HCI affiliated facilities, Swann Special Care Center being one of many. Therefore no Board Fees or compensation paid directly by SSCC to the										9
10	Directors, but rather the fees paid by SSCC to HCI are combined with similar fees paid by other facilities, for HCI to provide governance and managerial oversight,										10
11	including payment by HCI to Board members of each legal entity. Fees paid by other IL facilities are shown on Page 7.1.										11
12	The entire amount of fees included on this report, grouped on Line 18, is disclosed here at actual cost to the facility:							ADMIN FEES	115,476	18.8	12
13								TOTAL	$ 115,476		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	Swann Special Care Center	# 0035485	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.

*** 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.**

Amounts paid for Directors/Administration Fees by other Nursing Homes

Walter Lawson Children's Home	92,940
Swann Special Care Center	115,476
Exceptional Care & Training Center	78,864

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 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 [X] NO [ ]

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

Name of Related Organization: Medical Rehabilitation Centers, LLC, dba Except
Street Address: 1050 Chinoe Road, Suite 350
City / State / Zip Code: Lexington, KY 40502
Phone Number: (859) 255-0075
Fax Number: (859) 281-5150

	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	Direct Cost	361,690	20	$ 308,882	$	3,569	$ 3,048	1
2	6	Maintenance	Direct Cost	361,690	20	308,882		39	33	2
3	17	Administrative	Direct Cost	361,690	20	308,882		232,564	198,609	3
4	19	Professional Services	Direct Cost	361,690	20	308,882		28,365	24,224	4
5	20	Dues, Fees, Subscriptions	Direct Cost	361,690	20	308,882		3,761	3,212	5
6	21	Clerical & General Office	Direct Cost	361,690	20	308,882		8,341	7,123	6
7	22	Employee Benefits & Payroll Taxe	Direct Cost	361,690	20	308,882		34,720	29,651	7
8	23	Inservice Training & Education	Direct Cost	361,690	20	308,882		2,266	1,935	8
9	24	Travel & Seminar	Direct Cost	361,690	20	308,882		31,252	26,689	9
10	26	Insurance	Direct Cost	361,690	20	308,882		3,094	2,642	10
11	30	Depreciation	Direct Cost	361,690	20	308,882		2,847	2,431	11
12	32	Interest	Direct Cost	361,690	20	308,882		0	0	12
13	34	Rent - Facility & Grounds	Direct Cost	361,690	20	308,882		10,173	8,688	13
14	35	Rent - Equipment	Direct Cost	361,690	20	308,882		699	597	14
15										15
16										16
17		Please see attached allocation workpaper								17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,324,348	$		$ 308,882	25

STATE OF ILLINOIS 8.1

Facility Name & ID Number	Swann Special Care Center	# 0035485	Report Period Beginning:	07/01/2016	Ending:	06/30/2017

VIII. ALLOCATION OF INDIRECT COSTS (continued)

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 [ ]

Name of Related Organization	Medical Rehabilitation Centers, LLC, dba Exceptional Living Centers
Street Address	1050 Chinoe Road, Suite 350
City / State / Zip Code	Lexington, KY 40502
Phone Number	(859) 255-0075
Fax Number	(859) 281-5150

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

Walter Lawson Children's Home	266,927
Swann Special Care Center	308,882
Exceptional Care & Training Center	187,555
Exceptional Living of Brazil	242,637
Richland-Beam Blossom Healthcare	237,063
Vernon Manor Children's Home	237,994
Randolph Nursing Home	210,064
Claremont Center	409,813
Churchman Village	410,439
Harbor Healthcare	573,412
Parkview Nursing	508,473
Clearwater Care Center	309,801
Bethel Center	197,043
Colonial Center	182,803
Karmenta Center	273,853

This facility allocation determines the percentage of allowable ELC expenses by building based on the % of each building's operating expenses compared to the total of operating expenses for all facilities under management.

The resulting allowable amount is then grouped by cost report line (for various jursidictions) on the "Cost Report Grouper" tab.

For Illinois facilities, the amounts must also be adjusted to remove a portion of the gross expense relating to DT and EDU programs. The remaining gross amount attributable to the SNF is then reduced by the percentage by which the gross mgmt fee expense for ELC would be reduced to actual costs per this allocation.
See below for IL detail.

Determination of % of Costs to be allocated to each facility under management; % of total Operating Direct Costs of the Facility to all Facilities under Mgmt

Facility	Operating xpense FYE 6/30/17	Facility GL Mgmt I FYE 6/30/17	Percent Alloc.	Actual Costs	
Allis Care Center	9,154,728	0	7.10%	380,204	NOT RELATED
Exceptional Rehabilitation	0	0		0	NOT RELATED
Total LHM	***9,154,728***		***7.10%***	***380,204***	
Bethel Care Center	4,744,496	254,634	3.68%	197,043	
Colonial Care Center	4,401,598	286,128	3.41%	182,803	
Karmenta Care Center	6,593,951	391,170	5.11%	273,853	
Clearwater Care Center	7,459,519	0	5.78%	309,801	
Subtotal AE Wisconsin Facilities	23,199,564		17.99%	963,500	
Morning Breeze	4,688,149	135,528	3.63%	194,703	NOT RELATED
Sanders Glen	2,392,781	102,000	1.86%	99,374	NOT RELATED
The Home Place	0	0	0.00%	0	NOT RELATED
Subtotal AE Indiana Facilities	7,080,930		5.49%	294,078	
Total American Eagle	***30,280,494***		***23.48%***	***1,257,577***	
ELC Brazil	5,842,310	447,276	4.53%	242,637	
Randolph Nursing	5,058,015	311,388	3.92%	210,064	
Richland Bean-Blossom	5,708,096	343,464	4.43%	237,063	
Vernon Manor	5,730,520	340,068	4.44%	237,994	
Subtotal ESG Indiana Facilities	22,338,941		17.32%	927,757	
Exceptional Care Training Center	5,322,622	387,636	4.13%	221,054	
Swann Special Care Center	8,708,927	562,152	6.75%	361,690	
Walter Lawson	7,369,273	499,896	5.71%	306,053	
Subtotal ESG Illinois Facilities	21,400,822		16.59%	888,796	
Harbor	13,806,861	947,736	10.71%	573,412	
Parkview	12,243,232	776,532	9.49%	508,473	
Churchman	9,882,728	688,116	7.66%	410,439	
Claremont	9,867,644	580,080	7.65%	409,813	
Subtotal ESG East	45,800,465		35.51%	1,902,136	
Total Hoosier Care	***89,540,228***		***69.42%***	***3,718,690***	
Total ELC Facilities Under Mgmt	***128,975,450***		***100%***	***5,356,472***	
				-	

Note 1 Operating Expense determined for calendar year period regardless of FYE of individual building
Operating Expense equals Operating Expense per Financial Statements - OpCo only.
Management Fee per Facility G/L

ILLINOIS ALLOCATION & DISALLOWANCE FOR SNF/DT/EDU SPLIT AND REDUCTION OF REMAINING REL PTY MGMT FEE TO PROPORTIONAL COST/FUNCTIONAL EXPENSE

	Gross GL Rel Pty Mgmt Fee Expense	Split among programs per Supergrouper Alloc SNF	EDU	DT	% of Total by Program SNF	EDU	DT
Exceptional Care Training Center	387,636	328,893	-	58,743	85%	0%	15%
Swann Special Care Center	562,152	480,076	13,221	68,855	85%	2%	12%
Walter Lawson	499,896	435,989	24,930	38,977	87%	5%	8%

Included in CR SCH V Line 19 Col 4

Amts removed via EDU/DT Adj CR PG5A (See DT/EDU Alloc WP)

Remaining Amount in Adjusted SNF amt:

Exceptional Care Training Center	328,893	
Swann Special Care Center	480,076	***To CR PG6 Col 4 GL cost of Rel Party Mgmt Fee***
Walter Lawson	435,989	***Net amts remaining in SNF allowable costs after removing EDU/DT portions***

*****This amount must now be reduced to reflect actual cost of rel pty mgmt co***

Ratio of Allowable Costs to Unadjusted GL Management Fee per Facility Allocation above:

Exceptional Care Training Center	57%
Swann Special Care Center	64%
Walter Lawson	61%

Calculate remaining allowable related party management fee (Total):

Exceptional Care Training Center	187,555	***Allowable cost of Rel Pty Mgmt Co to now be reclassified to functional expense lines below***
Swann Special Care Center	308,882	***Allowable cost of Rel Pty Mgmt Co to now be reclassified to functional expense lines below***
Walter Lawson	266,927	***Allowable cost of Rel Pty Mgmt Co to now be reclassified to functional expense lines below***

Check: Net adjustment/difference by reducing remaining GL amt to allowable rel party costs/functional expenses below:

Exceptional Care Training Center	141,338	***Check - a/b CR PG6 Col 8 Adjustment after functional expense adjs below***
Swann Special Care Center	171,194	***Check - a/b CR PG6 Col 8 Adjustment after functional expense adjs below***
Walter Lawson	169,062	***Check - a/b CR PG6 Col 8 Adjustment after functional expense adjs below***

Reclassify remaining allowable remaining related party management fee to functional expense categories for final CR presentation:

Exceptional Care Training Center

	Percentage of grouped CR Line to total exp	Amt to reclass to CR Lines	
Utilities	0.99%	1,851	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Maintenance	0.01%	20	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Administrative	64.30%	120,596	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Professional Services	7.84%	14,709	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Dues, Fees, Subscriptions	1.04%	1,950	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Clerical & General Office	2.31%	4,325	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Employee Benefits & Payroll Taxes	9.60%	18,004	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Inservice Training & Education	0.63%	1,175	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Travel & Seminar	8.64%	16,206	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Other Admin Staff Transportation	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Insurance	0.86%	1,604	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Depreciation	0.79%	1,476	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Interest	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Facility & Grounds	2.81%	5,275	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Equipment	0.19%	362	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
	100.00%	187,555	

Swann Special Care Center

	Percentage of grouped CR Line to total exp	Amt to reclass to CR Lines	
Utilities	0.99%	3,048	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Maintenance	0.01%	33	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Administrative	64.30%	198,609	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Professional Services	7.84%	24,224	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Dues, Fees, Subscriptions	1.04%	3,212	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Clerical & General Office	2.31%	7,123	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Employee Benefits & Payroll Taxes	9.60%	29,650	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Inservice Training & Education	0.63%	1,935	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Travel & Seminar	8.64%	26,689	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Other Admin Staff Transportation	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Insurance	0.86%	2,642	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Depreciation	0.79%	2,431	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Interest	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Facility & Grounds	2.81%	8,688	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Equipment	0.19%	597	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
	100.00%	308,882	

Walter Lawson Children's Home

	Percentage of grouped CR Line to total exp	Amt to reclass to CR Lines	
Utilities	0.99%	2,634	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Maintenance	0.01%	29	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Administrative	64.30%	171,632	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Professional Services	7.84%	20,933	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Dues, Fees, Subscriptions	1.04%	2,776	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Clerical & General Office	2.31%	6,156	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Employee Benefits & Payroll Taxes	9.60%	25,623	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Inservice Training & Education	0.63%	1,672	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Travel & Seminar	8.64%	23,064	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Other Admin Staff Transportation	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Insurance	0.86%	2,283	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Depreciation	0.79%	2,101	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Interest	0.00%	-	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Facility & Grounds	2.81%	7,508	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
Rent - Equipment	0.19%	516	***To CR PG6 Col 7 allowable cost of Rel Pty Mgmt Co***
	100.00%	266,927	

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	LP Mortgage HUD Loan		X	Facility Purchase Financing	$33,276.00	11/1/12	$ 8,377,500	$ 7,489,303	11/1/42	0.0254	$ 192,640	1
2												2
3												3
4												4
5												5
	Working Capital											
6	GE Healthcare Finance		X	Working Capital	$0.00	06/24/14	5,750,000	$0.00	10/27/19	Variable	$0.00	6
7												7
8												8
9	TOTAL Facility Related				$33,276.00		$ 14,127,500	$ 7,489,303			$ 192,640	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 14,127,500	$ 7,489,303			$ 192,640	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 37,919 Line # 36

*** 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 Swann Special Care Center # 0035485 **Report Period Beginning:** 07/01/2016 **Ending:** 06/30/2017

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

Note: This facility became exempt from Property Taxes starting on 1/1/1996

	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 Swann Special Care Center COUNTY Champaign

FACILITY IDPH LICENSE NUMBER 0035485

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 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.	TAX EXEMPT		$	$
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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,257 B. General Construction Type: Exterior Block & Brick Frame Wood Number of Stories 1

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

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

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (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).

Swann School Education Program, operated offsite; cost removal adjustments & allocation to remove associated costs shown on SCH V and further explanation on Pg 11.2

Swann Developmental Day Training Program, operated offsite; cost removal adjustments & allocation to remove associated costs shown on SCH V and further explanation on Pg 11.2

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: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	SNF / PED	89,603	1989	$ 538,000	1
2					2
3	TOTALS	89,603		$ 538,000	3

Swann Special Care Center
Schedule X Supplemental Schedule
Item 14 - Allocation of non-long term care costs

(E) Swann Special Care Center operates Education and Developmental Day Training programs in dedicated spaces offsite from the skilled nursing facility. All costs specifically attributable to these programs in dedicated GL accounts, including wages/salaries, supplies, rent and occupancy costs, have been grouped in line 39 of Schedule V, "Ancillary Service Centers", and are removed via adjustment on Schedule VI, Line 3.
In addition, a portion of all other cost centers and expense items which provide benefits and support to the Education and Day Training programs are removed via adjustment on Schedule VI, Line 29. The following allocation methodology is utilized:

Costs incurred which benefit multiple operational programs are identified, segregated, and reported each year in conjunction with required cost report filings to the Illinois Purchased Care Review Board for the Educational program. The percentage of costs identified for each program from the most recent ILPCRB report are utilized to calculate the portion attributable to Day Training and Education which is removed in this Cost Report. A percentage of wages and salaries expense, identifiable to each specific program and position, is utilized to allocate Employee benefits and payroll taxes. Hours of operation of each program are utilized to allocate certain administrative, overhead, and support services, and other allocation bases are utilized for applicable shared costs.

The results of these allocations appear on Schedule VI, as adjustments to remove shared costs attributable to non-long term care services.

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	87		1989	1978	$ 2,592,000	$ 56,275	10-40	$ 56,275	$	$ 1,912,010	4
5	9			1993	N/A						5
6	8			1996	N/A						6
7	8			2000	N/A						7
8	11			2004	N/A						8
	Improvement Type**										
9	FIRE DOORS			7/16/1990	2,751		10			2,751	9
10	FIRE DOORS			6/20/1991	3,675		10			3,675	10
11	SPRINKLER/EXIT DEVICES OD			1/30/1992	3,162		10			3,162	11
12	ROOFING			12/4/1992	3,900		10			3,900	12
13	SPRINKLER SYSTEM			3/30/1993	14,460		10			14,460	13
14	FIRE DOORS, CLOSETS, TILE			11/1/1993	5,225		10			5,225	14
15	WORK FOR EXHAUST FAN & HO			4/6/1995	3,995		10			3,995	15
16	WALK-IN COOLER			10/24/1995	3,334		10			3,334	16
17	REPLACE 2 ROOFTOP HVAC UN			12/7/1998	17,650		10			17,650	17
18	BALANCE-INSTALL ALARM SYS			6/29/2000	2,730		5			2,730	18
19	INSTALL CLINICAL SINK.			7/18/2000	3,030		5			3,030	19
20	INSTALL DOORS AT KENWOOD			7/18/2000	4,028		15			4,028	20
21	REPLACE GATE VALVE/INSTAL			9/8/2000	6,005		15			6,005	21
22	NEW FLOOR DRAINS IN SHOWE			1/24/2001	3,180		15			3,180	22
23	INSTALL SHOWER DRAINS			7/16/2001	10,500	525	20	525		8,400	23
24	REPLACE DOORS			1/2/2002	3,000		5			3,000	24
25	SECURITY SYSTEM			2/21/2002	3,165		5			3,165	25
26	INTERNET SET-UP-WIRING, C			2/21/2002	6,141	239	15	239		6,141	26
27	INSTALL TWO SINKS			5/13/2002	3,561		5			3,561	27
28	INSTALL A/C ROOFTOP UNIT			8/26/2002	8,237	549	15	549		8,191	28
29	CENTRAL HEAT/AIR ROOFTOP			1/22/2003	5,180	345	15	345		5,007	29
30	Rooftop unit installed; heat			7/31/2003	10,910	727	15	727		10,122	30
31	REMODELING			1/13/2004	8,351		5			8,351	31
32	roofing project-Wing 1,2,4 (			6/8/2005	66,485	4,432	15	4,432		53,557	32
33	Re-tile shower room			4/27/2006	10,714	714	15	714		7,976	33
34	Deposit for duro last roof			7/13/2006	10,000	667	15	667		7,333	34
35	Duro last roof - payment #2			7/13/2006	4,384	292	15	292		3,215	35
36	100 amp sub panel			9/25/2006	2,650	177	15	177		1,899	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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	Re-tile shower room #10	9/27/2006	$ 11,642	$ 776	15	$ 776	$	$ 8,343	37
38	Replace walls in dishwasher	12/5/2006	7,477	498	15	498		5,276	38
39	Re-tile shower room #3	12/15/2006	11,642	776	15	776		8,214	39
40	Re-tile shower room #4	12/28/2006	11,642	776	15	776		8,149	40
41	Re-tile shower room #s 5,6,7	3/15/2007	12,746	850	15	850		8,781	41
42	Rpl motors on roof exhaust f	8/7/2007	2,667	267	10	267		2,645	42
43	Upgrade lighting system in e	8/21/2007	6,501	433	15	433		4,262	43
44	Re-tile team 6 bathroom	8/29/2007	7,561	504	15	504		4,957	44
45	Wire breakroom & outlets for	12/4/2007	2,574	172	15	172		1,645	45
46	Replace 2 doors in laundry a	2/29/2008	4,187	279	15	279		2,605	46
47	Remodel conf room (cabinets,	7/10/2008	2,536	254	10	254		2,282	47
48	Addtnl outlets (4 ea.) in ro	12/4/2008	7,625	508	15	508		4,363	48
49	Compressor for a/c unit	9/11/2009	2,830	283	10	283		2,217	49
50	Induct air purifiers (8) and	12/14/2009	3,638	364	10	364		2,759	50
51	Outlets (24) in resident roo	10/9/2010	12,618	841	15	841		5,678	51
52	Outlets in rooms 3b/1b/5a/6a	12/16/2010	8,280	552	15	552		3,588	52
53	Outlets in rooms 7a/7b/13/14	1/24/2011	13,800	920	15	920		5,903	53
54	Compressor & blower wheel	6/28/2011	2,575	258	10	258		1,545	54
55	Sprinklers for ext eaves on	9/20/2011	4,275	428	10	428		2,458	55
56	Tile floor & walls of bathro	11/29/2011	19,854	1,324	15	1,324		7,390	56
57	Heat exchanger	12/12/2011	4,035	404	10	404		2,253	57
58	Network drops (32) for Paige	12/13/2011	2,550	255	10	255		1,424	58
59	Heat exchanger	3/16/2012	6,570	657	10	657		3,449	59
60	Renovate shower rooms #2/14/	4/23/2012	19,500	1,300	15	1,300		6,717	60
61	Weatherization project	7/1/2012	3,099	310	10	310		1,550	61
62	Flooring for shower room	10/18/2012	6,000	600	10	600		2,800	62
63	Exterior painting & waterpro	10/26/2012	9,752	650	15	650		3,034	63
64	Emergency generator	2/28/2013	63,610	4,241	15	4,241		18,376	64
65	IDPH Electrical Work(Project	5/1/2013	32,000	2,133	15	2,133		8,889	65
66	New Flooring Installed	5/1/2013	6,133	409	15	409		1,703	66
67	New Flooring Installed - 3rd	5/13/2013	6,000	400	15	400		1,667	67
68	IDPH Electrical Work(Project	6/25/2013	17,855	1,190	15	1,190		4,761	68
69	Drain Tile Installation	10/23/2013	11,897	1,190	10	1,190		4,362	69
70	TOTAL (lines 4 thru 69)		$ 3,168,074	$ 89,743		$ 89,743	$	$ 2,273,099	70

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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		$ 3,168,074	$ 89,743		$ 89,743	$	$ 2,273,099	1
2	Security System for Front Do	3/5/2014	3,547	355	10	355		1,182	2
3	Mop Room Renovation	4/14/2014	3,520	352	10	352		1,144	3
4	Mop Room Renovation	4/15/2014	4,636	464	10	464		1,507	4
5	TheraPure Tub	8/26/2014	12,038	1,204	10	1,204		3,411	5
6	Whirpool Room Flooring	8/27/2014	4,300	430	10	430		1,218	6
7	Team 8 Shower Room Flooring	2/17/2015	7,600	760	10	760		1,773	7
8	HVAC unit	6/1/2016	5,755	576	10	576		623	8
9	HVAC	7/8/2016	10,975	1,098	10	1,098		1,098	9
10	Blinds Installed	5/26/2017	7,203	60	10	60		60	10
11	RESURFACE PARKING LOT	11/1/1993	19,115		10			19,115	11
12	REPLACE UNDERGROUND FUEL	11/11/1998	9,223	461	20	461		8,608	12
13	RE-SEAL AND RE-STRIPE PAR	7/1/2002	2,810		10			2,810	13
14	Install draining system in c	2/2/2004	9,268		7			9,268	14
15	Parking lot/dumpster pad rep	10/20/2006	8,073	269	10	269		8,073	15
16	Fence/dumpster enclosure	12/16/2006	2,750	138	10	138		2,750	16
17	Tank removal	7/1/2016	7,750	774	10	774		775	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)		$ 3,286,637	$ 96,682		$ 96,682	$	$ 2,336,514	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	$ 140,737	$ 23,765	$ 23,765	$	3-10	$ 87,759	71
72	Current Year Purchases	66,598	2,715	2,715		5-7	2,715	72
73	Fully Depreciated Assets	721,200	3,395	3,395		3-10	721,200	73
74	Depr Exp (Net Allowable) - Rel Pty Alloc Sch VIII		2,431	2,431				74
75	TOTALS	$ 928,535	$ 32,306	$ 32,306	$		$ 811,674	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				$	$	$	$		$	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)	$ 4,753,172	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 128,988	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 128,988	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,148,188	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	Transportation Equip Not Allowed	$ 128,189	$ 2,772	$ 123,750	86
87	Assets below IL Capital Threshold	430,774	33,569	316,446	87
88	Assets Disallowed by DHS Cap Review	1,135,708	24,121	912,363	88
89					89
90					90
91	TOTALS	$ 1,694,671	$ 60,462	$ 1,352,559	91

G. Construction-in-Progress

	Description	Cost	
92	Building addition	$ 393,466	92
93			93
94			94
95		$ 393,466	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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Not Applicable - Facility Leased from 100% Commonly-owned Related Party (See Sch VII)
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	Corp Group Office Allocation	N/A		12/1/2011	8,688	10	10	5
6								6
7	TOTAL				$ 8,688 **			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 [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 12/1/2011
Ending 12/1/2021

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

	Fiscal Year Ending	Annual Rent
12.	6/30/2018	$ Corp Alloc Amt
13.	6/30/2019	$ Corp Alloc Amt
14.	6/30/2020	$ Corp Alloc Amt

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

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO
16. Rental Amount for movable equipment: $ 13,253 Description: Copy/Scanners: $6,618; Postage Meter: $1,901; Short Term Medical Equip: $4,137
(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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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.

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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

	1	2		3	4		5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a.3	hrs	$	1,424	$	70,305	$ 2,752	1,424	$ 73,057	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		1,010		73,577		1,010	73,577	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	10a.3	hrs		171		8,436	62	171	8,498	4
5	Physician Care	39.3	visits				9,600			9,600	5
6	Dental Care	39.3	visits		107		4,289		107	4,289	6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39.3	# of prescrpts		87		5,688		87	5,688	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	39.3	hrs		21		2,100		21	2,100	10
11	Academic Education		hrs								11
12	Other (specify): Respiratory Therapy				46		1,374		46	1,374	12
13	Other (specify): Note: Line 5 Physician Care is flat fee Neurologist evals										13
14	TOTAL			$	2,866	$	175,368	$ 2,814	2,866	$ 178,182	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 Swann Special Care Center **#** 0035485 **Report Period Beginning:** 07/01/2016 **Ending:** 06/30/2017

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 06/30/2017 **(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	$ 500	$ 1,000	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 125,856)	991,885	991,885	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(39,342)	(12,787)	6
7	Other Prepaid Expenses	74,723	74,723	7
8	Accounts Receivable (owners or related parties)	6,278,789	6,246,091	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 7,306,555	$ 7,300,912	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		538,000	13
14	Buildings, at Historical Cost		4,552,467	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		1,357,377	16
17	Accumulated Depreciation (book methods)		(4,500,747)	17
18	Deferred Charges		187,269	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		245,580	21
22	Other Long-Term Assets (spe CIP		393,466	22
23	Other(specify): Goodwill	531,191	531,191	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 531,191	$ 3,304,603	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,837,746	$ 10,605,515	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 248,342	$ 248,884	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		211,532	29
30	Accrued Salaries Payable	475,042	475,042	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,591	44,591	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		15,816	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Intercompany/Due to Lessor		394,839	36
37	Rounding	1	2	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 767,976	$ 1,390,706	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,277,771	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)**	$	$ 7,277,771	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 767,976	$ 8,668,477	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 7,069,770	$ 1,937,038	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,837,746	$ 10,605,515	48

***(See instructions.)**

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,439,758	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,439,758	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	630,012	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)**	$ 630,012	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)**	$ 7,069,770	24 *

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	$ 7,482,331	1
2	Discounts and Allowances for all Levels	(409)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,481,922	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education	788,539	9
10	Other Government Grants	62,601	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 851,140	23
	D. Non-Operating Revenue		
24	Contributions	330,246	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 330,246	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	240	27
28	Day Training	1,865,164	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,865,404	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,528,712	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,036,811	31
32	Health Care	3,749,890	32
33	General Administration	2,246,118	33
	B. Capital Expense		
34	Ownership	640,276	34
	C. Ancillary Expense		
35	Special Cost Centers	1,766,977	35
36	Provider Participation Fee	458,628	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,898,700	40
41	**Income before Income Taxes (line 30 minus line 40)****	630,012	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 630,012	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 7,381,249	44
45	Private Pay - Net Inpatient Revenue	99,221	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Hospice	1,452	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,481,922	49

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

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

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

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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	1,875	2,067	$ 100,133	$ 48.44	1
2	Assistant Director of Nursing	1,881	2,072	77,913	37.60	2
3	Registered Nurses	36,141	39,568	1,151,866	29.11	3
4	Licensed Practical Nurses	7,342	8,150	164,866	20.23	4
5	CNAs & Orderlies	94,173	102,550	1,353,057	13.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,006	4,350	49,026	11.27	8
9	Activity Director	1,852	2,094	44,691	21.34	9
10	Activity Assistants	16,675	18,018	174,835	9.70	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,865	2,109	54,280	25.74	13
14	Head Cook	12,512	13,516	176,388	13.05	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	4,021	4,502	82,994	18.43	17
18	Housekeepers					18
19	Laundry	1,893	2,037	19,669	9.66	19
20	Administrator	1,878	2,109	103,155	48.91	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,904	7,552	131,192	17.37	24
25	Vocational Instruction	71,321	78,640	1,200,988	15.27	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)	3,892	4,302	67,668	15.73	30
31	Medical Records					31
32	Other Health Care(specify)	2,080	2,232	30,281	13.57	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	270,311	295,868	$ 4,983,002 *	$ 16.84	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	454	$ 11,876	3.1	35
36	Medical Director	N/A	58,550	3.9	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48	*Note: Medical Director paid flat fee, not hourly				48
49	TOTAL (lines 35 - 48)	454	$ 70,426		49

C. CONTRACT NURSES

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kym Halberstadt	Administrator	0	$ 103,155
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 103,155

B. Administrative - Other

Description	Amount
	$ 0
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Medical Rehab (dba Ex Living Ctrs)	Management Services	$ 562,152
ADP / Paycor	Payroll Processing	19,744
Various	Accounting/audit services	14,718
Various (see 21.1 for detail)	Legal services	16,898
Choice! Energy Services, Tolliver Mg	Cost savings consulting	2,497
SBM, H&R, Misc	Document management	425
VCPI / Software Licensing Advisors	Information tech services	2,182
Keyzones Training & HR Solutions	HR Consulting	2,020
Benefits Insurance Marketing	HR & benefits planning	660
MSA Professional Services, others	Professional consulting	2,026
Various	Misc admin	998
See Pg 6 for Mgmt Svc Adj		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 624,320

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 59,674
Unemployment Compensation Insurance	29,718
FICA Taxes	260,938
Employee Health Insurance	585,339
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Retirement Plan	10,131
Group Allocation - Pg 8	29,651
Less Pg5A Adj for Unallowable DT/EDU	(227,076)
TOTAL (agree to Schedule V, line 22, col.8)	$ 748,375

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

Description	Line #	Amount
None.		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	8,123
Health Care Worker Background Check	983
(Indicate # of checks performed 34)	
Public Rel/Mkting/Fundraising	19,934
Bank Fees	29,484
Other Dues, Fees, Subs (net)	6,351
Group Allocation - Pg8	3,212
Less Pg5A Adj for Unallowable DT/EDU	(17,742)
Less: Public Relations Expense	(19,934)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,411

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
N/A	
In-State Travel	
See Page 21.2 for Detail	6,280
SCH VI Adj - Unallowable items	(3,945)
Corporate/Group Travel Alloc - G&A	26,689
Seminar Expense	
SCH VI Adj - DT/EDU Alloc	(917)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 28,107

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number **Swann Special Care Center** **# 0035485** **Report Period Beginning: 07/01/2016** **Ending: 06/30/2017**

Swann Special Care Center
Schedule XIX Supplemental Schedule
Legal Fees Detail

DATE	DESCRIPTION	Amount
1 Legal Fees detail for SCH XIX-C		
7/26/2016	Mary Ann Royse Law Office	114.00
8/5/2016	Baker, Donelson, Bearman, Caldwell & Berkowitz	70.00
8/23/2016	Mary Ann Royse Law Office	76.00
9/12/2016	Mary Ann Royse Law Office	47.50
11/15/2016	Mary Ann Royse Law Office	294.50
3/13/2017	Wooden McLaughlin, LLP	3,481.58
8/31/2016	Baker, Donelson, Bearman, Caldwell & Berkowitz	156.17
10/31/2016	Baker, Donelson, Bearman, Caldwell & Berkowitz	1,063.07
12/31/2016	Baker, Donelson, Bearman, Caldwell & Berkowitz	197.33
1/31/2017	CT Corporation	119.34
3/6/2017	Stoll-Keenon-Ogden PLLC	79.84
7/31/2016	In-House Counsel Legal Fees	936.69
8/31/2016	In-House Counsel Legal Fees	1,022.44
9/30/2016	In-House Counsel Legal Fees	997.89
10/31/2016	In-House Counsel Legal Fees	748.62
11/30/2016	In-House Counsel Legal Fees	883.50
12/31/2016	In-House Counsel Legal Fees	854.10
1/31/2017	In-House Counsel Legal Fees	1,105.00
2/28/2017	In-House Counsel Legal Fees	909.74
3/31/2017	In-House Counsel Legal Fees	993.39
4/30/2017	In-House Counsel Legal Fees	888.21
5/31/2017	In-House Counsel Legal Fees	1,000.30
6/30/2017	In-House Counsel Legal Fees	859.25
		$16,898.46

See Schedule VI for adjustment for unallowable portion.

Swann Special Care Center
Schedule XIX Supplemental Schedule
Travel & Seminar In-State detail:

	DESCRIPTION	Amount		SCH V LINE.COL
1	In-State Travel Detail			
	Armel Mallare, Day Training Director; in-state travel (resident visits)	98	A	24.3
	Ferdinand Mendoza, Education; in-state travel (seminars & visits)	628	A	24.3
	Gale Kirkpatrick, Maintenance; in-state travel (conferences)	612	A	24.3
	John Lawrence, Education; in-state travel (special education)	617	A	24.3
	Kym Halberstadt, Exec Director, care-related in-state travel	1,272		24.3
	Mary J. Ward, DON; care-related in-state travel	48		24.3
	Raymund Mangantulao, Day Training; in-state travel	254	A	24.3
	Roseller Dimla, Health Unit Coord., resident appointments	94		24.3
	Corporate/Group travel allocation of operations personnel	921		24.3
	In-state business meals	846	A	24.3
		5,391		
1	Out-of-State Travel (All to Home Office or Care-related training) Detail			
	Janie Ward, Director of Nursing	276	A	24.3
	Kym Halberstadt, Executive Director	613	A	
		890		
	Line 24 Column 4 Total:	**6,280**		0
	Line 24 Column 7 Adjustment - Corporate/Home Office Allocated Costs	**26,689**		
	Unallowable Amounts above removed through SCH 5 Adjustments:			
A	Non-care & out-of-state related amounts noted above:	(3,945)		
	Allocation for non-care-related Education and Day Training (See Pg 11.2 & 5A)	(917)		
	Line 24 Column 8 Total:	**28,107**		0

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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?
If YES, give association name and amount. **ILHCA, $5,162 net after Schedule VI Adj**

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

(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?

(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. $ **142,505** 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.

(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 fo
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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departmen
during this cost report period. $ **458,628**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **62,601**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **See Pg 21.1**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation fo
residents? **No** If YES, please indicate the amount of income earned from such a
program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
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? **Yes**
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. $ **0**

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

(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