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: 0022350

Facility Name: Wesley Village Healthcare Center

Address: 1200 East Grant St (Number) Macomb (City) 61455 (Zip Code)

County: McDonough

Telephone Number: 309 833 2123 **Fax #** 309 837 7500

HFS ID Number:

Date of Initial License for Current Owners: 04/14/1980

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Britany Knowles **Telephone Number:** 309 833 2123
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2017 to 12/31/2017 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) Shelly L. Martin
(Title) CEO/Administrator

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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 73

	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	73	Skilled (SNF)	73	26,645	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	73	TOTALS	73	26,645	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	6,901	12,992	3,066	22,959	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,901	12,992	3,066	22,959	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.17%

D. How many bed reserve days during this year were paid by the Department?
29 (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)
outpatient therapy

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 04/14/1980

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 73 and days of care provided 3,066

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

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

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

Tax Year: Tax-Exempt Fiscal Year: Jan-Dec

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	298,680	21,891	10,795	331,366		331,366		331,366			1
2	Food Purchase		217,156		217,156		217,156	(614)	216,542			2
3	Housekeeping	62,835	10,490	250	73,575		73,575		73,575			3
4	Laundry	10,598		45,688	56,286		56,286		56,286			4
5	Heat and Other Utilities			81,453	81,453		81,453		81,453			5
6	Maintenance	45,898	7,959	39,525	93,382		93,382		93,382			6
7	Other (specify):*											7
8	TOTAL General Services	418,011	257,496	177,711	853,218		853,218	(614)	852,604			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	1,894,505	284,123	54,982	2,233,610	(3,844)	2,229,766		2,229,766			10
10a	Therapy			515,749	515,749		515,749		515,749			10a
11	Activities	82,398	8,619	12,154	103,171		103,171	(8,782)	94,389			11
12	Social Services											12
13	CNA Training	12,140		11,081	23,221		23,221		23,221			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,989,043	292,742	602,966	2,884,751	(3,844)	2,880,907	(8,782)	2,872,125			16
	C. General Administration											
17	Administrative	96,893			96,893		96,893		96,893			17
18	Directors Fees											18
19	Professional Services			23,348	23,348		23,348		23,348			19
20	Dues, Fees, Subscriptions & Promotions			19,524	19,524	3,844	23,368		23,368			20
21	Clerical & General Office Expenses	97,623	16,784	23,832	138,239		138,239		138,239			21
22	Employee Benefits & Payroll Taxes			643,451	643,451		643,451		643,451			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,224	7,224		7,224		7,224			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			24,581	24,581		24,581		24,581			26
27	Other (specify):*											27
28	TOTAL General Administration	194,516	16,784	741,960	953,260	3,844	957,104		957,104			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,601,570	567,022	1,522,637	4,691,229		4,691,229	(9,396)	4,681,833			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 Wesley Village Healthcare Center #0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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			313,043	313,043		313,043		313,043			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			131,748	131,748		131,748		131,748			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			444,791	444,791		444,791		444,791			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,718	160,718		160,718		160,718			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			160,718	160,718		160,718		160,718			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,601,570	567,022	2,128,146	5,296,738		5,296,738	(9,396)	5,287,342			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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				4
5	Telephone, TV & Radio in Resident Rooms	8,782	LN11		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	614	LN2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 9,396		$	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	2,330		33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 2,330		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 11,726		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

Wesley Village Healthcare Center

ID# 0022350

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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				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	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Wesley Village Healthcare Center **#** 0022350 **Report Period Beginning:** 01/01/2017 **Ending:** 12/31/2017

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	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**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Wesley Village Healthcare Center** **# 0022350** **Report Period Beginning:** **01/01/2017** **Ending:** **12/31/2017**

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	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**32**
33	Real Estate Taxes	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**33**
34	Rent-Facility & Grounds	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**34**
35	Rent-Equipment & Vehicles	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**35**
36	Other (specify):*	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**36**
37	**TOTAL Ownership**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**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):*	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**43**
44	**TOTAL Special Cost Centers**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**44**
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**45**

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

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			$			$	$	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			$			$	$ *	14

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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								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								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 2/31/2017

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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Citizens National Bank, a division of M		X	Refinance & New Projects	$32,630.57		$ 6,250,000	$ 5,708,888		4.6900	$ 123,521	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$32,630.57		$ 6,250,000	$ 5,708,888			$ 123,521	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 6,250,000	$ 5,708,888			$ 123,521	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A 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 Wesley Village Healthcare Center **#** 0022350 **Report Period Beginning:** 01/01/2017 **Ending:** 12/31/2017

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 Wesley Village Healthcare Center COUNTY McDonough

FACILITY IDPH LICENSE NUMBER 0022350

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.			$	$
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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 39,393 B. General Construction Type: Exterior Brick Frame Prestressed Concrete Number of Stories 1

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

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

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

Wesley Village Retirement Center - 69 units
Wesley Estates Independent Living Duplexes - 32 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: 58,242 2. Number of Years Over Which it is Being Amortized: 25

3. Current Period Amortization: 2,330 4. Dates Incurred: November 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	Nursing Home	235,224	1975	$ 48,600	1
2					2
3	TOTALS	235,224		$ 48,600	3

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	47		1980	1980	$ 1,304,649	$ 25,968	50	$ 25,968	$	$ 978,305	4
5	26		1998	1997	1,934,404	50,214	50	50,214		969,662	5
6											6
7											7
8											8
	Improvement Type**										
9	LAND IMPROVEMENTS										9
10	Paved Parking lot			1981	28,080		15			28,080	10
11	Landscaping			1981	2,943		10			2,943	11
12	Landscaping			1984	227		10			227	12
13	Blacktop driveway			1985	559		10			559	13
14	Landscaping, install cement patio			1982	488		20			448	14
15	Landscaping			1983	681		20			681	15
16	Blacktop driveway			1986	2,668		15			2,668	16
17	Blacktop driveway			1987	15,464		15			15,464	17
18	Improve drainage			1987	1,036		15			1,036	18
19	Landscaping costs			1988	599		10			599	19
20	Improve drainage from roof area			1989	946		15			946	20
21	Blacktop driveway			1990	1,396		15			1,396	21
22	Blacktop sealer			1991	1,054		15			1,054	22
23	Blacktop sealer			1994	1,307		15			1,307	23
24	Turf & garden mix 38%			1997	322		10			322	24
25	Walking path 50%			1997	418	218	20	218		418	25
26	Concrete curbing 38%			1997	562	311	20	311		562	26
27	Walking path 50%			2000	17,911	896	20	896		16,128	27
28	Alzheimers garden enhancement			2000	4,468	223	20	223		4,014	28
29	Walking path 50%			2001	15,264		10			15,264	29
30	Glider walking path			2002	1,346		10			1,346	30
31	Seal & Asphalt drive and parking lot			2003	7,888		15			7,888	31
32	Landscape gazebo area			2003	1,202		10			1,202	32
33	Landscaping around wheelchair swing			2001	856		10			856	33
34	Landscaping south garden area 50%			2004	5,618		10			5,618	34
35	Landscape HC/SCU signs			2005	519		10			519	35
36	Parking Lot Striping - 50%			2010	360		5			360	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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	Loading Dock Resurface	2012	$ 8,350	$ 835	10	$ 835	$	$ 4,523	37
38	HCC Parking Lot Expansion	2013	2,570	171	15	171		755	38
39	HCC Sidewalk	2013	1,500	100	15	100		417	39
40	Rehab/HCC Entrance Landscaping	2014	8,497	850	10	850		2,550	40
41	Rehab Unit Garden	2016	637	42	15	42		67	41
42	Parking Lot Striping - 50% of project	2017	5,824	146	10	146		146	42
43									43
44	BUILDING IMPROVEMENTS								44
45	Screen Doors	1981	4,500		10			4,500	45
46	Constructed Carports	1981	2,000	40	50	40		1,440	46
47	Wallpaper	1981	2,264		20			2,264	47
48	Entrance signs	1981	5,920		30			5,920	48
49	Signs	1981	58		12			58	49
50	Intangibles	1981	5,742		20			5,742	50
51	Overhang roof Drain	1982	342		20			342	51
52	Remodel bathroom	1982	371	8	50	8		280	52
53	Exhaust fans & lights	1982	426		20			426	53
54	Carpet	1983	169		5			169	54
55	Install Satellite system	1983	4,122		15			4,122	55
56	Remodeling	1983	389	8	50	8		271	56
57	Wheelchair ramp	1984	407		10			407	57
58	Remodel showers	1986	501		30			501	58
59	install décor	1985	450		15			450	59
60	Redecorate resident rooms	1985	10,126		15			10,126	60
61	install tornado siren	1986	3,056		15			3,056	61
62	Carpet	1987	538		5			538	62
63	Install TV Filter	1987	68		15			68	63
64	Redecorate resident rooms	1987	7,274		15			7,274	64
65	remodeling hallway	1988	68		15			68	65
66	roof repair	1989	3,704		15			3,704	66
67	emergency light	1989	35		10			35	67
68	redecorating	1989	13,802		15			13,802	68
69	nurse call system	1990	4,919		13			4,919	69
70	TOTAL (lines 4 thru 69)		$ 3,451,865	$ 80,030		$ 80,030	$	$ 2,138,812	70

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		$ 3,451,865	$ 80,030		$ 80,030	$	$ 2,138,812	1
2	Elevator Jack	1990	3,780		15			3,780	2
3	Solid Core Door	1990	735		10			735	3
4	Water system repairs	1991	1,410		10			1,410	4
5	Water heater repairs	1991	1,323		10			1,323	5
6	replace window panes	1991	9,051		20			9,051	6
7	install A/C food service	1992	866		20			866	7
8	roof repair	1992	8,685		15			8,685	8
9	redesign water system	1992	2,385		20			2,385	9
10	remodeling	1992	9,845		15			9,845	10
11	carpeting	1993	851		15			851	11
12	remodeling	1993	1,540		10			1,540	12
13	new entryway	1994	7,888		20			7,888	13
14	remodeling	1994	3,216		10			3,216	14
15	painting entryway & carpet	1995	2,456		10			2,456	15
16	diningroom floor	1996	116		20			116	16
17	roof repairs - west end	1996	385		15			385	17
18	12 air conditioning units	1996	3,698		15			3,698	18
19	shingle east entrance	1997	398		15			398	19
20	border resident rooms	1997	484		10			484	20
21	carpet installment hallway	1997	265	16	20	16		265	21
22	vinyl flooring covering	1997	1,507	82	20	82		1,507	22
23	remote annuncator panel	1997	705	41	20	41		705	23
24	heating/air conditioning units	1997	1,602	75	20	75		1,602	24
25	3 windows	1997	116	1	20	1		116	25
26	12 window screens	1997	126		20			126	26
27	Carpet	1997	432		20			432	27
28	drainage from SE corner of building	1997	378		15			378	28
29	additional wiring to pass inspection	1998	4,748	237	20	237		4,642	29
30	window treatments	1998	10,940	547	20	547		10,758	30
31	mixing valve	1998	2,695		15			2,695	31
32	tuckpointing building exterior	1998	4,511	180	20	180		3,450	32
33	flooring	1998	665		15			665	33
34	TOTAL (lines 1 thru 33)		$ 3,539,667	$ 81,209		$ 81,209	$	$ 2,225,265	34

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		$ 3,539,667	$ 81,209		$ 81,209	$	$ 2,225,265	1
2	new mfire alarms in health care	1998	10,468	523	20	523		10,025	2
3	Additional strobe due to inspection	1998	1,381	69	20	69		1,363	3
4	Roof repairs kitchen & SE section	1998	9,060	362	25	362		6,607	4
5	Alzheimer unit lounge flooring	1999	1,074		15			1,074	5
6	Health care lighting upgrade	1999	2,019		10			2,019	6
7	fire alarm upgrade	1999	2,814		10			2,814	7
8	Heating/cooling laundry room & kitchen corridor	2000	9,000	450	20	450		8,100	8
9	Sewer line	2000	8,868	355	25	355		6,390	9
10	smoking patio	2000	2,590	130	20	130		2,340	10
11	decorate healthcare diningroom	2001	7,887		15			7,887	11
12	A/C compressor healthcare diningroom	2001	9,076		15			9,076	12
13	Wallguards healthcare diningroom	2001	970		15			970	13
14	Kitchen walk-in cooler compressor	2001	1,769		7			1,769	14
15	Generator healthcare	2001	989		7			989	15
16	Alzheimers water system	2001	14,079	704	20	704		8,913	16
17	Glider walking path	2002	1,346		10			134	17
18	storage shed-cement work	2002	9,357	469	20	469		7,493	18
19	healthcare center core area roof	2002	8,800	440	20	440		7,040	19
20	Outside door - healthcare center hall	2003	5,600		10			5,600	20
21	Healthcare center shower room tile	2003	1,475		10			1,475	21
22	Healthcare center core area remodeling	2003	1,000		10			1,000	22
23	water softening system	2003	12,470		10			12,470	23
24	Garage/storage	2003	17,861	893	20	893		13,395	24
25	Healthcare center diningroom remodeling	2004	27,065	1,804	15	1,804		25,256	25
26	Healthcare center core area floor plans	2004	7,414	494	15	494		6,916	26
27	Garage Storage 50%	2004	1,737	87	20	87		1,218	27
28	Carpet - 7 healthcare rooms	2004	3,910	260	15	260		3,640	28
29	Healthcare center activity room remodeling	2005	2,606		15			2,606	29
30	Food service department drain	2005	2,655		10			2,655	30
31	Healthcare center door locks	2005	529		10			529	31
32	Healthcare center doors	2005	4,395		10			4,395	32
33	A/C units	2005	5,291		10			5,291	33
34	TOTAL (lines 1 thru 33)		$ 3,735,222	$ 88,249		$ 88,249	$	$ 2,396,714	34

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 12C, Carried Forward		$ 3,735,222	$ 88,249		$ 88,249	$	$ 2,396,714	1
2	Garage/workshop 50%	2005	927	46	20	46		552	2
3	Outdoor Electrical	2005	1,464	98	15	98		1,274	3
4	Resurface driveway and parking lot	2005	65,430	4,492	15	4,492		51,957	4
5	Healthcare center remodeling	2006	2,783	185	15	185		2,128	5
6	Healthcare center carpet	2006	468	23	20	23		271	6
7	garage door opener	2006	433		10			433	7
8	Healthcare center electrical panel	2006	2,340	156	15	156		1,729	8
9	PTAC units	2006	12,849	856	15	856		9,844	9
10	Elevator upgrade	2006	4,980	332	15	332		3,874	10
11	Healthcare center plumbing replacement	2006	70,249	1,756	40	1,756		19,462	11
12	Healthcare center replace bathroom floor	2006	10,299	257	40	257		2,870	12
13	Upgrade sprinkler system	2006	1,632	109	15	109		1,226	13
14	Food service fire system	2006	3,479		7			3,479	14
15	generator upgrade	2006	965		7			965	15
16	Air conditioning PTAC units	2006	1,601	107	15	107		1,195	16
17	Food service/laundry water heaer	2006	2,921	195	15	195		2,324	17
18	Food Service booster heater	2006	1,982	132	15	132		1,518	18
19	Healthcare center spa bath	2006	24,334	1,622	15	1,622		17,842	19
20	Generator 1000KW	2006	387,059	15,482	25	15,482		185,654	20
21	Healthcare center remodeling architect fees	2007	32,169	1,608	20	1,608		17,019	21
22	Breakroom floore tile paint counter	2007	3,293	220	15	220		2,401	22
23	Replace kitchen wall	2007	3,709	185	20	185		1,990	23
24	Healthcare center plumbing project	2007	3,990	133	30	133		1,463	24
25	Major repairs water heaters	2007	6,919	346	20	346		3,661	25
26	rehab signing	2008	510		5			510	26
27	healthcare center remodel flooring lighting ceilings demo	2008	434,525	21,726	20	21,726		195,534	27
28	New parking lot/sidewalk/railing	2008	57,631	2,882	20	2,882		26,179	28
29	A/C heat in Healthcare center	2008	54,566	2,728	20	2,728		26,144	29
30	Nurse call system	2008	16,690	2,344	7	2,344		21,378	30
31	fire door - HCC office	2008	724	36	20	36		351	31
32	Rehab roof	2008	10,418	521	20	521		4,993	32
33	HC halway remodeling	2008	2,353	118	20	118		1,140	33
34	TOTAL (lines 1 thru 33)		$ 4,958,914	$ 146,944		$ 146,944	$	$ 3,008,074	34

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 12D, Carried Forward		$ 4,958,914	$ 146,944		$ 146,944	$	$ 3,008,074	1
2	Maintenance Building	2008	66,103	1,653	40	1,653		14,877	2
3	HC Entrance canopies	2008	3,770	186	20	186		1,674	3
4	Rehab new flooring at nurses station	2008	3,239	162	20	162		1,458	4
5	Garage lighting	2008	2,337	117	20	117		1,053	5
6	Water heaters	2008	102,723	5,136	20	5,136		46,234	6
7	Healthcare center remodeling, flooring, paint & Wallpaper	2009	181,019	9,051	20	9,051		76,179	7
8	Maintenance building	2009	16,473	412	40	412		3,330	8
9	Elevator renovation - upgrade to new standards	2009	38,550	1,928	20	1,928		15,906	9
10	Rehab lobby remodel	2009	2,923	146	20	146		1,278	10
11	HC entrance canopies	2009	6,030	302	20	302		2,444	11
12	Kitchen receiving wall replacement	2009	3,076	154	20	154		1,296	12
13	elevator upgrade	2010	1,932	97	20	97		760	13
14	Kitchen ceiling 50%	2011	423	28	15	28		196	14
15	HC windows	2011	50,789	2,540	20	2,540		16,298	15
16	HC Shower room - flooring, paint, furniture, plumbing	2011	7,616	508	15	508		3,260	16
17	Rehab remodel - flooring, paint, furniture, wallpaper	2011	52,178	2,609	20	2,609		15,871	17
18	Kitchen, lounge, HC roof - 50%	2011	6,418	642	10	642		4,173	18
19	HC diningroom - flooring, wallpaper, paint, tables, & chairs	2012	14,098	940	15	940		5,170	19
20	Rehab diningroom - flooring, wallpaper, paint, tables, chairs	2012	40,167	2,678	15	2,678		14,060	20
21	Utility room remodel - flooring & plumbing	2012	718	479	15	479		2,435	21
22	Breakroom 50% - move to basement, plumbing, cabinets, vending	2012	9,322	621	15	621		3,364	22
23	PTAC units - painting & patching holes on buildings	2012	1,321	132	10	132		682	23
24	Therapy addition - flooring, furniture, equipment	2013	723,946	18,099	40	18,099		73,904	24
25	Tuckpointing of brick around HC	2013	127,994	4,266	30	4,266		18,131	25
26	Chiller & boiler - 50%	2013	534	107	5	107		455	26
27	Rehab unit roof	2013	805	161	5	161		711	27
28	HC roof recoat	2013	4,350	870	5	870		3,698	28
29	HC Hallway flooring	2013	911	183	5	183		778	29
30	Therapy addition - doors, alarms, wallpaper	2014	5,336	267	20	267		890	30
31	HCC Room 1 flooring, paint, wallpaper	2014	3,333	222	15	222		777	31
32	RHU Roof Recoating	2014	11,752	1,175	10	1,175		4,113	32
33	Therpay pool project	2014	4,685	312	15	312		1,066	33
34	TOTAL (lines 1 thru 33)		$ 6,453,785	$ 203,127		$ 203,127	$	$ 3,344,595	34

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 12E, Carried Forward		$ 6,453,785	$ 203,127		$ 203,127	$	$ 3,344,595	1
2	HCC Room 2 Flooring, paint, wallpaper	2014	3,129	209	15	209		644	2
3	Rehab Unit Electronic Keypad for Door	2015	720	144	5	144		276	3
4	Healthcare Center Electrical outlets	2015	8,433	562	15	562		713	4
5	Rehab Center Electrical outlets	2015	1,580	105	15	105		202	5
6	HCC/Rehab Center Corridor Wallpaper	2015	688	69	10	69		126	6
7	HCC Room 10: Paint, wall covering, Flooring	2015	643	43	15	43		68	7
8	HCC Room 13: paint, wall covering, flooring	2015	1,847	123	15	123		154	8
9	HCC Room 14: paint, wall covering, Flooring	2015	2,273	152	15	152		190	9
10	Rehab unit entrance Door	2015	920	61	15	61		71	10
11	FS Walk-in Freezer - 60%	2015	25,336	1,689	15	1,689		2,393	11
12	Nursing Center Sprinkler Riser	2016	816	82	10	82		136	12
13	Nursing Center Entry Door	2016	1,536	154	10	154		244	13
14	Room 9 Flooring, wall covering, and paint	2016	1,818	121	15	121		161	14
15	Nursing Center Wall Molding	2016	5,181	518	10	518		907	15
16	McCreery Household Construction	2017	123,007	3,690	25	3,690		3,690	16
17	McCreery Household Cabinets & Countertop	2017	1,103	43	15	43		43	17
18	McCreery Household Flooring	2017	13,014	651	15	651		651	18
19	Water Meter & Valve Replacement - 50%	2017	7,647	340	15	340		340	19
20	McCreery Bathroom - Shower, tile, cabinets, paint	2017	38,122	212	15	212		212	20
21	McCreery Room 3 - flooring and paint	2017	3,833	96	10	96		96	21
22	Nursing Center Entrance Flooring	2017	4,645	55	7	55		55	22
23	McCreery Room 15 - Flooring & paint	2017	570	10	10	10		10	23
24	Grant Household Livingroom Wall Covering	2017	894	11	7	11		11	24
25	Epperson/Memory Household Exit Doors	2017	1,181	16	10	16		16	25
26	Grant Household Kitchen Cabniets & Countertops	2017	2,842		15				26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,705,560	$ 212,282		$ 212,283	$	$ 3,356,002	34

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	$ 1,342,802	$ 82,289	$ 82,289	$		$ 713,732	71
72	Current Year Purchases	125,550	9,645	9,645			9,645	72
73	Fully Depreciated Assets	27,509					27,509	73
74								74
75	TOTALS	$ 1,495,861	$ 91,934	$ 91,934	$		$ 750,886	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	14 passenger bus with lift	Chevy 2008 Model	2008	$ 48,364	$	$	$		$ 48,364	76
77	2006 Lincoln	Lincoln 2006 Model	2011	14,750					14,750	77
78	Blue Wheelchair Van	Dodge 2010 Model	2014	33,895	6,779	6,779			21,749	78
79	Black Wheelchair Van	Dodge 2014 Model	2017	34,403	2,048	2,048			2,048	79
80	TOTALS			$ 131,412	$ 8,827	$ 8,827	$		$ 86,911	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)	$ 8,381,433	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 313,043	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 313,043	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 0	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,193,799	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		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
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: $ Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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: [X]
   - HOURS PER CNA: 90

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM: [ ]
   - IN OTHER FACILITY: [X]
   - HOURS PER CNA: 56

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$ 10,296	$	$ 10,296
2	Books and Supplies		326		326
3	Classroom Wages (a)				
4	Clinical Wages (b)		4,172		4,172
5	In-House Trainer Wages (c)		7,968		7,968
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests		459		459
9	TOTALS	$	$ 23,221	$	$ 23,221
10	SUM OF line 9, col. 1 and 2 (e)	$ 23,221			

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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Wesley Village Healthcare Center **#** 0022350 **Report Period Beginning:** 01/01/2017 **Ending:** 12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2017 **(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	$ 207,211	$ 296,016	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	432,788	619,449	3
4	Supply Inventory (priced at)	42,338	84,676	4
5	Short-Term Investments	80,140	114,486	5
6	Prepaid Insurance	3,444	4,920	6
7	Other Prepaid Expenses	7,152	10,217	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): WE Investment & Bequest		283,796	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 773,072	$ 1,413,560	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	886,220	3,760,041	12
13	Land	48,600	424,160	13
14	Buildings, at Historical Cost	6,538,666	11,942,717	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,627,273	2,646,129	16
17	Accumulated Depreciation (book methods)	(4,193,779)	(8,422,929)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		58,242	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(10,731)	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Constr. In Progress		29,424	22
23	Other(specify): Land Improvements	141,560	549,315	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,048,540	$ 10,976,367	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,821,612	$ 12,389,927	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 280,069	$ 400,099	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	351,363	501,948	29
30	Accrued Salaries Payable	64,012	91,446	30
31	Accrued Taxes Payable (excluding real estate taxes)	42,495	60,708	31
32	Accrued Real Estate Taxes(Sch.IX-B)		63,000	32
33	Accrued Interest Payable	9,288	13,269	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	344,526	492,180	36
37	Life Member Fees, Apt Dep		722,123	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,091,754	$ 2,344,772	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	3,425,333	5,708,888	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)**	$ 3,425,333	$ 5,708,888	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,517,087	$ 8,053,660	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,304,525	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,821,612	$ 8,053,660	48

***(See instructions.)**

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,156,324	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,156,324	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	148,201	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)**	$ 148,201	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,304,525	24 *

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

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	$ 5,076,420	1
2	Discounts and Allowances for all Levels	(45,430)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,030,990	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		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		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)**	$	23
	D. Non-Operating Revenue		
24	Contributions	413,949	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 413,949	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,444,939	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	853,218	31
32	Health Care	2,884,751	32
33	General Administration	953,260	33
	B. Capital Expense		
34	Ownership	444,791	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	160,718	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,296,738	40
41	**Income before Income Taxes (line 30 minus line 40)****	148,201	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 148,201	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 884,909	44
45	Private Pay - Net Inpatient Revenue	2,577,085	45
46	Medicare - Net Inpatient Revenue	1,148,429	46
47	Other-(specify) Skilled Nursing Insurance	420,567	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,030,990	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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	1,819	2,141	$ 76,305	$ 35.64	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,113	14,536	360,057	24.77	3
4	Licensed Practical Nurses	15,212	20,282	405,437	19.99	4
5	CNAs & Orderlies	69,377	79,559	923,378	11.61	5
6	CNA Trainees			12,140		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,682	1,868	29,850	15.98	9
10	Activity Assistants	4,419	4,572	52,548	11.49	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,845	2,123	48,476	22.83	13
14	Head Cook					14
15	Cook Helpers/Assistants	12,621	14,626	187,741	12.84	15
16	Dishwashers	6,570	7,074	62,463	8.83	16
17	Maintenance Workers	1,657	2,152	45,898	21.33	17
18	Housekeepers	6,033	6,233	62,835	10.08	18
19	Laundry	918	1,040	10,598	10.19	19
20	Administrator	1,589	2,080	97,623	46.93	20
21	Assistant Administrator					21
22	Other Administrative	846	938	33,931	36.17	22
23	Office Manager					23
24	Clerical	3,714	4,155	62,962	15.15	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,473	6,190	129,328	20.89	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	145,888	169,569	$ 2,601,570 *	$ 15.34	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	146	$ 5,407	LN 1 COL 3	35
36	Medical Director		9,000	LN 9 COL 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,414	LN 10 COL 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	1,279	LN 11 COL 3	44
45	Social Service Consultant	16	1,279	LN 10 COL 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	178	$ 19,379		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 Wesley Village Healthcare Center # 0022350 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Shelly Martin	Adminstrator		$ 97,623
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 97,623

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
CliftonLarsonAllen LLp	Audit/Taxes	$ 19,800
March, McMillian, & DeJoode	Legal	3,548
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 23,348

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 89,472
Unemployment Compensation Insurance	
FICA Taxes	185,498
Employee Health Insurance	339,178
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401k	29,303
TOTAL (agree to Schedule V, line 22, col.8)	$ 643,451

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	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	1,844
(Indicate # of checks performed)	
Patient Background Checks	2,000
Fess/Dues	19,524
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 23,368

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	7,224
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,224

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Wesley Village Healthcare Center # 0022350 **Report Period Beginning:** 01/01/2017 **Ending:** 12/31/2017

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. **LeadingAge Illinois**

(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?

(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? **7**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **43,232** Line **10 COL 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.

(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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **160,718**
This amount is to be recorded on line 42 of Schedule V.

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

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? Indicate the amount. $

(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. $
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? **N/A**
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. $

(17) Has an audit been performed by an independent certified public accounting firm?
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. **N/A**
Attach invoices and a summary of services for all architect and appraisal fees

WESLEY VILLAGE -UMC
2017 COST REPORT
SCHEDULE OF RECLASSIFICATIONS - COL 5. PG 3

LINE #	DESCRIPTION	DEBIT	CREDIT
20	FEES/ BACKGROUND CHEC	$ 1,844.33	
10	OTHER - HEALTH CARE		$ 1,844.33
	**Background Checks - Reclassify to Line 20		
20	FEES/BACKGROUND CHECK	$ 2,000.00	
10	NURSING & MEDICAL - SUPPLIES		$ 2,000.00
	TOTALS	$ 3,844.33	$ 3,844.33

WESLEY VILLAGE, UMC
IDPA COST REPORT FY 2017
ADJUSTMENTS

LINE #	COLUMN					
2	**7**	**FOOD PURCHASE**				
		SCHEDULE VI. SALES TAX, LINE 13				
		SALES TAX-NOT ALLOWALBE EXPENSE ON PRIVATE PAY PATIENTS FOOD				
		NON-ALLOWABLE SALES TAX EXPENSE = (TOTAL FOOD COST/1.01 X				
		(.01) X PRIVATE PAY % OF CENSUS DIVIDE BY 2				
		FOOD PURCHASES				
		DIVIDED BY 1.01 =	$ 217,156			
		MUTILIPY BY .01	$ 2,172			
		MUTIPLY BY PRIVATE PAY CENSUS	56.59%			
		EQUALS	$ 1,229			
		DIVIDED BY 2		**$**	**614**	SALES TAX ADJUSTMENT
11	**7**	**ACTIVITIES COL 3**	CABLE TV	**$**	**8,782**	ACTIVITES ADJ
		SCHEDULE VI. TELEPHONE, TV IN RESIDENT ROOMS, LINE 5				
		TOTAL OF ADJUSTMENTS		**$**	**9,396**	

Wesley Village

Dues, Subscriptions, Licenses, & Fees

2017

FEES			
Secretary of State - nonprofit Annual Report Fee			19.25
West Bend Mututal Ins. - Resident funds bond Fee			100
IDPH License renewal			1990
McDonough County Food Service Fee			250
	TOTAL		2359.25
DUES			
Leading Age Illinois - Annual Dues			7514.56
United Methodist Association - Annual Dues			9650
	TOTAL		17164.56
		Total	19523.81
EMPLOYEE BACKGROUND CHECKS			1844
RESIDENT BACKGROUND CHECKS			2000
			23367.81

WESLEY VILLAGE, UMC
IDPA COST REPORT FY 2016
C.N.A Training

Training Conducted at

Spoon River College
23235 N. Co Hwy 22
Canton, IL 61520

Cost Per C.N.A $1,417.20