

17-035

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
RECEIVED

AUG 14 2017

**LONG-TERM CARE
APPLICATION FOR PERMIT**

HEALTH FACILITIES &
SERVICES REVIEW BOARD

CLASSIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

| | |
|--|---|
| <input checked="" type="checkbox"/> General Long-term Care | <input checked="" type="checkbox"/> Establishment of a new LTC facility |
| <input type="checkbox"/> Specialized Long-term Care | <input type="checkbox"/> Establishment of new LTC services |
| | <input type="checkbox"/> Expansion of an existing LTC facility or service |
| | <input type="checkbox"/> Modernization of an existing facility |

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive. Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

The Applicant's to the project are **Frances House, Inc.** (Parent) and **Residential Alternatives of Illinois, Inc.** (Owner and Operator). The Applicants are proposing the establishment of a campus, Liberty Village of Rochelle, which will consist of a single story 92-bed nursing facility in 63,593 gsf known as Manor Court of Rochelle. The beds will be split between 70 General Long-Term nursing care beds in 52,823 gsf and the connected Garden Courts of Rochelle (DBA for the Memory Care Unit), a 22-bed Specialized Memory Care unit in 10,770 gsf. Garden Courts will care for residents suffering with Alzheimer's Disease and Related Disorders (ADRD).

The General Long-Term Care portion of the building will be a single story structure with a "main street commons" in the center core of the building, with the residents' rooms provided on three of four neighborhoods that connect to the central core. The core will offer ancillary services and common area amenities for residents to include an old fashion ice cream parlor, a beauty salon and barber shop, a non-denominational chapel, private dining room for residents and their guests, and a club room. An out-patient therapy is also being contemplated to meet the needs of discharged nursing residents who are still in need of additional therapy. In addition to the General Long-Term Care services to be provided, Manor Court will provide sub-acute services to include pulmonary care as well as orthopedic rehabilitation services. The total dual certified bed compliment will include 60-private and 16-double rooms.

The memory care will be a separate, distinct wing also off of the common core. In addition to the Garden Courts traditional programming, the physical layout will promote secure outdoor activities and a wandering circuit all in a home like environment.

It should be noted that both General Long-Term and Specialized Memory Care units under Manor Court of Rochelle will offer separate and distinct common areas. The Applicant will have efficiencies built in through the shared use of a single kitchen, laundry facility and administration. The two nursing bed components are situated on a 13.67 acres site.

This application is for the establishment of a new facility, thus, this project is classified as "Substantive" according to the 77 Illinois Administrative Code, Chapter II, Section 1110.140.b of subchapter a.

Facility/Project Identification

| | | |
|---|---------------------------------|-----------------------------------|
| Facility Name: Manor Court of Rochelle | | |
| Street Address: Tax parcel number 24-14-100-015 (North of Flagg Road and west of 20th Street) | | |
| City and Zip Code: Rochelle, Illinois 61068 | | |
| County: Ogle | Health Service Area: 001 | Health Planning Area: Ogle |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

| |
|---|
| Exact Legal Name: Residential Alternatives of Illinois, Inc. |
| Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Name of Registered Agent: J. Michael Bibo |
| Name of Chief Executive Officer: John P. Kniery, President |
| CEO Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Telephone Number: 309-343-1550 |

Type of Ownership (Applicant/Co-Applicants)

| | | |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries]

| |
|---|
| Name: John P. Kniery |
| Title: Health Care Consultant |
| Company Name: Foley & Associates, Inc. |
| Address: 133 South 4th Street, Suite 200, Springfield, Illinois 62701 |
| Telephone Number: (217) 544-1551 |
| E-mail Address: jkniery@foleyandassociates.com |
| Fax Number: (217) 544-3615 |

Additional Contact

[Person who is also authorized to discuss the application for permit]

| |
|---|
| Name: Charles H. Foley, MHSA |
| Title: Health Care Consultant |
| Company Name: Foley and Associates, Inc. |
| Address: 133 South 4th Street, Suite 200, Springfield, Illinois 62701 |
| Telephone Number: (217) 544-1551 |
| E-mail Address: cfoley@foleyandassociates.com |
| Fax Number: (217) 544-3615 |

Facility/Project Identification

| | | |
|---|---------------------------------|-----------------------------------|
| Facility Name: Manor Court of Rochelle | | |
| Street Address: tax parcel number 24-14-100-015 (North of Flagg Road and west of 20th Street) | | |
| City and Zip Code: Rochelle, Illinois 61068 | | |
| County: Ogle | Health Service Area: 001 | Health Planning Area: Ogle |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].]

| |
|---|
| Exact Legal Name: Frances House, Inc. |
| Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Name of Registered Agent: J. Michael Bibo |
| Name of Chief Executive Officer: Jeff Shaw, President |
| CEO Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Telephone Number: 309-343-1550 |

Type of Ownership (Applicant/Co-Applicants)

| | | |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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[Person to receive ALL correspondence or inquiries]

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| Name: John P. Kniery |
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| Fax Number: (217) 544-3615 |

Additional Contact

[Person who is also authorized to discuss the application for permit]

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| Name: Charles H. Foley, MHSA |
| Title: Health Care Consultant |
| Company Name: Foley and Associates, Inc. |
| Address: 133 South 4th Street, Suite 200, Springfield, Illinois 62701 |
| Telephone Number: (217) 544-1551 |
| E-mail Address: cfoley@foleyandassociates.com |
| Fax Number: (217) 544-3615 |

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance. **This person must be an employee of the applicant.**]

| |
|---|
| Name: Ronald J. Wilson |
| Title: Chief Financial Officer |
| Company Name: RFMS, Inc. |
| Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Telephone Number: (309) 343-1550 |
| E-mail Address: rjwilson@rfmsinc.com |
| Fax Number: (309) 343-2857 |

Site Ownership

[Provide this information for each applicable site]

| |
|--|
| Exact Legal Name of Site Owner: Residential Alternatives of Illinois, Inc. |
| Address of Site Owner: 285 South Farnham Street, Galesburg, Illinois 61401 |
| Street Address or Legal Description of Site: See legal description appended as ATTACHMENT-2A |
| Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease. |
| APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

| |
|--|
| Exact Legal Name: Residential Alternatives of Illinois, Inc. |
| Address: 285 South Farnham Street, Galesburg, Illinois 61401 |
| <input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |
| APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT-5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

The following submittals are up- to- date, as applicable:

- All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- All reports regarding outstanding permits


If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.


This Application is filed on the behalf of Residential Alternatives of Illinois, Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE
 John Kniery

 PRINTED NAME
 President

 PRINTED TITLE



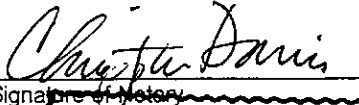
 SIGNATURE
 Jeff Shaw

 PRINTED NAME
 Secretary

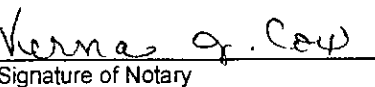
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15 day of June, 2017

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017



 Signature of Notary
 Seal **OFFICIAL SEAL**
CHRISTOPHER DAVIS
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES FEBRUARY 18, 2018



 Signature of Notary
 Seal **OFFICIAL SEAL**
VERNA J COX
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 09/14/19

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o In the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Frances House, Inc. *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Jeff Shaw
 SIGNATURE
 Jeff Shaw
 PRINTED NAME
 President
 PRINTED TITLE

Ken Pyszka
 SIGNATURE
 Ken Pyszka
 PRINTED NAME
 Secretary
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 2nd day of June, 2017

Notarization:
 Subscribed and sworn to before me
 this 5th day of JUNE, 2017

Verna J. Cox
 Signature of Notary
 Seal OFFICIAL SEAL
 Verna J COX
 NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXPIRES 09/14/19
 *Insert the EXACT legal name of the applicant

Verna J. Cox
 Signature of Notary
 Seal OFFICIAL SEAL
 Verna J COX
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES 09/14/19

**SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES –
INFORMATION REQUIREMENTS**

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:
Alternative options **must** include:
 - a. Proposing a project of greater or lesser scope and cost;
 - b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - d. Provide the reasons why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction**Bed Capacity**

Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:

| Category of Service | Total # Existing Beds* | Total # Beds After Project Completion |
|--|------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> General Long-Term Care | 0 | 92 |
| <input type="checkbox"/> Specialized Long-Term Care | | |
| <input type="checkbox"/> | | |

*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hfrsb.illinois.gov). PLEASE NOTE: ANY bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

Utilization

Utilization for the most current CALENDAR YEAR:

| Category of Service | Year | Admissions | Patient Days |
|--|------|------------|--------------|
| <input checked="" type="checkbox"/> General Long Term Care | 2021 | 307.2 | 30,222 |
| <input type="checkbox"/> Specialized Long-Term Care | | | |

Applicable Review Criteria - Guide

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (<http://hfsrb.illinois.gov>). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and submit the required documentation for the criteria, as described in SECTIONS IV and V:

| |
|-------------------------------|
| GENERAL LONG-TERM CARE |
|-------------------------------|

| PROJECT TYPE | REQUIRED REVIEW CRITERIA | |
|---------------------------------------|--|--|
| | Section | Subject |
| Establishment of Services or Facility | .520 | Background of the Applicant |
| | .530(a) | Bed Need Determination |
| | .530(b) | Service to Planning Area Residents |
| | .540(a) or (b) + (c) + (d) or (e) | Service Demand - Establishment of General Long Term Care |
| | .570(a) & (b) | Service Accessibility |
| | .580(a) & (b) | Unnecessary Duplication & Maldistribution |
| | .580(c) | Impact of Project on Other Area Providers |
| | .590 | Staffing Availability |
| | .600 | Bed Capacity |
| | .610 | Community Related Functions |
| | .620 | Project Size |
| | .630 | Zoning |
| | .640 | Assurances |
| | .800 | Estimated Total Project Cost |
| Appendix A | Project Costs and Sources of Funds | |
| Appendix B | Related Project Costs | |
| Appendix C | Project Status and Completion Schedule | |
| Appendix D | Project Status and Completion Schedule | |

| | | |
|--------------------------------|-----------------------------|--|
| Expansion of Existing Services | .520 | Background of the Applicant |
| | .530(b) | Service to Planning Area Residents |
| | .550(a) + (b) or (c) | Service Demand - Expansion of General Long-Term Care |
| | .590 | Staffing Availability |
| | .600 | Bed Capacity |
| | .620 | Project Size |
| | .640 | Assurances |
| | .560(a)(1) through (3) | Continuum of Care Components |
| | .590 | Staffing Availability |
| | .600 | Bed Capacity |
| .610 | Community Related Functions | |

| | | |
|--|------------|--|
| | .630 | Zoning |
| | .640 | Assurances |
| | .800 | Estimated Total Project Cost |
| | Appendix A | Project Costs and Sources of Funds |
| | Appendix B | Related Project Costs |
| | Appendix C | Project Status and Completion Schedule |
| | Appendix D | Project Status and Completion Schedule |

| | | |
|---|------------------------|--|
| Continuum of Care – Establishment or Expansion | .520 | Background of the Applicant |
| | .560(a)(1) through (3) | Continuum of Care Components |
| | .590 | Staffing Availability |
| | .600 | Bed Capacity |
| | .610 | Community Related Functions |
| | .630 | Zoning |
| | .640 | Assurances |
| | .800 | Estimated Total Project Cost |
| | Appendix A | Project Costs and Sources of Funds |
| | Appendix B | Related Project Costs |
| | Appendix C | Project Status and Completion Schedule |
| | Appendix D | Project Status and Completion Schedule |

| | | |
|--|------------------|--|
| Defined Population – Establishment or Expansion | .520 | Background of the Applicant |
| | .560(b)(1) & (2) | Defined Population to be Served |
| | .590 | Staffing Availability |
| | .600 | Bed Capacity |
| | .610 | Community Related Functions |
| | .630 | Zoning |
| | .640 | Assurances |
| | .800 | Estimated Total Project Cost |
| | Appendix A | Project Costs and Sources of Funds |
| | Appendix B | Related Project Costs |
| | Appendix C | Project Status and Completion Schedule |
| | Appendix D | Project Status and Completion Schedule |

| | | |
|----------------------|---------------|--|
| Modernization | .650(a) | Deteriorated Facilities |
| | .650(b) & (c) | Documentation |
| | .650(d) | Utilization |
| | .600 | Bed Capacity |
| | .610 | Community Related Functions |
| | .620 | Project Size |
| | .630 | Zoning |
| | .800 | Estimated Total Project Cost |
| | Appendix A | Project Costs and Sources of Funds |
| | Appendix B | Related Project Costs |
| | Appendix C | Project Status and Completion Schedule |
| | Appendix D | Project Status and Completion Schedule |

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA**GENERAL LONG-TERM CARE****Criterion 1125.520 – Background of the Applicant****BACKGROUND OF APPLICANT**

The applicant shall provide:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (<http://hfsrb.illinois.gov>) and click on "Health Facilities Inventories & Data".
2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.
3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

| |
|--|
| <ul style="list-style-type: none"> • If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable. |
| <ul style="list-style-type: none"> • If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals. |
| <ol style="list-style-type: none"> 1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility. 2. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used. 3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note: <ul style="list-style-type: none"> • The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. • The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion • Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address 4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services. 5. If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows: <ol style="list-style-type: none"> a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract; b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Bureau of the Census or IDPH; c. Projections shall be for a maximum period of 10 years from the date the application is submitted; d. Historical data used to calculate projections shall be for a number of years no less |

than the number of years projected;

- e. Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- f. Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and
- g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

APPEND DOCUMENTATION AS ATTACHMENT- 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care
THIS ITEM IS NOT APPLICABLE

The applicant shall document #1 and either #2 or #3:

- 1. Historical Service Demand
 - a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.
 - b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.
- 2. Projected Referrals
The applicant shall provide documentation as described in Section 1125.540(d).
- 3. If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).

APPEND DOCUMENTATION AS ATTACHMENT- 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.560 - Variances to Computed Bed Need – THIS ITEM IS NOT APPLICABLE

Continuum of Care:

The applicant proposing a continuum of care project shall demonstrate the following:

- 1. The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the same site as the health facility component of the project.
- 2. The proposal shall be for the purposes of and serve only the residents of the housing complex.

Criterion 1125.570 - Service Accessibility**1. Service Restrictions**

The applicant shall document that **at least one** of the following factors exists in the planning area, as applicable:

- o The absence of the proposed service within the planning area;
- o Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;
- o Restrictive admission policies of existing providers; or
- o The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

2. Additional documentation required:

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- a. The location and utilization of other planning area service providers;
- b. Patient/resident location information by zip code;
- c. Independent time-travel studies;
- d. Certification of a waiting list;
- e. Admission restrictions that exist in area providers;
- f. An assessment of area population characteristics that document that access problems exist;
- g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:
 - a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
 - b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
 - c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
2. The applicant shall document that the project will not result in maldistribution of services.
3. The applicant shall document that, within 24 months after project completion, the proposed project:
 - a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and
 - b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS ATTACHMENT- 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS ATTACHMENT- 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over a two-year period.

APPEND DOCUMENTATION AS ATTACHMENT- 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

APPEND DOCUMENTATION AS ATTACHMENT- 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
2. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;
3. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT- 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

APPEND DOCUMENTATION AS ATTACHMENT- 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

APPEND DOCUMENTATION AS ATTACHMENT- 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.650 - Modernization**THIS ITEM IS NOT APPLICABLE**

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
 - a. High cost of maintenance;
 - b. non-compliance with licensing or life safety codes;
 - c. Changes in standards of care (e.g., private versus multiple bed rooms); or
 - d. Additional space for diagnostic or therapeutic purposes.
2. Documentation shall include the most recent:
 - a. IDPH and CMMS inspection reports; and
 - b. Accrediting agency reports.
3. Other documentation shall include the following, as applicable to the factors cited in the application:
 - a. Copies of maintenance reports;
 - b. Copies of citations for life safety code violations; and
 - c. Other pertinent reports and data.
4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

APPEND DOCUMENTATION AS ATTACHMENT- 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW**Criterion 1125.800 Estimated Total Project Cost**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Availability of Funds – Review Criteria
- Financial Viability – Review Criteria
- Economic Feasibility – Review Criteria, subsection (a)

Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

| | |
|---------------------|---|
| <u>\$17,646,768</u> | <p>a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| _____ | b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| _____ | c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| _____ | <p>d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions. |

| | | |
|---------------------|------------------------------|--|
| _____ | e. | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| _____ | f. | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| _____ | g. | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| \$17,646,768 | TOTAL FUNDS AVAILABLE | |

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

THE APPLICANT HAS MET THE REQUIREMENTS TO FINANCIAL VIABILITY WAIVER. THIS ITEM IS NOT APPLICABLE

| Provide Data for Projects Classified as: | Category A or Category B (last three years) | | | Category B (Projected) |
|--|---|--|--|------------------------|
| Enter Historical and/or Projected Years: | | | | |
| Current Ratio | | | | |
| Net Margin Percentage | | | | |
| Percent Debt to Total Capitalization | | | | |
| Projected Debt Service Coverage | | | | |
| Days Cash on Hand | | | | |
| Cushion Ratio | | | | |

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or
 - B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing – THIS ITEM IS NOT GERMANE. THIS IS AN ALL CASH PROJECT.

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1. That the selected form of debt financing for the project will be at the lowest net cost available;
2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

Identify each area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

| COST AND GROSS SQUARE FEET BY SERVICE | | | | | | | | | |
|---------------------------------------|-------------------------|----------|----------------------|----------|-----------------------|----------|----------------------|--------------------|-----------------------|
| Area (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | Circ.* | Const. \$ (A x C) | Mod. \$ (B x E) | |
| Nursing | \$203.21 | 0 | 45,205 | 0 | 0 | 0 | \$ 9,186,099 | \$ - | \$ 9,186,099 |
| Contingency | \$ 19.79 | 0 | 45,205 | 0 | 0 | 0 | \$ 894,590 | \$ - | \$ 894,590 |
| TOTALS | \$223.00 | 0 | 45,205 | 0 | 0 | 0 | \$10,080,689 | \$ - | \$ 10,080,689 |

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT - 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

APPENDIX A**Project Costs and Sources of Funds**

Complete the following table listing all costs associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

| Use of Funds | Clinical | Non-Clinical | Amount |
|--|---------------------|--------------------|---------------------|
| Preplanning Costs | \$46,225 | \$18,803 | \$65,028 |
| Site Survey and Soil Investigation | \$32,033 | \$13,030 | \$45,063 |
| Site Preparation | \$470,246 | \$191,281 | \$661,527 |
| Off Site Work | \$24,578 | \$9,998 | \$34,576 |
| New Construction Contracts | \$9,186,099 | \$3,736,622 | \$12,922,721 |
| Modernization Contracts | \$0 | \$0 | \$0 |
| Contingencies | \$894,590 | \$363,892 | \$1,258,482 |
| Architectural/Engineering Fees | \$869,269 | \$353,592 | \$1,222,861 |
| Consulting and Other Fees | \$233,276 | \$94,889 | \$328,165 |
| Movable or Other Equipment | \$780,757 | \$317,588 | \$1,098,345 |
| Bond Issuance Expense | \$0 | \$0 | \$0 |
| Net Interest Expense During Construction | \$7,108 | \$2,892 | \$10,000 |
| Fair Market Value of Leased Space or Equipment | \$0 | \$0 | \$0 |
| Other Costs to be Capitalized | \$0 | \$0 | \$0 |
| Acquisition of Building or Other Property | \$0 | \$0 | \$0 |
| Total IDPH Regulated Uses of Funds | \$12,544,182 | \$5,102,586 | \$17,646,768 |
| Source of Funds | | | Total |
| Cash and Securities | \$12,544,182 | \$5,102,586 | \$17,646,768 |
| Pledges | \$0 | \$0 | \$0 |
| Gifts and Bequests | \$0 | \$0 | \$0 |
| Bond Issues | \$0 | \$0 | \$0 |
| Mortgages | \$0 | \$0 | \$0 |
| Leases | \$0 | \$0 | \$0 |
| Governmental Appropriations | \$0 | \$0 | \$0 |
| Grants | \$0 | \$0 | \$0 |
| Other Funds and Sources | \$0 | \$0 | \$0 |
| Total Sources of Funds | \$12,544,182 | \$5,102,586 | \$17,646,768 |

*Appended as APPENDIX-A1, is a further breakdown of project costs.

Manor Court of Rochelle

| Use of funds | Project Cost Breakdown | Cost |
|---|---|---------------------|
| Preplanning cost | TOTAL | \$65,028 |
| | Reimbursable Professional Expenses | \$9,478 |
| | Pre-Opening Mgmt/Mkt'g | \$55,550 |
| Site survey and soil investigation | TOTAL | \$45,063 |
| | ALTA Land Survey | \$5,500 |
| | Soul Testing | \$11,863 |
| | Illinois EPA Permit Fees | \$2,400 |
| | Phase 11 Environmental | \$25,300 |
| Site preparation | TOTAL | \$661,527 |
| | Fill Grading, Curbs, paving, water, sewer, storm drain | \$661,527 |
| Off-site work | TOTAL | \$34,576 |
| | City Tap-On & Impact Fees | \$34,576 |
| | Extending water and sewer lines To the site | |
| New construction contracts | TOTAL | \$12,922,721 |
| | Construction & Building Cost | \$12,534,221 |
| | Insurance & Builders Risk | \$127,500 |
| | Construction Management | \$261,000 |
| Contingencies | TOTAL | \$1,258,482 |
| | Contingencies – 10% From GC contract | \$1,258,482 |
| Architectural/Engineering Fees | TOTAL | \$1,222,861 |
| | Architectural & Engineering | \$1,222,861 |
| Consulting & Other Fees | TOTAL | \$328,165 |
| | Building Permit Fees | \$69,952 |
| | Construction Inspection Fees | \$79,997 |
| | Legal Fees | \$66,469 |
| | Title & Recording | \$8,397 |
| | Illinois health facility CON fees | \$84,650 |
| | Illinois Department of Public health Fee | \$12,000 |
| | Approvals | \$6,700 |
| Movable or Other Equipment | TOTAL | \$1,098,345 |
| | Furniture, Fixtures & Equipment | \$1,098,345 |
| Internet Expense During Construction | TOTAL | \$10,000 |
| | Construction Interests & Escrow | \$10,000 |
| Total IDPH Regarding Uses of Funds | | \$17,646,768 |

Itemized Furniture and Equipment List

| Rooms | Bedroom furniture | Number | Cost of items |
|------------------------------|--------------------------------------|--------|-----------------------|
| 60 private bed Rm's | Nightstand | 92 | Cost Under FF & E |
| 16 semi private bed Rm's | Chester drawers | 92 | Cost Under FF & E |
| Total 92 beds | Chair | 92 | Cost Under FF & E |
| All bed Rm's private showers | Electric bed | 92 | Cost Under FF & E |
| | Central Bathing Rm's | | |
| | Jacuzzi tubs | 2 | Penner Tub |
| | Built-in showers | 2 | |
| | Dining rooms | | |
| | Dining room tables | 28 | Cost Under FF & E |
| | Dining room chairs | 92 | Cost Under FF & E |
| | Lounge / Living Rm's | | |
| | Lounge chairs | 45 | Cost Under FF & E |
| | Tables / game tables | 8 | Cost Under FF & E |
| | In tables | 6 | Cost Under FF & E |
| | Recliners and couches | 8 | Cost Under FF & E |
| | Bistro | | |
| | Tables | 3 | Cost Under FF & E |
| | Table chairs | 12 | Cost Under FF & E |
| | Barstools | 5 | Cost Under FF & E |
| | Lobby | | |
| | Desk | 1 | Cost Under FF & E |
| | Cheers | 6 | Cost Under FF & E |
| | Couch | 1 | Cost Under FF & E |
| | In tables | 2 | Cost Under FF & E |
| | Media /Activity / All-Purpose | | |
| | Tables | 14 | Cost Under FF & E |
| | Chairs | 40 | Cost Under FF & E |
| | Office's | | |
| | Desk | 10 | Cost Under FF & E |
| | Chairs | 18 | Cost Under FF & E |
| | Physical Therapy | | |
| | <i>See attached list</i> | | Cost Physical therapy |
| | Pantries | | |
| | Worktable | 4 | Cost under kitchen |
| | Fridge raider | 4 | |
| | Freezer | 4 | |
| | Microwave | 4 | |
| | Serving steam table | 4 | |
| | Kitchen | | |
| | <i>See attached list</i> | | Cost under kitchen |
| | Model numbers may change | | |

Kitchen EQUIPMENT SCHEDULE

| Qty | Manufacturer | Equipment Category | Model Number | Equipment Remarks |
|---|---------------------------|---|-----------------------|----------------------------|
| 3 | Eagle Group/Metal Masters | Sink, Hand, Wall Mount | HSA-10-F | |
| 3 | T & S Brass | Faucet, Deck Mount | B-1110 | |
| 1 | True Food Service | Refrigerator, Reach-In | T-49 | |
| 1 | Manitowoc Ice | Ice Maker w/o Bin | SY-0424A | |
| 1 | Manitowoc Ice | Bin, Ice | B-570 | |
| 1 | Manitowoc Ice | Filler System, Icemaker | AR-10000 | |
| 1 | Eagle Group/Metal Masters | Table, Work | T3084SEM-BS | Backsplash-42" AFF |
| 4 | Jamco | Cart, Utility | xj136-48 | |
| 1 | Duke Manufacturing | Dishable, Straight | CDTL-84-16/4 | |
| 1 | T & S Brass | Pre-Rinse Faucet, Wall Mount | B-0133-B | Provide blocking |
| 1 | In-Sink-Erator | Disposer, Garbage | SS-150-7 | |
| 1 | In-Sink-Erator | Disposer, Switch | MRS-B | |
| 1 | Champion Industries | Washer, Door Type, High Temp | DH2000 | |
| 1 | Duke Manufacturing | Dishable, Straight | SSCD-96-L | |
| 1 | CaptiveAire | Hood, Condensate | 4224VHB-G | |
| 1 | Eagle Group/Metal Masters | Sink, Scullery, 3 Compartments | 314-18-3-18 | |
| 2 | T & S Brass | Faucet, Wall Mount | B-0231 | |
| 1 | InterMetro Industries | Shelving, Wire | 1872NK3 | |
| 3 | InterMetro Industries | Shelving, Wire | 1848NK3 | |
| 8 | Carter-Hoffmann | Cabinet, Mobile, Warming & Holding | HB128 | |
| 1 | Captive Aire | Hood | ND-2-PSP-E | Fire suppression provided |
| 2 | New Age Industrial | Rack, Pan | 1332 | |
| 1 | Southbend | Oven, Convection, Gas | SLGS-22SC | |
| 1 | Dormont Manufacturing | Gas Connector | 1675KIT | |
| 1 | Southbend | Range, Restaurant, Gas | 436D-3G | |
| 1 | Dormont Manufacturing | Gas Connector | 1675KIT | |
| 1 | Southbend | Range, Restaurant, Gas | 436D | |
| 1 | Dormont Manufacturing | Gas Connector | 1675KIT | |
| 1 | Southbend | Steamer, Convection, Electric | STRE-F | |
| Cost included in kitchen equipment | | | | |
| 1 | Ink-Erator | Disposer, Switch | MRS-B | |
| 1 | T & S Brass | Faucet, Deck Mount | B-0221 | |
| 1 | Duke Manufacturing | Buffet/Cafeteria, Hot Food-Soup Station | 5803-25PG | |
| 1 | Duke Manufacturing | Table, Work | T44120SE | |
| 1 | Eagle Group/Metal Masters | Pot Rack, Table Mount | TM120APR | |
| 1 | Duke Manufacturing | Table, Work | 314S-36108 | |
| 1 | Berkel | Slicer, Food | 825E | |
| 1 | Berkel | Mixer, Counter | PM20 | |
| 1 | Duke Manufacturing | Stand, Mixer | 492A-3024 | |
| 4 | InterMetro Industries | Shelving, Wire | 1842BR | |
| 24 | InterMetro Industries | Shelving, Wire | 1848NK3 | |
| 1 | InterMetro Industries | Shelving, Wire | 1860BR | |
| 1 | New Age Industrial | Rack, Can | 1250CK | |
| 1 | Norlake | Freezer, Walk-In, | FineLine/Freezer | With floor |
| 1 | Norlake | Freezer, Walk-In, Components | Condensing Unit | Provide concrete pad |
| 1 | Norlake | Evaporator Coil, Cooler/Freezer | AM-D90 | |
| 1 | Norlake | Door Frame Comp. | | |
| 1 | Norlake | Heater Tape | | |
| 1 | Norlake | Refrigerator, Walk-In, | FineLine/Refrigerator | With floor & interior ramp |
| 1 | Norlake | Refrigerator, Walk-In, Components | Condensing Unit | Provide concrete pad |
| 1 | Norlake | Evaporator Coil, Cooler/Refrigerator | AM-D90 | |

APPENDIX-A1

Estimated Therapy Equipment Start-Up Costs Rochelle, IL
Cost under physical therapy equipment

| <u>Description</u> |
|--|
| HUR- Abdomen/Back, Two Exercises In one machine, Easy Access with Smart Card |
| HUR- Smart Card Rehab Line - Leg Press - Adjustable Back Support, Handgrips, Range Limiter, Isometric Testing Sensor |
| HUR- Smart Card Rehab Line - Leg Extension/Leg Curl - Adjustable Seat Position, Adjustable Lever Arms, Range Limiters |
| HUR- Smart Card Rehab Line - Adduction/Abduction - Adjustable Seat Position, Range Limiters, Isometric Testing Sensor |
| HUR- Dual Hand Functional Trainer - Smart Card - Freestanding |
| HUR- Smart Card Rehab Line - Push Up/Pull Down - Includes Adjustable Seat, Belt, ROM Limiters, Isometric Testing Sensor |
| HUR- Chest Press - Smart Card |
| HUR- Optimal Rhomb - Smart Card |
| HUR- Sit-Air Compressor |
| HUR- HUR Smart Card software, Card Reader and 10 cards |
| HUR- Isometric Testing Software and Recorder |
| HUR- Smart Card Balance System with laptop, monitor, software, carry case and Balance Gym package |
| Shipping with Liftgate and Inside Delivery |
| Installation |
| NuStep T5 XR Recumbent Stepper |
| Shipping with Liftgate and Inside Delivery for four units |
| BIODEX Upper Body Cycle Clinical Pro |
| BIOSTEP 2 Semi-Recumbent Elliptical |
| BIODEX Gait Trainer 3 - Rehab treadmill & Gait training treadmill with performance reports, comparison to normative data |
| Shipping with Liftgate and Inside Delivery |
| Back-at-Ya Package, Adjustable Square Rebounder with ball rack and set of five medicine balls |
| Shipping |
| NeuroGym Sit-to-Stand Trainer with one standard sling |
| Additional Bariatric Sling |
| Shipping with Liftgate and Inside Delivery |
| Easy Stand Strap Stand(Classic Package) |
| Shipping |
| True Stretch Stretching Cage |
| Shipping |
| Dynamic Stair Trainer , adjustable stair trainer w/electronic controls; adjustable height handrails, adjustable width one side |
| 9' Long handrails, sold as a pair to extend the use of the DST as regular parallel bars |
| Shipping with liftgate and inside delivery |
| Armedica 10' Power Platform Parallel bars |
| Shipping with Liftgate and Inside Delivery |
| ARJO Therapy Gym Ceiling Lift/Ambuation Track- Room Covering H Style Track including Installation |
| ARJO Walking Sling, Loop, Large |
| ARJO Walking Sling, Loop, Xlarge |

Estimated Therapy Equipment Start-Up Costs Rochelle, IL

| |
|--|
| Hausmann Crank Hydraulic OT Work Table, 48" x 66" |
| Hausmann Accessorized Mult-Purpose Weight Rack/Mirror Combo includes cuff weights, dumbbells, and theraband |
| Hausmann Accessorized Grand Stand Rack/Mirror Combo includes cuff weights, dumbbells, theraband, weight bars & storage |
| Shipping with Liftgate and Inside Delivery |
| Armedica Hi-Lo Mat Tables, 5 x 7 |
| Armedica Hi-Lo Treatment table - THREE SECTION TOP / NON-ELEV CENTER SECTION |
| Shipping with Liftgate and Inside Delivery for three tables |
| Earthlite Avalon XD Tilt Portable Massage Table (Includes flexrest, carry case armsling) |
| Earthlite Vortex Earthlite Vortex Portable Massage Chair Package (Includes sternum pad, strap and carry case) |
| Shipping |
| Hydrocollator Mobile Heating Unit, Model M-2, includes 4 standard, 2 oversize, and 4 cervical HotPacks |
| Shipping with Liftgate and Inside Delivery |
| Vectra Genlsys 4 Channel Combination System with Cart |
| VitalStim portable kit, adult |
| Shipping |
| GameReady Pro 2.1 System |
| Straight Knee Wrap with ATX (one size fits all) |
| Shoulder Wrap with ATX, Large, Right (fits chest sizes 40"-55") |
| Shoulder Wrap with ATX, Large, Left (fits chest sizes 40"-55") |
| Hip/Groin Wrap with ATX, Right |
| Hip/Groin Wrap with ATX, Left |
| Ankle Wrap* with ATX, Large (fits men's shoe sizes 11 and under) |
| Shipping |
| Wii Console and Wii Fit game and accessories |
| Flat Screen TV- 55 inch |
| Flat Screen TV- 60 inch- for AJ's Area |
| iPad with Speech Therapy and Occupational Therapy Apps |
| IOPI System- Speech Therapy Treatment Tool |

Sheet 2 of 2



Therapy training kitchen equipment cost

Sales Quotation

| |
|--|
| Sold-To-Party |
| RFMS CONSTRUCTION DIVISION 285 S FARNHAM ST Galesburg IL 61401 (309) 343-2177 |

| | |
|------------------------------|------------|
| Quotation Information | |
| Sales Quote No. | 20059258 |
| Document Date | 02/04/2014 |
| Customer No. | 10060007 |
| Purchase Order No | Carbondale |
| Purchase Order Date | |
| Requested Delivery Date | 02/28/2014 |
| Validity Start Date | 02/04/2014 |
| Validity End Date | 03/06/2014 |

| |
|--------------------------------|
| Ship-To-Party |
| RFMS CONSTRUCTION DIVISION |
| |
| Ken Phillips (309) 335-3333 |

PT Appliances

| Material Information | | | | | | |
|-----------------------------|---|----------|--------|------------|--------|--|
| Item No. | Material No. Description | Quantity | Price | Price Unit | Amount | |
| 10 | 02294142000 5.3 cu. ft. Electric Range w/ Self-Clean | 1 | 332.64 | EA | 332.64 | |
| 20 | 40010510000 LEAVE IN CARTON | 1 | | EA | | |
| 30 | 02215009000 Cord; 4 Wire, 5 Ft, 50 AMP | 1 | 16.15 | EA | 16.15 | |
| 40 | 02280323000 1.6 cu. ft. Over-the-Range Microwave - S | 2 | 196.16 | EA | 392.31 | |
| 50 | 40010510000 LEAVE IN CARTON | 2 | | EA | | |
| 60 | 02605072000 3.4 cu. ft. Top-Load Washer | 1 | 307.47 | EA | 307.47 | |
| 70 | 40010520000 UNCRATE ONLY | 1 | | EA | | |
| 80 | 02652535000 GE 4 ft. Inlet Washer Hoses - 2 Pack | 1 | 6.49 | EA | 6.49 | |
| 90 | 02606192000 6.5 cu. ft. Electric Dryer - White | 1 | 269.79 | EA | 269.79 | |

| |
|--|
| Order Placement Information |
| Order Management Center: Phone: Email: Fax: |

| |
|--|
| Sales Consultant Information |
| Sales Consultant: Email Address Telephone Fax |



Sales Quotation

| Sold-To-Party |
|--|
| RFMS CONSTRUCTION DIVISION 285 S FARNHAM ST Galesburg IL 61401 (309) 343-2177 |

| Quotation Information | |
|-------------------------|------------|
| Sales Quote No. | 20059258 |
| Document Date | 02/04/2014 |
| Customer No. | 10060007 |
| Purchase Order No | Carbondale |
| Purchase Order Date | |
| Requested Delivery Date | 02/28/2014 |
| Validity Start Date | 02/04/2014 |
| Validity End Date | 03/06/2014 |

| Material Information | | | | | | |
|--|---------------------------------------|----------|--------|------------|--------------------------------|-----------------|
| Item No. | Material No. | Quantity | Price | Price Unit | Amount | |
| Description | | | | | | |
| 100 | 40010520000 UNCRATE ONLY | 1 | | EA | | |
| 104 | 02649900000 VENT KIT DRYER | 1 | 15.23 | EA | 15.23 | |
| 106 | 02615001000 30 AMP 4 WIRE 5FT ELEC | 1 | 9.72 | EA | 9.72 | |
| 120 | 04686392000 11CF TM TOP MOUNT | 2 | 405.00 | EA | 810.00 | |
| 130 | 40010520000 UNCRATE ONLY | 2 | | EA | | |
| 140 | 04650022000 25CF SXS DISPENSING | 2 | 793.73 | EA | 1,587.48 | |
| 150 | 40010520000 UNCRATE ONLY | 2 | | EA | | |
| 160 | 40010100000 DELIVERY | 1 | 55.00 | EA | 55.00 | |
| | | | | | Subtotal before TAX | 3,747.26 |
| | | | | | Est. Tax Total (Tax Rate In %) | |
| | | | | | Misc. Charges | |
| | | | | | Misc. Charges Tax | |
| | | | | | Delivery/Installation Total | 55.00 |
| | | | | | Est. Del./Install Tax* | |
| | | | | | Grand Total | 3,802.26 |
| *If applicable, delivery must be taxed in certain areas. | | | | | | |

| Order Placement Information |
|--|
| Order Management Center: Phone: Email: Fax: |

| Sales Consultant Information |
|--|
| Sales Consultant: Email Address Telephone Fax |

APPENDIX B**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

| | | |
|---|---|-----------------------------|
| Land acquisition is related to project | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Purchase Price: | \$ <u>508,744.00</u> | |
| Fair Market Value: | \$ _____ | |
| The project involves the establishment of a new facility or a new category of service | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. | | |
| Estimated start-up costs and operating deficit cost is \$ <u>975,000.00</u> | | |

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- None or not applicable
- Preliminary
- Schematics
- Final Working

Anticipated project completion date (refer to Part 1130.140): October 1, 2019

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
- Project obligation will occur after permit issuance.

APPENDIX D**Cost/Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

| Department/Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|-------------------------------------|-----------------------|-------------------|------------------|---|------------|----------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| CLINICAL | | | | | | | |
| Nursing | \$6,394,883 | 0 | 23,045.0 | 23,045.0 | 0 | 0 | 0 |
| Living/Dining/Activity | \$1,824,533 | 0 | 6,575.0 | 6,575.0 | 0 | 0 | 0 |
| Kitchen/Food Service | \$2,122,840 | 0 | 7,650.0 | 7,650.0 | 0 | 0 | 0 |
| P.T./O.T. | \$1,366,943 | 0 | 4,926.0 | 4,926.0 | 0 | 0 | 0 |
| Laundry | \$452,318 | 0 | 1,630.0 | 1,630.0 | 0 | 0 | 0 |
| Janitor Closets | \$81,861 | 0 | 295.0 | 295.0 | 0 | 0 | 0 |
| Clean/Soiled Utility | \$103,783 | 0 | 374.0 | 374.0 | 0 | 0 | 0 |
| Beauty/Barber | \$197,022 | 0 | 710.0 | 710.0 | 0 | 0 | 0 |
| Total Clinical | \$12,544,182 | 0 | 45,205.0 | 45,205.0 | 0 | 0 | 0 |
| NON-CLINICAL | | | | | | | |
| Office/Administration | \$868,561 | 0 | 3,130.0 | 3,130.0 | 0 | 0 | 0 |
| Employee Lounge/ Locker/Training | \$283,045 \$55,499 | 0 | 1,020.0 200.0 | 1,020.0 200.0 | 0 | 0 | 0 |
| Mechanical/Electrical | \$437,055 | 0 | 1,575.0 | 1,575.0 | 0 | 0 | 0 |
| Lobby | \$684,581 | 0 | 2,467.0 | 2,467.0 | 0 | 0 | 0 |
| Storage/Maintenance | \$462,030 | 0 | 1,665.0 | 1,665.0 | 0 | 0 | 0 |
| Corridor/Public Toilets | \$2,311,815 | 0 | 8,331.0 | 8,331.0 | 0 | 0 | 0 |
| Stair/Elevators | \$0 | 0 | 0.0 | 0.0 | 0 | 0 | 0 |
| Total Non-clinical | \$5,102,586 | 0 | 18,388.0 | 18,388.0 | 0 | 0 | 0 |
| TOTAL | \$17,646,768 | 0 | 63,593.0 | 63,593.0 | 0 | 0 | 0 |

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

| INDEX OF ATTACHMENTS | | |
|-----------------------------|--|--------------|
| ATTACHMENT NO. | | PAGES |
| 1 | Applicant/Co-applicant Identification including Certificate of Good Standing | 36-38 |
| 2 | Site Ownership | 39-42 |
| 3 | Operating Identity/Licensee | 43-44 |
| 4 | Organizational Relationships | 45-46 |
| 5 | Flood Plain Requirements | 47-48 |
| 6 | Historic Preservation Act Requirements | 49-50 |
| | General Information Requirements | |
| 10 | Purpose of the Project | 51-238 |
| 11 | Alternatives to the Project | 239-248 |
| | Service Specific - General Long-Term Care | |
| 12 | Background of the Applicant | 249-310 |
| 13 | Planning Area Need | 311-318 |
| 14 | Establishment of General LTC Service or Facility | 319-321 |
| 15 | Expansion of General LTC Service or Facility | |
| 16 | Variances | |
| 17 | Accessibility | 322-332 |
| 18 | Unnecessary Duplication/Maldistribution | 333-359 |
| 19 | Staffing Availability | 360-364 |
| 20 | Bed Capacity | 365 |
| 21 | Community Relations | 366-380 |
| 22 | Project Size | 381 |
| 23 | Zoning | 382-383 |
| 24 | Assurances | 384-385 |
| 25 | Modernization | |
| | Service Specific - Specialized Long-Term Care | |
| 26 | Specialized Long-Term Care – Review Criteria | |
| | Financial and Economic Feasibility: | |
| 27 | Availability of Funds | 386-474 |
| 28 | Financial Waiver | 475 |
| 29 | Financial Viability | |
| 30 | Economic Feasibility | 476-478 |
| | APPENDICES | |
| A | Project Costs and Sources of Funds | 24-31 |
| B | Related Project Costs | 32 |
| C | Project Status and Completion Schedule | 33 |
| D | Cost/Space Requirements | 34 |

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued i

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

The Applicant is **Residential Alternatives of Illinois, Inc.** (hereafter referred to as **RAI, Inc.** or Applicant). The Applicant is a general not-for-profit entity incorporated in the State of Illinois. It should be noted that **Frances House, Inc.** is considered a Co-Applicant as it is the Parent or sole shareholder to the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of APRIL A.D. 2017 .



Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FRANCES HOUSE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of APRIL A.D. 2017 .



Authentication #: 1711102152 verifiable until 04/21/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

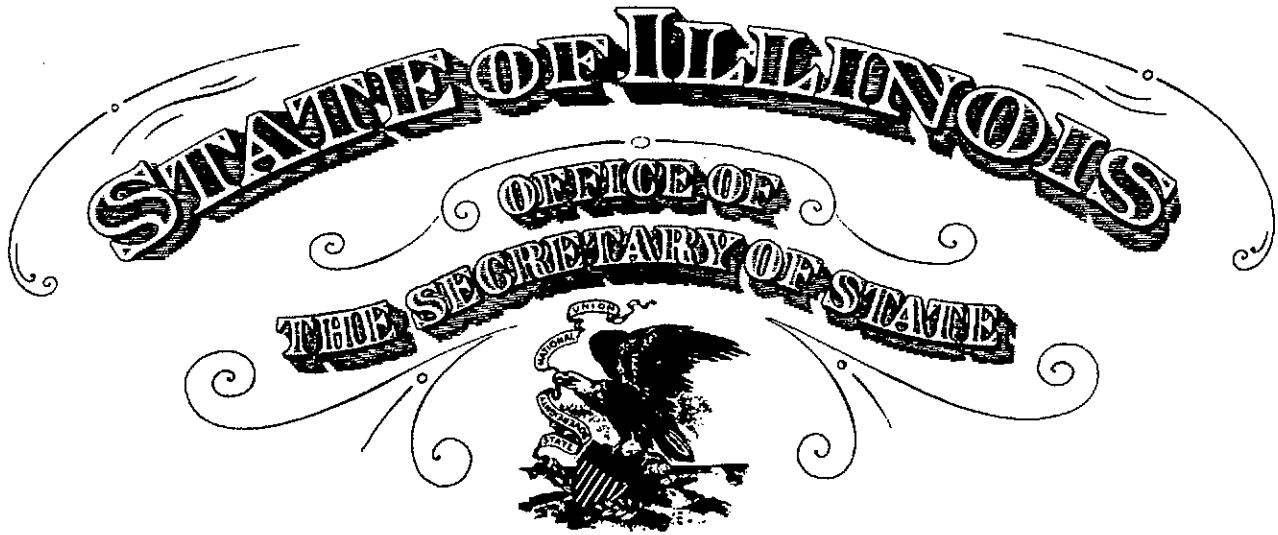
Continued ii

Site Ownership

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

The ownership entity for the proposed project is **RAI, Inc.** An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A.** A signed "Option to Purchase Real Estate" agreement dated February 9, 2017 documenting site control is appended as **ATTACHMENT-2B.**

ATTACHMENT-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of APRIL A.D. 2017 .



Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A



HAYDEN REAL ESTATE, INC.

February 9, 2017

RFMS, Inc
Attn: Don Fike & Ken Phillips
285 S Farnham Street
Galesburg, IL 61401

Re: Option to Purchase Real Estate

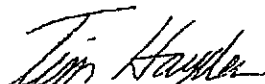
Gentleman;


Below is a summary of the terms we have verbally discussed for the property owned by Creekside Land Holdings, LLC in Rochelle, IL.

- 10+/- acres as shown on the attached aerial photograph.
- Land is located north of Flagg Road and West of 20th Street and is part of tax parcel number 24-14-100-015 in Ogle County.
- Purchase price will be determined by multiplying the surveyed acres east of the gas pipeline (9+/- acres) by \$40,000 per acre and by calculating the acre(s) encumbered by the gas pipeline (1+/- acre) by \$20,000 per acre.
Calculation: \$40,000 x 9 acres + \$20,000 x 1 acre = \$380,000 Final price will be determined by survey.
- Creekside Land Holdings, LLC agrees to provide fill dirt from a stockpile north of the Rochelle High School property at no cost to the buyer. Upon completion the stockpile will be left in a mowable condition.
- Seiler will up to 66' at the south end of the property and north of the assisted living facility to give access to the remainder of the property they are not selling.
- Buyer and seller agree to cooperate as it relates to utilities and converting the existing private road to a public street.
- The option period will be run through October 27, 2017 and the option price will be \$1.00.

We look forward to working with you and supporting your project however possible through this option period and beyond.

Agreed to this ___ day of February, 2017 by:

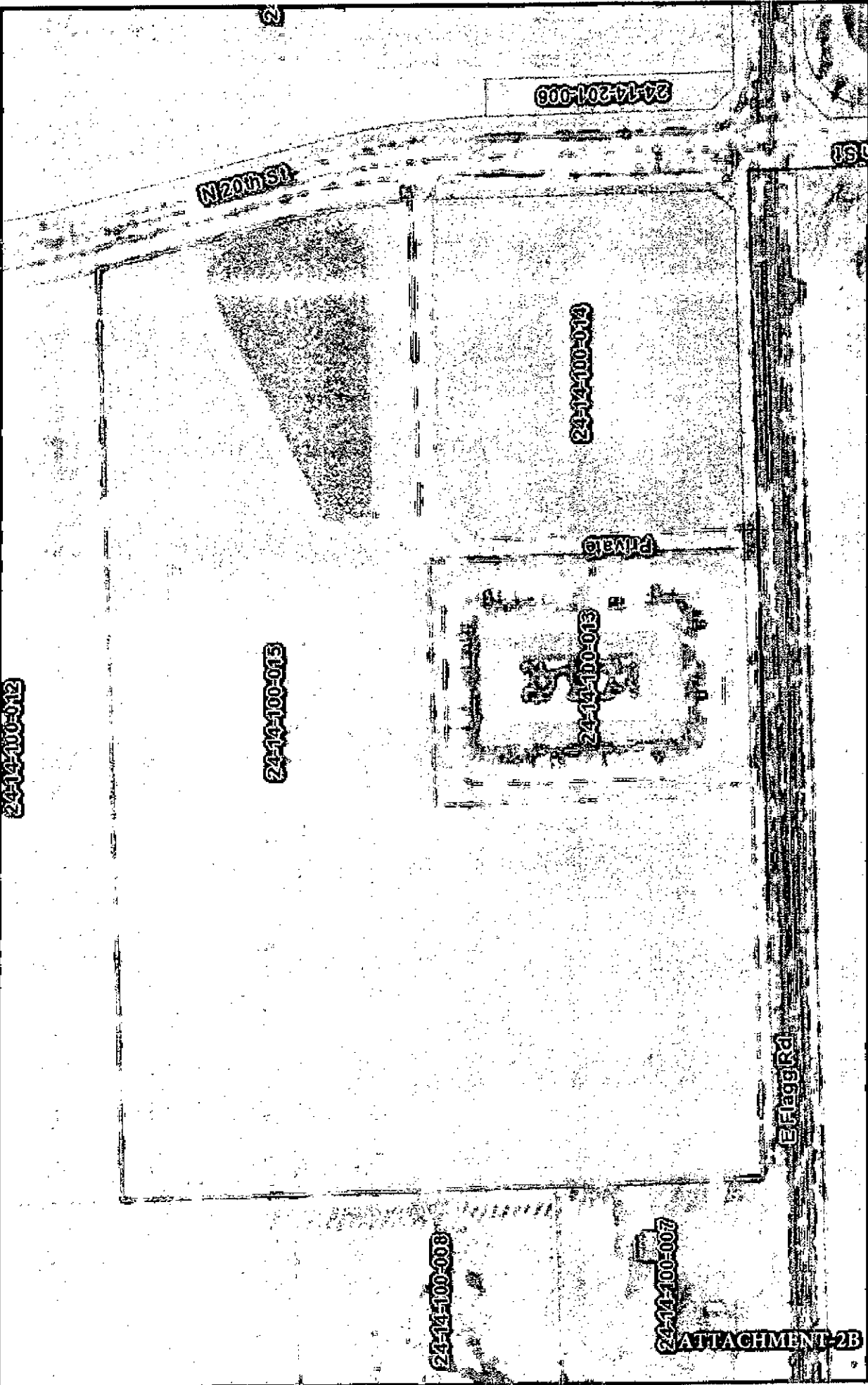

 By: Tim Hayden, Member
 Creekside Land Holdings, LLC
 Seller


 By:
 RFMS, Inc or Assigns 3-21-17
 Buyer

221 E Il Route 38 • P.O. Box 67
 Rochelle, IL 61068
 Office 815-562-2111 • Fax 815-562-7085
 haydenreinc.com • hre@haydenreinc.com



ATTACHMENT-2B



24-14-100-012

24-14-100-013

24-14-100-014

24-14-100-015

24-14-201-008

24-14-100-008

24-14-100-007

E FLAGG RD

N 20th St

Plymouth

1st St

2

ATTACHMENT 2B

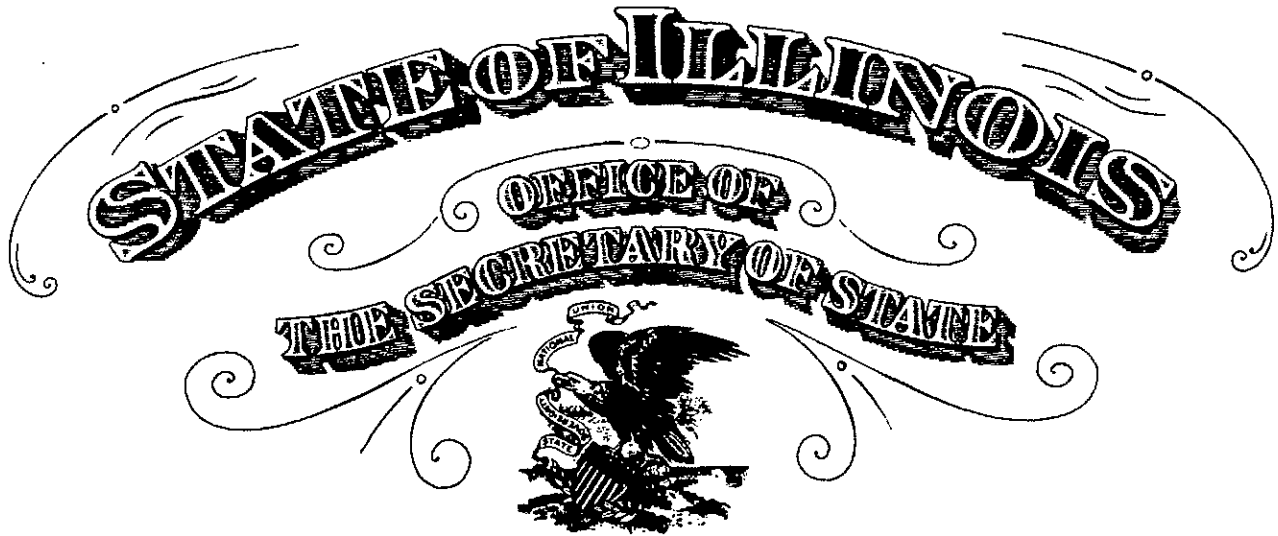
SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued III

Operating Identity/Licensee

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

The Operator/Licensee of the proposed Manor Court of Rochelle will be **RAI, Inc.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A.**

ATTACHMENT-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of APRIL A.D. 2017 .



Authentication #: 1711102128 verifiable until 04/21/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued iv

Organizational Relationships

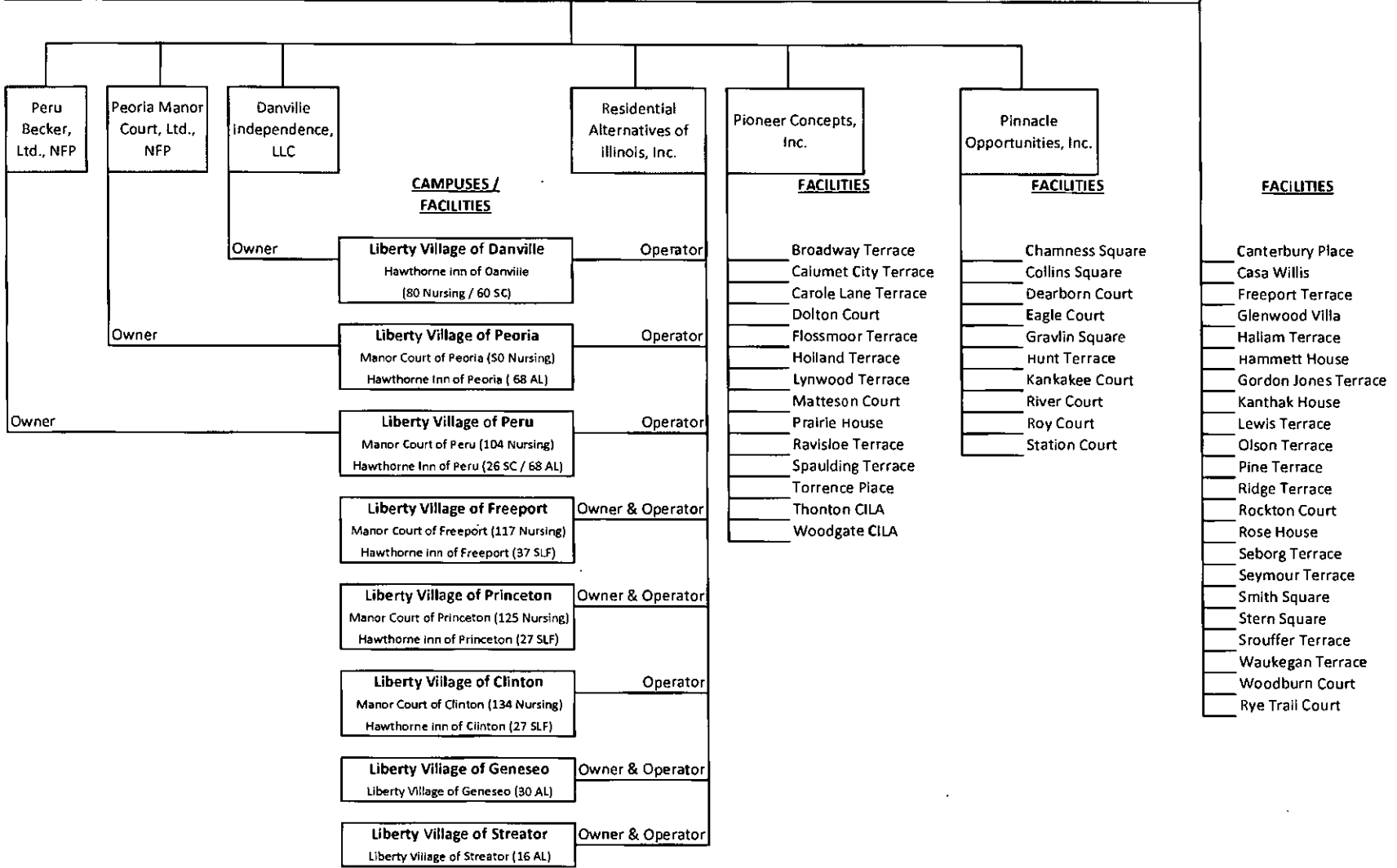
Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

RAI, Inc. is both the owner and operating entity for the proposed project. This entity controls eight retirement campuses in Illinois which represent six licensed sister (nursing care) facilities to the subject project. Appended as **ATTACHMENT-4A**, is the organizational chart for the Parent entity, **Frances House, Inc.**, which includes **RAI, Inc.**

What should be noticed is that **RAI, Inc.** is the only Long-Term Care entity in the entire structure. The balance of the licensed facilities are facilities that provide either ICF/DD 16 and Under facilities or Community Integrated Living Arrangements (CILA's) all for those with developmental disabilities.

ATTACHMENT-4

Frances House, Inc.



Frances House, Inc. is the sole shareholder in all subsidiary entities.

RAI, Inc. is the Long-Term Senior Care provider.

Pioneer Concepts, Inc. and Pinnacle Opportunities, Inc., as well as Frances House, Inc. own and operate Homes and CILS's for persons with developmental disabilities.

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued v

Flood Plain Requirements

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

Appended as **ATTACHMENT-5A** is a floodplain Map printed from www.FEMA.gov illustrating that the proposed site is not within a special flood hazard area.

ATTACHMENT-5

SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued vi

Historic Resources Preservation Act Requirements

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

Appended as **ATTACHMENT-6A**, is a letter from the Illinois Historic Preservation Agency's Rachel Leibowitz, Ph. D., Deputy State Historic Preservation Officer dated May 19, 2017 stating that "no historic properties are affected".

ATTACHMENT-6



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX 217/524-7525

www.illinoishistory.gov

Ogle County
Rochelle
NW of Flagg Road and 20th Street
CON, HUD
New construction, Long-term care facility

PLEASE REFER TO: IHPA LOG #008050117

May 19, 2017

Kathy Harris
Foley and Associates, Inc.
133 S. 4th St., Suite 200
Springfield, IL 62701

Dear Ms. Harris:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you are an applicant, please submit a copy of this letter to the state or federal agency from which you obtain any permit, license, grant, or other assistance.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

ATTACHMENT-6A

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued*

Criterion 1125.320 – Purpose of the Project

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

The project will establish a 92-bed nursing care facility in Rochelle, Ogle County, Illinois. The population centers within the market contour are primarily in Ogle County, Illinois even though the 20-mile radius also takes in parts of DeKalb and Lee Counties.

2. Define the planning area or market area, or other, per the applicant's definition.

In accordance with the State's required travel time contour, the total proposed market area is a 20-mile radius. The 30-minute travel time contour is approximate to the 20-mile radius, which addresses the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100, 510(d). The Applicant is using the 20-mile radius to identify the market area so that it can be consistent with the market area identified in its market study performed by Laurel Research Associates, Inc. (hereafter referred to as LRA).

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

The issue that needs to be addressed in and around the market of Rochelle, Ogle County, Illinois is the aging, size and overall desirability of the existing health care resources serving the Rochelle nursing care market that affect quality.

Rochelle has two General Long-Term Care facilities. The actual age of each is unknown. These facilities do not report their facility age on their Medicaid Cost Reports as requested. The Applicant was able to trace through the IDPH Facility Profiles back to 1983 which utilized 1982 CY data. Going back to the oldest IDPH Inventory from 1984 also made no mention that these were newly permitted projects. Therefore, it is presumed that the ages of these two facilities are significantly older than 1982, or in excess of 35 years old. One indicator of age and marketability is the size of the facilities. The two facilities in Rochelle, Rochelle Rehab &

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued II*

Health Center and Rochelle Gardens Care Center, are approximately 296 and 254.9 gross square feet per bed, respectively. These two facilities are under the average gsf per bed of all facilities within a 20-mile market radius, which equates to only 349.6 gsf per bed. The area average, as well as these two local facilities, in comparison to the State Board's norm of between 435-713 gross square feet per bed, is very low. This is but one indicator of marketability that influences quality. Another indicator of marketability is the number of private rooms. According to the market study performed by LRA, each of the two Rochelle facilities only provide the minimum number of private rooms required by standard, with all remaining rooms as semi-private accommodations. Today's seniors are demanding more private rooms. In terms of quality, it is desirable to have a greater percentage of private rooms for gender, isolation, and privacy issues. In the Rochelle market there are only the two facilities, Rochelle Rehab & Health Center and Rochelle Gardens Care Center. These are the only facilities within 20 minutes travel time. One complication to the equation is the fact that, as self reported on the respective facility's 2015 IDPH Facility Profiles, 76.8% of the total patient population at these two facilities is MI (Mentally Ill); 50% and 92.3% respectively between Rochelle Rehab & Health Center and Rochelle Gardens Care Center. The facilities also report a combined 11 registered sex offenders among their total population. This is an unusually high percentage of MI and sex offenders for a small isolated rural community. It is also unusual that both facilities are owned by the same corporation, Petersen Health Network, LLC (Mark B. Petersen with 100% ownership).

The basic need being addressed by this application is to provide General Long-Term Care and Specialized Memory Care nursing services to the residents of Rochelle in a state-of-the-art environment.

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued iii*

4. Cite the sources of the information provided as documentation.

Appended, as **ATTACHMENT-10A**, is the Microsoft MapPoint North America 2009 map identifying the location of the proposed facility, the 30-minute/20-mile market contour, location of other area nursing facilities, and zip code areas.

Appended, as **ATTACHMENT-10B**, is a summary list of nursing facilities identified within the 20-mile market area contour, their number of nursing beds, and travel times to the proposed site.

Appended, as **ATTACHMENT-10C**, is the listing of Zip Codes within the 20-mile market contour for the proposed project, Manor Court of Rochelle.

Appended, as **ATTACHMENT-10D**, are the individual MapQuest travel-time studies.

Appended, as **ATTACHMENT-10E**, is a market study, commissioned by the Applicant and performed by **LRA**, exploring the demand for the proposed project.

Appended, as **ATTACHMENT-10F**, is a summary list of facilities identified within the 20-mile market area contour and their 2015 State of Illinois Department of Healthcare and Family Services Financial and Statistical Reports (Cost Reports) providing their gross square feet per bed, and the facilities' ages.

Appended, as **ATTACHMENT-10G**, are the State's 1984 IDPH Inventory of Health Care Facilities and Need Determinations by Planning Area, Part V, The Illinois Health Care Facilities Plan, 5th Edition, Chapter 3, for Ogle County.

Appended, as **ATTACHMENT-10H**, are the 2015 IDPH, Long-Term Care Facility Questionnaires for the facilities identified within the 20-mile market area contour.

Appended, as **ATTACHMENT-10I**, is a summary list of facilities identified within the market area contour, documenting their number of Mentally Ill (MI) residents admitted in 2015.

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS Continued iv

Appended, as **ATTACHMENT-10J**, is the ownership information for the two existing Rochelle facilities as published by IDPH, Nursing Homes in Illinois.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The proposed facility, in reality, is the combination of two facilities: the first is a 70-bed General Long-Term Care facility with a concentration in rehabilitation; and the second, a 22-bed nursing facility dedicated to ADRD care in its continuum of the disease. More than addressing the need of the entire Ogle County Planning Area, the proposed project addresses the immediate need for nursing beds just within the community of Rochelle. In Rochelle there are issues of accessibility. The market study performed by LRA and the self reported IDPH individual facility profile data in the Long-Term Care Facility Questionnaire for 2015, IDPH, Health Systems Development, document that 76.8% of the existing residents at both facilities are MI, leaving only 19 residents out of the licensed capacity of 124 nursing beds who are not MI. Therefore, 124 beds are not readily available to the general geriatric population.

Appended, as **ATTACHMENT-10K**, are four (4) hospital letters of support stating that it is their intent to provide referrals should openings be available, and that the facility is needed. Unlike typical start-up projects it was difficult to identify referrals, as historical referrals back to the community were very limited; most chose or requested to leave the community due to the lack of choice and modern amenities. These four hospital referral sources have pledged 25.6 monthly referrals, or 307.2 annual referrals, that can be made to the project when it is opened. This need for services is further substantiated through the market feasibility study which analyzed several demand methodologies and market radii. Although the market study found that there is a need within the full market area (20-mile radius) of 165 beds, within a 10-mile radius the study found that even with the existing 124 beds there will still be a need for 71 more

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued v*

General Long-Term nursing care beds. It should be noted that this project is proposing 70 General Long-Term nursing care beds. Therefore, accessibility will be greatly improved.

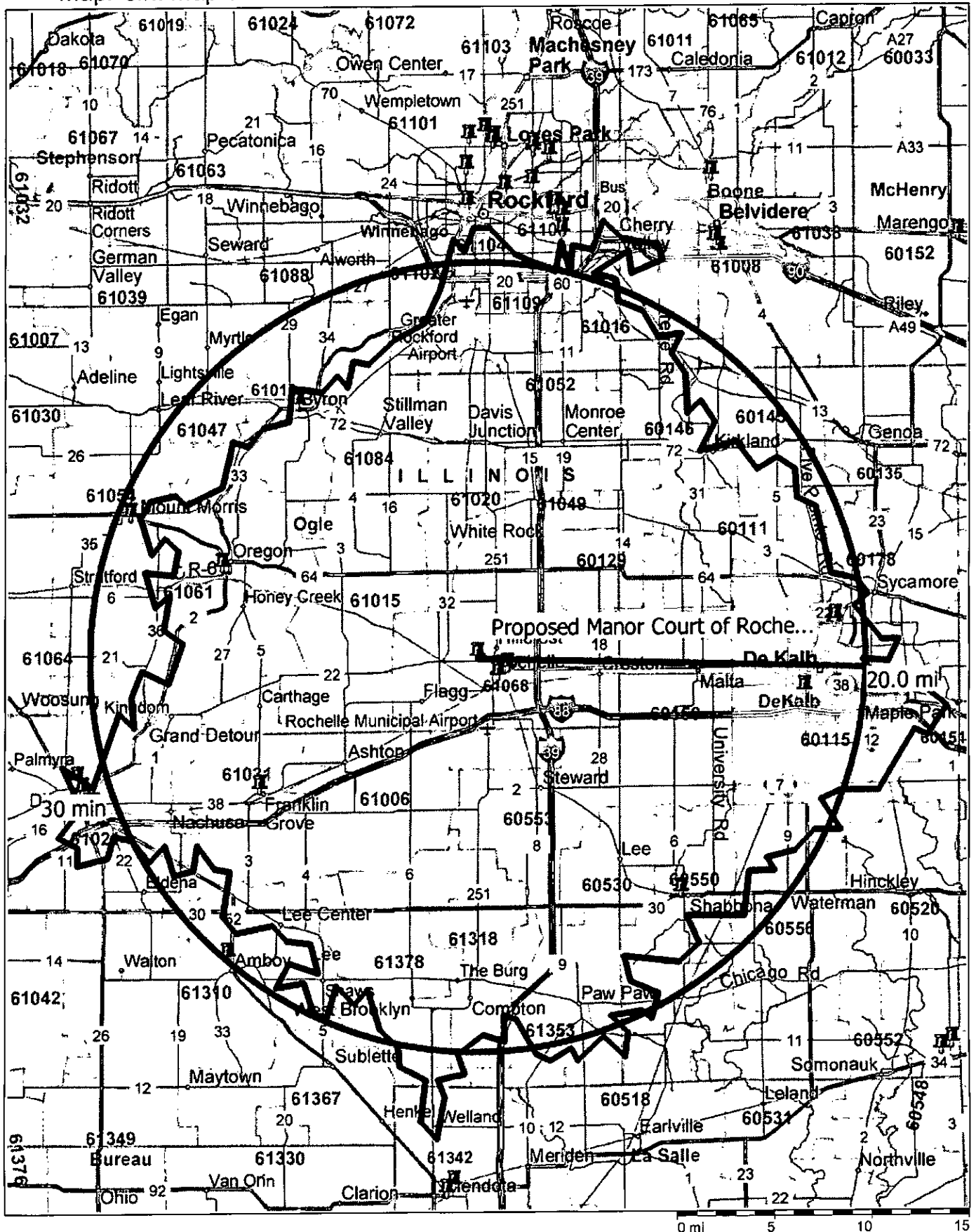
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

This project's goal is to serve and provide General Long-Term Care and Specialized Memory Care nursing services to those in need within the Ogle County Planning Area. The specific goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed services.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

This project does not involve modernization as the project is for the establishment and new construction of the proposed project.

MapPoint Map 30-Minute & 20-Mile Market Contour - Manor Court of Rochelle



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Manor Court of Rochelle
Market Area
20-Mile Radius

| FACID | FACNAME | ADDRESS | CITY | 2015 PROFILE DATA | | |
|---------|--|----------------------------|----------------|----------------------------|----------------|------------|
| | | | | # of Licensed Nursing Beds | Drive Distance | Drive Time |
| 6014872 | Bethany Hlth Care & Rehab Ctr. | 3298 Resource Parkway | Dekalb | 90 | 21.1 | 32 |
| 6015630 | Dekalb County Rehab & Nursing | 2600 N. Annie Glidden Road | Dekalb | 190 | 18 | 26 |
| 6003305 | Franklin Grove Nursing Center (1) | 502 N. State St | Franklin Grove | 121 | 16.7 | 20 |
| 6006514 | Neighbors Rehab Ctr (2) | 811 W 2nd St | Byron | 101 | 22.6 | 28 |
| 6006738 | Oak Crest/Dekalb (3) | 2944 Greenwood Acres Drive | Dekalb | 73 | 21 | 32 |
| 6009989 | Oregon Healthcare Center (4) | 811 South 10th Street | Oregon | 104 | 19 | 25 |
| 6007413 | Pine Acres Care Center (5) | 1212 South Second Street | Dekalb | 119 | 18.4 | 28 |
| 6007447 | Pinecrest Manor | 414 South Wesley Avenue | Mount Morris | 125 | 23.9 | 31 |
| 6008502 | Prairie Crossing Living & Rehabilitation (6) | 4 South Sequoya St | Shabbona | 91 | 22.5 | 26 |
| 6008098 | Rochelle Gardens Care Center (7) | 1021 North Caron Road | Rochelle | 74 | 2.2 | 3 |
| 6008106 | Rochelle Rehab & Health Center (8) | 900 North 3rd Street | Rochelle | 50 | 1.9 | 4 |
| | | | | 1,138 | | |

- (1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P D Box !
- (3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
- (4) 2015 profile name: Oregon Living & Rehab Center
- (5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
- (7) formerly Rochelle Manor (1984 Inventory)
- (8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
Microsoft MapPoint 2009

Manor Court of Rochelle
20-Mile Radius Zip Codes
and Population Totals

| <u>ZIP Code</u> | <u>Population</u> |
|-----------------|-------------------|
| 60111 | 296 |
| 60115 | 45,982 |
| 60129 | 163 |
| 60145 | 2,654 |
| 60146 | 2,587 |
| 60150 | 1,557 |
| 60530 | 464 |
| 60550 | 1,611 |
| 60553 | 795 |
| 61006 | 1,764 |
| 61010 | 8,324 |
| 61015 | 699 |
| 61016 | 4,405 |
| 61020 | 3,205 |
| 61031 | 1,724 |
| 61049 | 557 |
| 61052 | 888 |
| 61061 | 6,524 |
| 61068 | 14,816 |
| 61084 | 2,956 |
| 61109 | 27,432 |
| 61318 | 798 |
| 61353 | 1,271 |
| 61378 | 572 |
| | <hr/> |
| | 132,044 |

Sources:

Microsoft MapPoint 2009

American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

YOUR TRIP TO:

3298 Resource Pkwy, Dekalb, IL, 60115-5331

32 MIN | 21.1 MI

Est. fuel cost: \$3.35

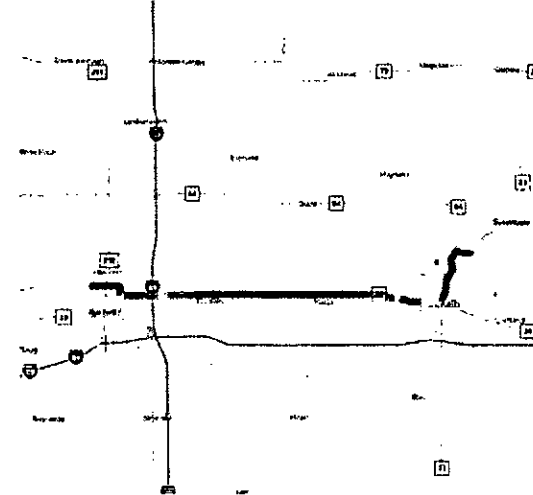
Try these based on traffic conditions as of 11:28 AM on March 9, 2017. Current Traffic. Moderate



Bethany Hill Care & Rehab Ctr.

- 1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue in follow E Flagg Rd.
Then 1.47 miles 1.47 total miles
- 2. E Flagg Rd becomes N Caron Rd.
Then 0.48 miles 1.95 total miles
- 3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
Then 15.55 miles 17.51 total miles
- 4. Turn left onto N 1st St/County Hwy-22
Then 2.74 miles 20.25 total miles
- 5. Turn right onto Bethany Rd
Then 0.70 miles 20.95 total miles
- 6. Turn left onto Resource Pkwy
Then 0.12 miles 21.07 total miles
- 7. 3298 Resource Pkwy, Dekalb, IL 60115-5331, 3298 RESOURCE PKWY is on the right.

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ATTACHMENT-10D

YOUR TRIP TO:

2600 N Annie Glidden Rd, Dekalb, IL, 60115-1310

28 MIN | 18.0 MI

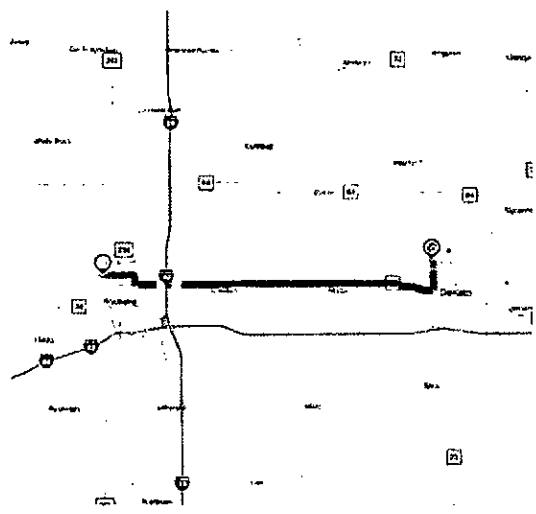
Est. fuel cost: \$1.82

Topographical and traffic conditions as of 11:31 AM on March 9, 2017. Current traffic sources.

Dekalb County Rehab & Nursing

- 1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd
Then 1.47 miles 1.47 total miles
- 2. E Flagg Rd becomes N Caron Rd.
Then 0.45 miles 1.92 total miles
- 3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
Then 1.43 miles 3.35 total miles
- 4. Turn left onto County Hwy-5/N Annie Glidden Rd.
Then 1.40 miles 4.75 total miles
- 5. 2600 N Annie Glidden Rd, Dekalb, IL 60115-1310.
2600 N ANNIE GLIDDEN RD is on the right

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ATTACHMENT-10D

60

YOUR TRIP TO:

502 N State St, Franklin Grove, IL, 61031-9773

30 MIN | 16.7 MI

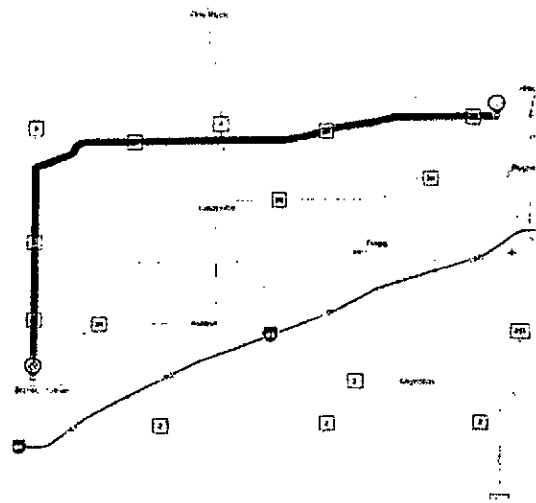
Est. fuel cost: 01.50

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Franklin Grove Nursing Center

1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
Then 11.54 miles - 11.54 total miles
2. Turn left onto S Daysville Rd/County Hwy-5.
Continue to follow S Daysville Rd.
Then 5.11 miles - 16.65 total miles
3. S Daysville Rd becomes N State St/County Hwy-29.
Then 0.05 miles - 16.70 total miles
4. 502 N State St, Franklin Grove, IL 61031-9773, 502 N STATE ST is on the left.

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ATTACHMENT-100

YOUR TRIP TO:

611 W 2nd St, Byron, IL, 61010-1464

28 MIN | 22.8 MI

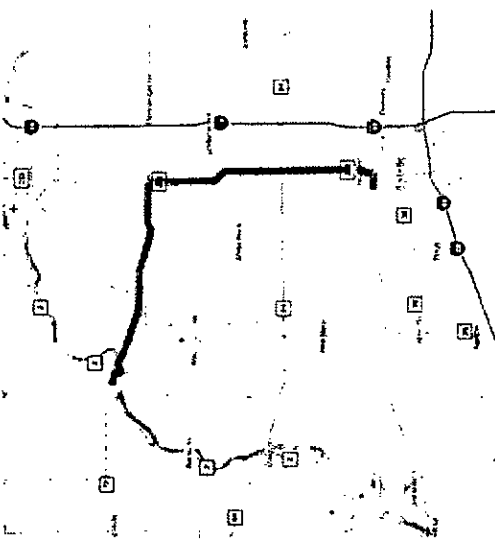
Gas: local cost: \$14.5

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Neighbors Rehab Ct

1. Start and follow east on E Flagg Rd/County Hwy 22 toward Flagg Rd.
Then 0.79 miles
2. Turn left onto IL-25/N 7th St. Continue to follow IL-25.
Then 11.39 miles
3. Turn left onto E State Route 72/IL-72. Continue to follow IL-72.
Then 9.84 miles
4. Turn left onto W Blackhawk Dr/IL-72/IL-2.
Then 0.40 miles
5. Turn right onto N Collins St/County Hwy 29.
Then 0.08 miles
6. Take the 1st left onto W 2nd St.
Then 0.14 miles
7. 611 W 2nd St, Byron, IL 61010-1464, 611 W 2ND ST is on the right.

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YOUR TRIP TO:

2944 Greenwood Acres Dr, Dekalb, IL, 60115-4949

32 MIN | 31.0 MI

Est. fuel cost: \$1.35

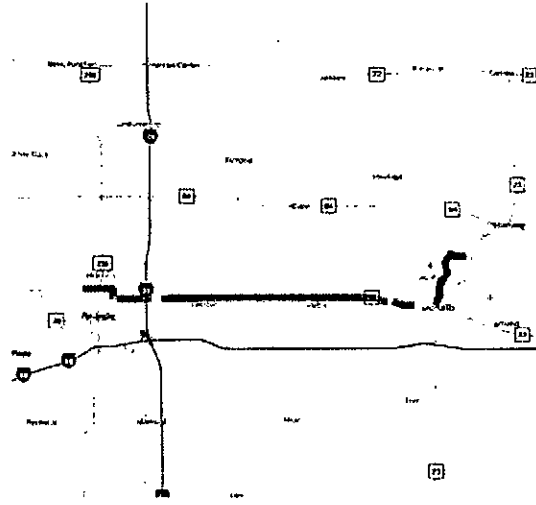
Map based on traffic conditions as of 11:36 AM on March 9, 2017. Current Traffic Update



Oak Creek/Dekalb

- 1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
Then 1.47 miles 1.47 total miles
- ↑ 2. E Flagg Rd becomes N Caron Rd.
Then 0.45 miles 1.92 total miles
- ↙ 3. Turn left onto E State Route 38/IL-38. Continue to follow IL-38.
Then 15.55 miles 17.51 total miles
- ↙ 4. Turn left onto N 1st St/County Hwy-22
Then 2.74 miles 20.25 total miles
- ↘ 5. Turn right onto Bellony Rd.
Then 0.82 miles 21.07 total miles
- ↘ 6. Take the 2nd right onto Greenwood Acres Dr.
Then 0.17 miles 21.24 total miles
- 7. 2944 Greenwood Acres Dr, Dekalb, IL 60115-4949.
2944 GREENWOOD ACRES DR is on the left.

Mapquest logo



63

ATTACHMENT-10D

YOUR TRIP TO:

811 S 10th St, Oregon, IL, 61061-2129

25 MIN | 19.9 Mi

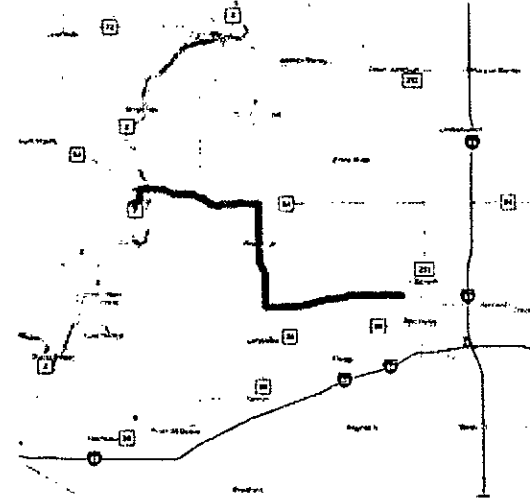
Est. fuel cost: \$1.74

Fig. based on a 2014 condition of 11.11 AM on 3/9/2017. Current traffic light.

Oregon Healthcare Center


1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
Then 5.80 miles 0.00 total miles
2. Turn right onto S Chana Rd/County Hwy-4
Then 5.08 miles 11.88 total miles
3. Turn left onto E State Route 84/IL-84. Continue to follow IL-84.
Then 5.96 miles 17.84 total miles
4. Turn left onto S 4th St/IL-2. Continue to follow IL-2.
Then 0.87 miles 18.07 total miles
5. Turn right onto Pines Rd/County Hwy-6.
Then 0.71 miles 19.88 total miles
6. Turn right onto S 10th St.
Then 0.12 miles 10.00 total miles
7. 811 S 10th St, Oregon, IL 61061-2129. 811 S 10TH ST is on the right

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




ATTACHMENT-10D

YOUR TRIP TO:
1212 S 2nd St, Dekalb, IL, 60115-4435
28 MIN | 16.4 MI | 
Est. fuel cost: \$1.65
Top fuel based on vehicle conditions as of 11:27 AM on March 7, 2017. Current fuel: 96.00%

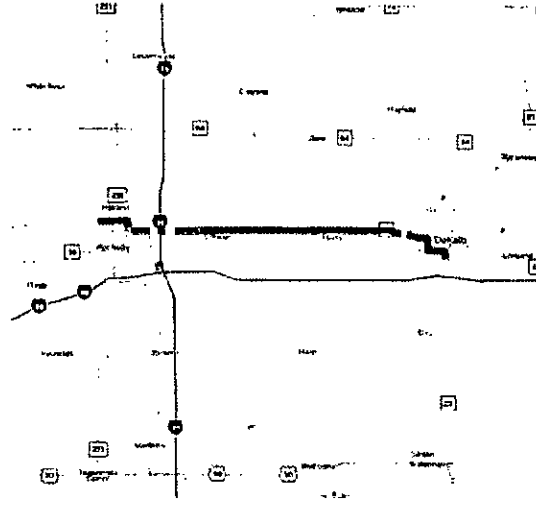


Pine Acres Care Center

Start of next leg of route

-  1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd
Then 1.47 miles 1.47 total miles
-  2. E Flagg Rd becomes N Carmi Rd
Then 0.48 miles 1.96 total miles
-  3. Turn left onto E State Route 36/IL-36. Continue to follow IL-36.
Then 14.10 miles 16.50 total miles
-  4. Turn right onto S Annie Giddens Rd
Then 0.83 miles 17.14 total miles
-  5. Turn left onto W Taylor St.
Then 0.81 miles 17.95 total miles
-  6. Turn right onto S 2nd St.
Then 0.44 miles 18.38 total miles
-  7. 1212 S 2nd St, Dekalb, IL 60115-4435. 1212 S 2ND ST is on the left.

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ATTACHMENT-10D

YOUR TRIP TO:



414 S Wesley Ave

31 MIN | 33.9 MI

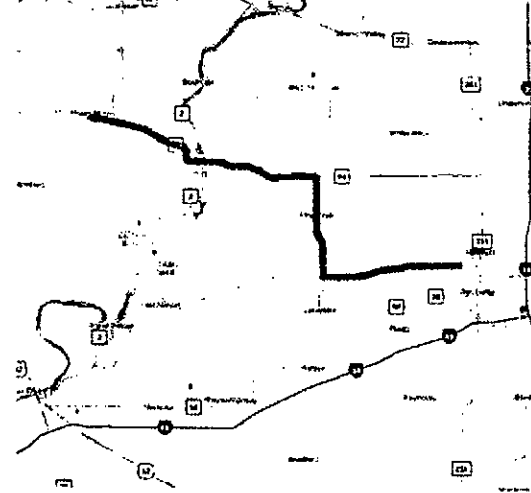
Est. fuel cost: \$1.48

Est. fuel cost is based on vehicle specifications as of 2/21/08 as of July 27, 2017. Current Traffic Light

Pinecrest Manor

- 1. Start out going west on E Flagg Rd/County Hwy-22 toward Flagg Rd.
Then 6.80 miles 6.80 total miles
- 2. Turn right onto S Chan Rd/County Hwy-4.
Then 5.08 miles 11.88 total miles
- 3. Turn left onto E State Route 64/IL-64. Continue to follow IL-64.
Then 7.08 miles 18.95 total miles
- 4. Stay straight to go onto W State Route 64/IL-64.
Then 4.36 miles 23.31 total miles
- 5. Turn left onto E Brayton Rd.
Then 0.02 miles 23.34 total miles
- 6. Turn left onto S Wesley Ave.
Then 0.05 miles 23.39 total miles
- 7. 414 S Wesley Ave, Mount Morris, IL 61054-1428, 414 S WESLEY AVE is on the right

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|---|--|---|---|

66

ATTACHMENT-10DD

YOUR TRIP TO:

4 S Sequoya St, Shabbona, IL, 60550

26 MIN | 22.6 MI

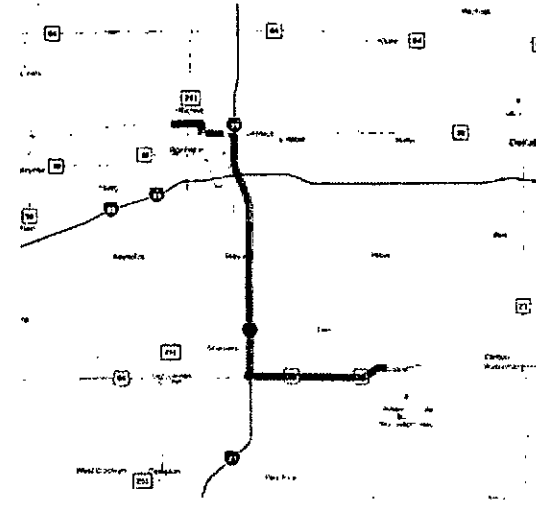
Est. fuel cost: \$1.45

Fuel fees based on the conditions at 11:21 AM on March 9, 2017. Current Traffic: Moderate

Prairie Crossing Living & Rehabilitation

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
Then 1.47 miles 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
Then 0.40 miles 1.86 total miles
3. Turn left onto E State Route 38N/38.
Then 1.45 miles 3.30 total miles
4. Merge onto I-39 S/US-51 S toward LaSalle-Pont.
Then 11.79 miles 15.20 total miles
5. Take the US-30 exit, EXIT 97, toward Aurora/Sterling/Rock Falls.
Then 0.38 miles 15.57 total miles
6. Keep left to take the ramp toward Aurora.
Then 0.02 miles 15.59 total miles
7. Turn left onto US-30 E.
Then 6.93 miles 22.52 total miles
8. Turn right onto S Sequoya St.
Then 0.03 miles 22.55 total miles
9. 4 S Sequoya St, Shabbona, IL 60550, 4 S SEQUOYA ST is on the left

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ATTACHMENT-10D

YOUR TRIP TO:



1021 N Caron Rd, Rochelle, IL, 61068-9647

3 AMR | 22:40

Est. fuel cost, \$0.26

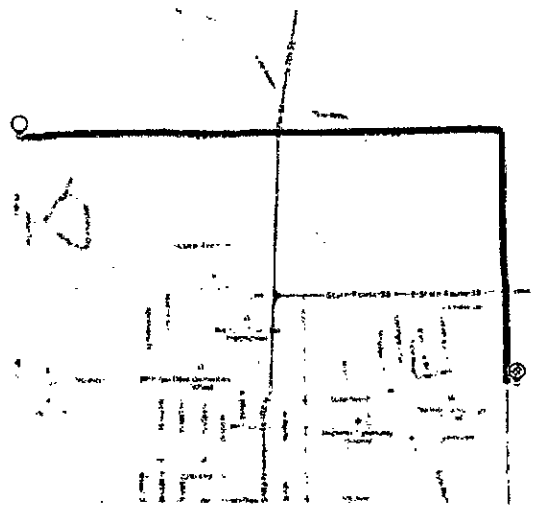
Map data © OpenStreetMap contributors, Imagery © Mapbox

Rochelle Gardens Care Center

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd. Continue to follow E Flagg Rd.
Then 1.47 miles 1.47 total miles
2. E Flagg Rd becomes N Caron Rd.
Then 0.77 miles 2.24 total miles
3. 1021 N Caron Rd, Rochelle, IL 61068-9647, 1021 N CARON RD.

Map data © OpenStreetMap contributors, Imagery © Mapbox

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ATTACHMENT-10D

YOUR TRIP TO:

900 N 3rd St, Rochelle, IL, 61068-1666

4 MIN | 1.9 MI

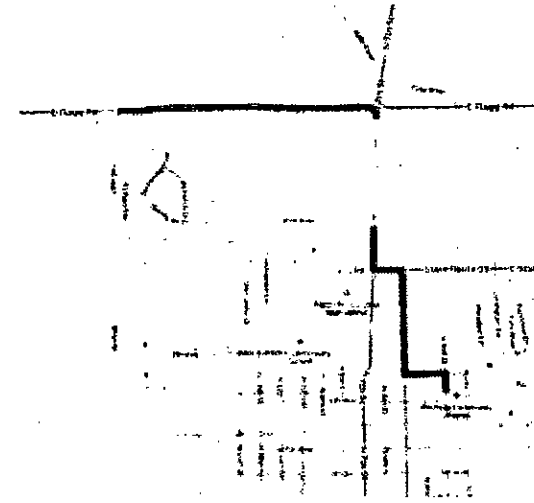
Est. fuel cost: \$5.17

Est. based on the conditions as of 11:21 AM on March 8, 2017. Current traffic. Moderate

Rochelle Rehab & Health Center

1. Start out going east on E Flagg Rd/County Hwy-22 toward Flagg Rd
Then 0.76 miles 0.76 total miles
2. Take the 2nd right onto N 7th St/IL-251.
Then 0.52 miles 1.27 total miles
3. Turn left onto IL-38/State Route 38.
Then 0.09 miles 1.36 total miles
4. Turn right onto Lincoln Hwy
Then 0.33 miles 1.69 total miles
5. Take the 1st left onto 10th Ave.
Then 0.13 miles 1.81 total miles
6. Take the 2nd right onto N 3rd St.
Then 0.05 miles 1.87 total miles
7. 900 N 3rd St, Rochelle, IL 61068-1666, 900 N 3RD ST is on the right.

Map data © OpenStreetMap contributors, Imagery © Mapbox



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ATTACHMENT-10D

Manor Court of Rochelle

**MARKET STUDY
FOR A PROPOSED
NURSING & MEMORY CARE
FACILITY
IN
ROCHELLE, ILLINOIS**



Prepared By:

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 Attachment 6: Scan/US Demographic Study

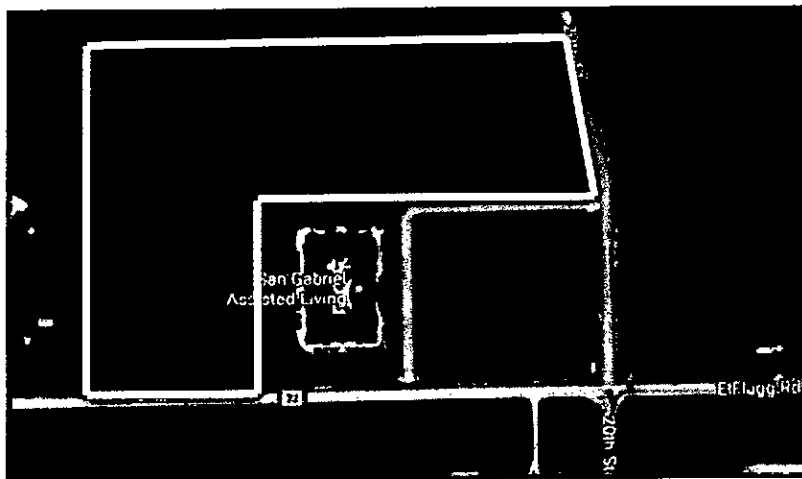
I PROPOSED DEVELOPMENT

- A. Developer: The developer of the proposed Skilled Nursing Care facility in Rochelle, Illinois is:

Residential Alternatives of Illinois, Inc. (Owner of the site and building and operator/Licensee of the facility.)
285 South Farnham Street
Galesburg, Illinois 61401

- B. General Description: Residential Alternatives of Illinois, Inc., an Illinois Not-For-Profit 501c3, is considering the construction of a new senior care residential facility in Ogle County, Illinois, city of Rochelle. The new facility will be licensed for Skilled Nursing care by the State of Illinois. It will include a single story building housing 80 nursing care beds. There will be 59 beds devoted to general Long-Term nursing care services and the balance serving as memory support. The developer expects to fund this development from existing reserves of cash and securities which may include support from the parental entity, Frances House, Inc., also an Illinois Not-For-Profit.

- C. General Location: The site for the proposed Skilled Nursing Facility (SNF) is an "L" shaped parcel located on the north side of a main road, Flagg Road, and west of 20th Street, and is part of tax parcel number 24-14-100-015 in Ogle County. Between the property and the intersection of Flagg Road and 20th Street are two separate parcels of which the closest parcel houses an assisted living facility known as San Gabriel, and the corner parcel is vacant.



Rochelle is located on the South Eastern corner of Ogle County. It is more than 30-Minutes West of DeKalb, DeKalb County; East of Dixon, Lee County; and South of Rockford, Winnebago County. Generally, the site is in an expanding area of Rochelle with a newer grade school and high school in its immediate area.

General Long-Term Care also work neatly on the property as it will be adjacent and abutting a newer assisted living building, San Gabriele, where the two communities can feed off of each other allowing residents to age-in-place and creating a continuum of sorts.

Rochelle is known as a "Hub City" as it is conveniently located at the intersection of several major routes of transportation including Interstates 88 and 39 and two railroad lines. Rochelle is conveniently located 30 miles to the south of Rockford, 80 miles to the west of Chicago, and 90 miles to the east of Moline (which is part of the Quad Cities.) The building site is located less than a mile west of Illinois Route 251, which is a major north-south thoroughfare through Rochelle, and less than 3 miles west from Interstate 39. The site is a little over a mile north of Illinois Route 38, which is the major east-west thoroughfare through Rochelle, and less than 3 miles north of Interstate 88.

Ogle County is considered part of the Rockford-Freeport-Rochelle Micropolitan Statistical area. The county seat of Ogle County is Oregon, but its largest city is Rochelle. Rochelle is about 20 miles to the east of Oregon, 34 miles east of Polo, and 23 miles southeast of Byron, which are all cities in Ogle County.

The proposed site is to the north and east of the San Gabriel Assisted Living community. San Gabriel has studio, one- and two-bedroom apartments for senior citizens. They provide private pay assisted living services.

Appended as Attachment 1 of the Appendix to this study are 2 maps illustrating the general location of the proposed project and overall site layout showing the San Gabriel Assisted Living community as well as 6 pictures of the site taken from the intersection of Flag Road and 20th Street.

- D. Site Description: The proposed site for the new Skilled Nursing Facility is 10 +/- acres of vacant land which is L-shaped. It consists of a flat field with a triangular pond on the east side of the property. The plot of land is west of Rochelle High School (across 20th Street) and south of Lincoln Elementary School (properties abut).
- E. Description of Site Improvements: Liberty Village of Rochelle will collectively be a single 80-bed nursing facility consisting of Manor Court of Rochelle and Garden Courts of Rochelle. Manor Court of Rochelle will have 59 long-term nursing beds and Garden Courts will have 21 skilled, memory-care facility beds. The Manor Court building will be a single-story structure, with a "main street commons" in the core of the building and resident rooms on three of four neighborhoods that connect to the central core. The core will offer ancillary services and common area amenities for residents including an old-fashioned ice cream parlor, a beauty/barber shop, a chapel, a private dining room for residents and their guests, and a club room. Outpatient therapy is also being considered as an added service to meet the needs of discharged nursing residents who still need

additional therapy. Pulmonary care and orthopedic rehabilitative services will also be provided.

The memory care will be a separate, distinct wing off of the common core, with a physical layout that will specialize in treating the different stages of dementia. Manor Court and Garden Courts will offer separate and distinct common areas, but will share a single kitchen and laundry facility.

A summary of site features and improvements to the property, together with floor plan of the proposed building are provided in Attachment 2 of the Appendix to this report.

II MARKET AREA CHARACTERISTICS

- A. Market Area: The traditional primary market area (PMA) for proposed Skilled Nursing Facilities (SNF) in Illinois is defined by the area reached in a 30-minute drive from the proposed site of a new facility. However, in the case of the proposed Manor Court of Rochelle, there are several reasons why that size of PMA is not appropriate. The proposed site of Manor Court of Rochelle is in the northwestern portion of the city of Rochelle, Illinois. A 30-minute drive from that site under normal traffic conditions stretches into the southern portion of the Rockford, Illinois Metropolitan Area. This area, while providing a large population base for potential nursing care customers, is well provided with long established Skilled Nursing Facilities. Being on the extreme edge of a 30-minute drive time, where small traffic irregularities or adverse weather conditions can greatly extend the required drive time, and where adequate sources of skilled nursing care are available at much closer locations, it is unlikely that a significant portion of residents for the proposed Manor Court would be drawn from the Rockford area.

Considering the above factor a Primary Market Area for Manor Court of Rochelle that is limited to a 20-mile radius circle centered at the proposed site of Manor Court has been selected. Drive times to the existing SNFs in that area have been determined and are found to be within a 30-minute drive. These drive times were initially determined by use of the Scan/US Market Mapping software that is designed for that purpose. The drive times were then confirmed by application of other mapping software such as MapQuest. They were further validated by test drives between existing SNFs in the market area. These methods are consistent with techniques used by the staff of the Illinois Health Facilities and Services Review Board in their proceedings to determine a need for skilled nursing services. The 20-mile market area's definition is considered reasonable in the more rural areas of Ogle, Lee, and De Kalb Counties that the proposed facility is designed to service. The chosen market area contains mostly rural areas and small cities and does not infringe upon the Metropolitan Rockford market

A map depicting the primary market area for this study is contained in Attachment 1 of the Appendix. Locations of existing Skilled Nursing Facilities in and around the selected PMA are also shown.

- B. Population/Demographic Characteristics: Laurel Research Associates analyzed demographic data for the City of Rochelle, Ogle County, Lee County, and De Kalb County in Illinois. Also analyzed was the selected PMA of the proposed new SNF. The PMA consists of the 20-mile area surrounding the site of the proposed Manor Court Skilled Nursing Facility. This analysis utilized U.S. Census data and Scan/US Market Statistics Estimates. Results of that analysis are as follows:

1. **Population:** The population of Rochelle has been decreasing since 2000, but the population of DeKalb County has increased from nearly 89,000 in 2000 to an estimated 103,886 in 2017. Ogle County increased from 51,032 in 2000 to 53,497 in 2010 and is estimated to return to 51,057 in 2017. The primary market area was 127,717 in 2000 and is projected to be at 134,053 in 2022. This represents an increase in size of 5% in the 22 years since the beginning of the 21st Century. Table 1 shows the population of the relevant geographic areas for the years 2000, 2010, 2017 and 2022.

Table 1 – POPULATION

| | 2000 | 2010 | 2017 Estimate | 2022 Projection |
|---------------------|---------|---------|---------------|-----------------|
| Primary Market Area | 127,717 | 142,476 | 137,501 | 134,053 |
| Rochelle | 9,670 | 9,596 | 9,156 | 8,858 |
| Ogle County | 51,032 | 53,497 | 51,057 | 49,253 |
| DeKalb County | 88,969 | 105,160 | 103,886 | 102,099 |
| Lee County | 36,062 | 36,031 | 34,150 | 32,702 |

Source: U.S. Census 2000/2010, Scan/US 2017/2022

2. **Market Area Population:** Scan/US estimates that the 2017 population of the primary market area was 137,501 with a projected decrease of 2.5% to 134,053 by the year 2022.
3. **Number of Households:** Based on Scan/US, the number of households in the primary market area in 2000 was 47,999 with a projected increase of 15.5% to 55,421 by the year 2022. The average household size in the market area in 2017 is estimated to be 2.42 decreasing from 2.54 in 2000 and estimated to further decrease to 2.30 in 2022.
4. **Population by Relevant Group:** The following chart provides Scan/US information on population of the primary market area by the age groups most often used to estimate the need for nursing care services.

Table 2 - POPULATION BY IMPORTANT AGE GROUPS: 2017 AND 2022

| PRIMARY MARKET | 2017 | 2022 | 2017-2022 Change | |
|----------------|---------|---------|------------------|--------|
| Age 00-64 | 117,861 | 111,725 | -6,136 | -5.21% |
| Age 65-74 | 11,209 | 12,300 | 1,091 | 9.73% |
| Age 75 Plus | 8,431 | 10,027 | 1,596 | 18.93% |

Source: Scan/US

This data shows that the market area population is aging rapidly. The older age groups are increasing their numbers by 9.7% and 18.93% per five years. These are the most relevant age groups for the providers of skilled nursing care and are the most important factor in the calculation of nursing bed need made later in this study.

5. Population by Age: Table 3 shows the Scan/US estimated population in the primary market area by age cohort for the years 2017 and 2022.

Table 3 - POPULATION BY AGE: 2017 AND 2022

| | 2017 Estimated | 2022 Projected | % Change 2017-2022 | |
|-------------|---------------------------|---------------------------|---------------------------|---------|
| <5 years | 7,600 | 7,452 | -148 | -1.95% |
| 5-9 years | 7,916 | 7,282 | -634 | -8.01% |
| 10-14 years | 8,454 | 7,661 | -793 | -9.38% |
| 15-19 years | 11,606 | 11,220 | -386 | -3.33% |
| 20-24 years | 16,166 | 13,341 | -2,825 | -17.47% |
| 25-34 years | 18,418 | 19,449 | 1,031 | 5.60% |
| 35-44 years | 14,671 | 15,006 | 335 | 2.28% |
| 45-54 years | 16,455 | 14,715 | -1,740 | -10.57% |
| 55-64 years | 16,575 | 15,599 | -976 | -5.89% |
| 65-74 years | 11,209 | 12,300 | 1,091 | 9.73% |
| 75+ years | 8,431 | 10,027 | 1,596 | 18.93% |
| Median Age | 42.6 | 43.2 | 0.6 | 1.41% |

Source: Scan/US

Based on these statistics, there will be a decrease in the age cohorts (<5 years, 5-9 years, 10-14 years, 15-19 years, 20-24 years, 45-54 years, and 55-64 years). An increase is expected in the age cohorts 25-34 years, 35-44 years and all cohorts above 65 years. This pattern represents a definite aging trend. It is the age cohorts above 65 years in which one might expect to find potential tenants for the proposed project. All of the more senior cohorts over 65 years old are expected to have large increases and that will result in the median age increasing by more than half a year in the five-year period.

6. Illinois Department of Public Health (IDPH) Population Projections: In an effort to provide better planning information to state health regulators, the IDPH has recently released internally generated population projections for all Illinois counties and the various community areas of Chicago. While this information does not directly translate to a population projection for this study's selected market area, it does serve to illustrate the conservative nature of the Scan/US projections used in the study. IDPH projections of relevant age group populations for the three counties surrounding the Liberty Village of Rochelle site are presented in Table 4.

Table 4 - IDPH POPULATION BY IMPORTANT AGE GROUPS

| Ogle County | 2015 | 2020 | 2025 |
|----------------------|-------------|-------------|-------------|
| Age 00-64 | 44,399 | 43,397 | 42,146 |
| Age 65-74 | 5,281 | 6,156 | 7,129 |
| Age 75 Plus | 4,107 | 4,765 | 5,561 |
| DeKalb County | 2015 | 2020 | 2025 |
| Age 00-64 | 100,504 | 106,253 | 111,356 |
| Age 65-74 | 6,701 | 8,101 | 9,266 |
| Age 75 Plus | 4,924 | 5,346 | 6,304 |
| Lee County | 2015 | 2020 | 2025 |
| Age 00-64 | 29,804 | 29,212 | 28,412 |
| Age 65-74 | 3,386 | 3,971 | 4,443 |
| Age 75 Plus | 2,781 | 2,882 | 3,264 |

Source: Illinois Department of Public Health

7. Household Income: Illinois residents who enter a long-term institution face one of the most expensive experiences of their lifetime. By definition, this expense is a lasting one. This is especially true of those with Alzheimer's Disease, where it is likely to be a lifetime event. On the other hand, the Medicaid program provides a financial safety net for those using nursing care. Thus, the sustained income of potential residents at the Liberty Village of Rochelle site is an important consideration when determining potential demand for services such as skilled nursing care. Table 5 presents information concerning household incomes of those over 75 years old in the study market area.

Table 5 - INCOME OF HOUSEHOLDS WITH AGE OF HOUSEHOLDER 75 AND OLDER

| PRIMARY MARKET | 2017 Estimated | 2022 Projected | Change 2017-2022 | |
|-----------------------|-----------------------|-----------------------|-------------------------|--------|
| <\$10,000 | 347 | 402 | 55 | 15.9% |
| \$10,000-\$19,999 | 847 | 726 | -121 | -14.3% |
| \$20,000-\$29,999 | 1,082 | 1,128 | 46 | 4.3% |
| \$30,000-\$39,999 | 566 | 633 | 67 | 11.8% |
| \$40,000-\$49,999 | 580 | 592 | 12 | 2.1% |
| \$50,000-\$59,999 | 567 | 651 | 84 | 14.8% |
| \$60,000-\$74,999 | 555 | 828 | 273 | 49.2% |
| \$75,000-\$99,999 | 682 | 1,010 | 328 | 48.1% |
| \$100,000-\$124,999 | 226 | 406 | 180 | 79.6% |
| \$125,000-\$150,000 | 144 | 204 | 60 | 41.7% |
| \$150,000-\$199,999 | 94 | 263 | 169 | 179.8% |
| \$200,000 and over | 131 | 242 | 111 | 84.7% |

Source: Scan/US

- C. Economic Characteristics: Laurel Research Associates analyzed economic data for the City of Rochelle, Ogle County, Lee County, DeKalb County and the study market area surrounding the proposed Liberty Village of Rochelle. This analysis suggests a market area that is prosperous and enduring. It includes such municipalities as DeKalb, Genoa, Sycamore, Amboy, Dixon, Byron, Oregon, and Polo. It is home to several hospital medical centers, many manufacturing and financial industry companies, and most importantly, homes for over 137,000 residents.

The proposed Liberty Village of Rochelle's facility's market area is on the southern edge of the Rockford Metropolitan Area. It is linked to Rockford by Interstate 39, linked to the city of Chicago by Interstate 88 to the east, and linked to the Quad Cities metropolitan area by Interstate 88 to the west. Some of the key characteristics of the study market area are enumerated here.

1. Unemployment Rate: The unemployment rate in the study market area counties has historically tended to track State and U.S. trends. The county rates were usually between the Illinois and national rates, with the state rate being significantly higher than the national rate. This data indicates that since the last big recession the entire State of Illinois has been

troubled by high unemployment. Table 6 shows the unemployment rates for recent years for the market area counties, Illinois and the U.S.

Table 6-MARKET AREA COUNTIES, ILLINOIS AND NATIONAL UNEMPLOYMENT RATES

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 (March) |
|---------------|-------|-------|------|------|------|------|-----------------|
| Ogle County | 11.4% | 10.1% | 9.9% | 7.4% | 6.1% | 5.9% | 5.8% |
| DeKalb County | 9.3% | 8.4% | 8.2% | 6.5% | 5.5% | 5.4% | 5.3% |
| Lee County | 9.1% | 8.3% | 8.1% | 6.2% | 5.3% | 5.1% | 4.6% |
| Illinois | 9.7% | 9.0% | 9.1% | 7.1% | 5.9% | 5.9% | 4.7% |
| U.S. | 8.9% | 8.1% | 7.4% | 6.2% | 5.3% | 4.9% | 4.6% |

Source: Illinois Department of Employment Security

2. General Affluence: In general, the study market area has a modest economy with median earnings slightly lower than the state of Illinois and slightly higher than the United States. Below are some indicators of this fact as they were estimated by the Scan/US Demographic software for the year 2017:

- The median income of households in the market area is \$54,233 and over 1,266 households have income in excess of \$200,000. The State of Illinois has a median household income of \$62,867.
- 64.4% of the market's households are homeowners compared to 62.3% in Illinois as a whole. Only 6% of the market's housing units are vacant.
- Median age of the market area population is 42.6 years compared to the Illinois median age of 38.0 years.
- Of persons more than 25 years old in the market area, 59.1% have some college or higher education degrees while the comparable number in the statewide population is 61.9%.
- Market area households have an average of 1.87 vehicles available and 60.1% of its households have 2 or more vehicles available.
- Population density is 125.51 people per square mile in the market area producing an aggregate income per square mile of \$3.43 million. The State of Illinois produces aggregate income per Square mile of \$8.11 million.
- Market area residents over age 75 are 6.1% of the area's populace, and over 41.2% of that age cohort has household income exceeding \$50,000. Only 39.2% have household income below \$30,000.

III SKILLED NURSING MARKET CHARACTERISTICS

- A. General Market Characteristics: Skilled nursing care in Illinois is a licensed service that can only be provided by licensed providers in a state-approved Skilled Nursing Facility. The Rochelle market area is served by a number of different nursing facilities of varying ages and levels of proficiency, the basic components of skilled nursing care is defined and controlled by the licensing process of the Illinois Department of Public Health (IDPH).

The actual numbers and sizes of skilled nursing facilities is controlled by a Certificate of Need (CON) program overseen by the Illinois Health Facilities and Services Review Board (IHFSRB). IHFSRB periodically published the Inventory of Health Care Facilities and Need Determinations (The Inventory). This inventory and need data is used by the IHFSRB in deliberating whether to issue the permit that is necessary to begin construction of any new facility providing skilled nursing services. A CON application is being made for construction of a new Liberty Village of Rochelle facility that is to be licensed by IDPH to provide skilled nursing care.

The nursing care industry that currently serves the area surrounding the Liberty Village of Rochelle site is moderate in size. Table 7, the IDPH Inventory for 2013 – the latest, published in 2015 – reveals that in the three counties containing areas of the Rochelle market area there are a total of 27 SNFs with 1,522 licensed beds that provided 408,424 patient days of nursing service during 2013. The data for each of these areas is included here:

Table 7 – IDPH INVENTORY, PUBLISHED CY 2015

| Planning Area | Facilities | Beds | Patient Days |
|---------------|------------|-------|--------------|
| Ogle County | 7 | 535 | 147,129 |
| DeKalb County | 8 | 742 | 220,189 |
| Lee County | 12 | 245 | 41,106 |
| Total | 27 | 1,522 | 408,424 |

Source: Illinois Department of Public Health

In general, the nursing care market is changing as the “baby boomer” generation reaches the ages when they will require skilled nursing care in larger numbers. Along with this market change, there is a move towards shorter, more intensive rehabilitative stays and a larger demand for home-like accommodations. This new, Rochelle facility will be designed and managed to care for this type of residents.

B. Current Inventory Analysis:

1. Comparable Facilities: The Primary Market Area selected for this study contains 10 Skilled Nursing Facilities providing 1013 beds for nursing care. These facilities range in age from 11 years to more than 40 years and range in size from 50 beds to 190 beds. They are all licensed to conduct nursing care, but they each have unique characteristics that differentiate them from their competitors. One of the existing facilities, Rochelle Gardens, does not accept patients unless they have a mental health diagnosis, as they specialize in care of those who are mentally ill. As indicated in the Long-Term Care Inventory (Table 8), there are sufficient nursing care spaces available in Ogle and Lee counties to provide for the needs of their current population, but this is not the case for DeKalb County.

Table 8 – IDPH INVENTORY BY PSA, PUBLISHED CY 2015

| PLANNING AREA | EXISTING BEDS | PROJECTED BEDS NEEDED- 2018 | ADDITIONAL BEDS NEEDED | EXCESS BEDS |
|----------------------|----------------------|------------------------------------|-------------------------------|--------------------|
| Ogle County | 565 | 538 | 0 | 27 |
| DeKalb County | 742 | 768 | 26 | 0 |
| Lee County | 353 | 275 | 0 | 78 |

Source: Illinois Department of Public Health

In the City of Rochelle, there are only two providers of long-term care licensed for skilled nursing care: Rochelle Rehabilitation and Health Center and Rochelle Gardens Care Center. The other 8 facilities range in distance from over 16 miles to 22 miles away.

More complete facility information for representative nursing care providers that are most comparable to the proposed Liberty Village of Rochelle facility is detailed in the Appendix in Attachment 3: Existing Inventory Details.

IV DEMAND/NEED

- A. IHFSRB Need Methodology: The Inventory of Health Care Facilities and Need Determinations is the IHFSRB vehicle that publishes to the nursing care industry and its regulators the approved method of determining how many nursing beds are needed in a particular area. The method that IHFSRB uses for this determination is based on the calculation of a historical use rate for Health Service Areas (HSA) and Health Planning Areas (PSA). The method then uses that use rate - defined as the number of patient days of service for each one thousand persons in a relevant age group - to estimate the number of beds needed at some future level of population.

The number of beds needed by a PSA is presented in The Inventory as a table showing the result of the above calculations. The calculation of the published bed need for PSA DeKalb County, PSA Lee County, and PSA Ogle County is provided in Attachment 4 of the Appendix and is summarized below:

PUBLISHED BED NEED

| <u>PSA</u> | <u>2018 BED NEED</u> | <u>EXISTING BEDS</u> | <u>DIFFERENCE</u> |
|---------------|----------------------|----------------------|-------------------|
| DeKalb County | 768 | 742 | 26 |
| Lee County | 275 | 342 | -67 |
| Ogle County | <u>538</u> | <u>565</u> | <u>-27</u> |
| Total | 1,581 | 1,649 | -68 |

These data from the published inventory of nursing beds indicate that the counties (PSAs) surrounding Manor Court's site will have a surplus of 68 nursing beds in 2018. However, the proposed Manor Court's capacity is intended for use after 2018. Since the IHFSRB inventory does not provide guidance beyond 2018, Laurel Research Associates will use the IHFSRB need methodology and the population data presented in Section III to project bed need requirements for the Liberty Village market areas in 2022. These calculations are contained in Attachment 4 of the Appendix.

- B. Surrounding Counties Nursing Bed Need: In order to estimate nursing care demand in 2022, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the market area are those that actually occur in 2015. However, since the Department of Public Health now has population estimates for Illinois Counties extending to 2025, we will use those estimates and commercially available Scan/US estimates to determine and compare future nursing care bed need in the region. A calculation of bed need for the surrounding PSAs using different population estimates is provided in Attachment 4 of the Appendix and is summarized in Table 9 below:

Table 9-SURROUNDING COUNTIES NURSING BED NEED COMPARISON

| PSA | 2015 Need | 2018 Need | 2022 Need | 2013 Beds | 2022 Add Need |
|-----------------------------|-----------|-----------|-----------|-----------|---------------|
| De Kalb County: | | | | | |
| Published Inventory | 735 | 768 | N/A | 742 | N/A |
| IDPH Population Projections | | | 789 | 742 | 47 |
| Scan/US Software (2022) | | | 910 | 742 | 168 |
| Lee County: | | | | | |
| Published Inventory | 283 | 275 | N/A | 342 | N/A |
| IDPH Population Projections | | | 285 | 342 | -57 |
| Scan/US Software (2022) | | | 296 | 342 | -46 |
| Ogle County: | | | | | |
| Published Inventory | 444 | 538 | N/A | 565 | N/A |
| IDPH Population Projections | | | 569 | 565 | 4 |
| Scan/US Software (2022) | | | 572 | 565 | 7 |
| Total All Counties: | | | | | |
| Published Inventory | 1,462 | 1,581 | N/A | 1,649 | N/A |
| IDPH Projections | | | 1,643 | 1,649 | -6 |
| Scan/US Software (2022) | | | 1,778 | 1,649 | 129 |

Source: IDPH Inventory and Need Determination of Nursing Care Beds (2015) and LRA Bed Need Calculations, Attachment 4 of the Appendix

This comparison of nursing bed need in the vicinity of the proposed new facility reveals not only that the bed need is heavily dependent on the accuracy of population projections, but also that the Scan/us Market Mapping software, being used in this study to predict the demographic characteristics of the new facilities intended market area, is a reasonable substitute for the IDPH population estimates. This substitution is necessary because neither the IHFSRB Inventory and Need Determination nor the IDPH populations estimates provide any guidance for determining the need for nursing care within a 20-mile primary market area surrounding the proposed site of the new facility. It is also interesting to note that all predictions of nursing care need in the surrounding counties are for an increase in the future need for those services.

- C. Primary Market Area (PMA) Demand: In order to estimate nursing care demand in this study's PMA, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the surrounding counties are those that actually occur in 2015. The calculation of the 2022 bed need for the Primary Market Area that was defined as 20-miles from the proposed site of the Liberty Village Campus, applies Scan/US population projections to the IHFSRB need methodology. The detail of this calculation is included in Attachment 4 of the Appendix and the results are summarized below:

CALCULATED FUTURE BED NEED

| <u>PMA</u> | <u>2022 BED NEED</u> | <u>EXISTING BEDS</u> | <u>ADDITIONAL NEED</u> |
|------------|----------------------|----------------------|------------------------|
| 20-Mile | 1,208 | 1,043 | 165 |

The second factor we need to calculate future demand for nursing care with the IHFSRB method is an appropriate use rate. We have chosen the historical use rate of Ogle County as the most likely to represent a use rate for the future Manor Court primary market area. There is an inherent risk introduced in the demand calculation when using a historical factor to predict future behavior. It is by no means certain that the citizens of the study market area will make the same choices regarding long-term care in 2022 that they made in 2013. It has been suggested that nursing care use rates are declining in Illinois because more suitable substitutes for nursing care are now available. There is no evidence in the data to support that simplification. Nursing care use rates vary widely among PSAs and time periods.

The most appropriate way to account for this risk in the demand calculation is to introduce a safety margin. LRA has found that a 100% increase in the demand necessary to support a long-term care facility in Illinois will account for most of the variations caused by uncertainty of the use rate used in the demand calculation. Therefore, we would expect that a demand estimate of double the proposed capacity would indicate adequate support for the facility. In the case of this estimated demand in Manor Court's PMA it is more than double the proposed capacity.

- D. Memory Care Demand: The Liberty Village Campus in Rochelle, Illinois will have a component devoted to the care of those suffering from the effects of Alzheimer's Disease and Related Dementia (ADRD). This type of specialization has become known as "memory care". In order to estimate the number of living units that should be allocated to memory care in the study market area, additional factors must be considered.

Research has shown that the prevalence of Alzheimer's Disease varies mostly with age and increases dramatically at ages above 75. We will use the normally accepted prevalence rates and the demographic data of Attachment 5 to estimate the number of ADRD cases, and their financial qualification for care, that are likely to occur in the study market area. The result of that analysis is contained in Attachment 4 of the Appendix and is summarized in Table 10.

Table 10 - ADRD CASES WITH REQUIRED INCOME

| Age Group | Population | Rate | Cases | With Income |
|-----------|------------|-------|-------|-------------|
| 65-74 | 12,300 | 3.0% | 369 | 73 |
| 75-84 | 6,802 | 18.7% | 1,272 | 252 |
| 85 Plus | 3,225 | 47.2% | 1,522 | 302 |
| Total | 22,327 | | 3,163 | 628 |

Source: Scan/US

Liberty Village of Rochelle is planned for 21 units of memory care at the skilled nursing level. Its management reports that other sister facilities in similar markets as the study market area and having memory care capability, are normally fully occupied. They further report that significant numbers of residents are forced to leave their memory care units because their care needs have exceeded Sheltered Care or Assisted Living capabilities. The Liberty Village management believes that this pattern indicates the need for Memory Care at both Assisted Living and Skilled Nursing levels of care.

Considering the factors enumerated above, LRA made a calculation of the potential market for memory care in the Rochelle market area. The details of those calculations are contained in Attachment 4 of the Appendix and are used in the following table to report the potential market, required capture rate and total inventory penetration rate for the market area. Also considered in compiling Table 10 is the finding by LRA that, in similar projects, approximately half of the identified ADRD cases will be cared for in non-institutional settings such as private homes.

Table 11 - MARKET CAPTURE AND PENETRATION RATES

| Item | Memory Care |
|----------------------------------|-------------|
| Potential Market - 50% of Cases | 1,582 |
| Less Existing Units | 115 |
| Net Need in Market | 1,467 |
| Max Proposed Project Size | 21 |
| Required Capture Rate | 1.43% |
| Total Inventory Penetration Rate | 9% |

Source: LRA Market Penetration Calculations

As can be seen in the above table, the proposed project does not represent a significant proportion of the potential market for memory care in the Rochelle Primary Market Area. Also noted, is the small total inventory penetration rate of all the memory care providers in the market. Both of these findings indicate that additional memory care capacity would be readily accepted by the market.

V CONCLUSIONS AND RECOMMENDATIONS

- A. Conclusions: Based on a survey of existing nursing and memory care facilities in the 20-mile circle Primary Market Area of Liberty Village of Rochelle and calculations of potential demand based on IHFSRB nursing bed need methodology, LRA found a future need for additional capacity of long-term care being proposed at the new facility.

LRA also identified a stable and prosperous rural residential and commercial market area for the Rochelle facility. The extent of the market area is defined by the area covered by a 20-mile circle from the proposed site. LRA's demographic study conducted by use of Scan/US Market Mapping Software indicated continued stability and aging of the market area population over the next five years. This finding was confirmed by population projections recently issued by the Illinois Department of Public Health. Although, the selected market area of the proposed Liberty Village facility is currently served by a sizeable long-term care industry, the need analysis conducted here indicates that still more senior services will be required in the future.

The LRA analysis of the existing long-term care industry in the study PMA found an ageing group of existing facilities that barely meets the current needs of the PMA and is poorly positioned for future requirements. This was especially true in the immediate vicinity of Rochelle, where two facilities that are more than 35 years old, are predominately occupied by patients diagnosed with Mental Illness, and are ill equipped to provide home-like living conditions or rehabilitative services.

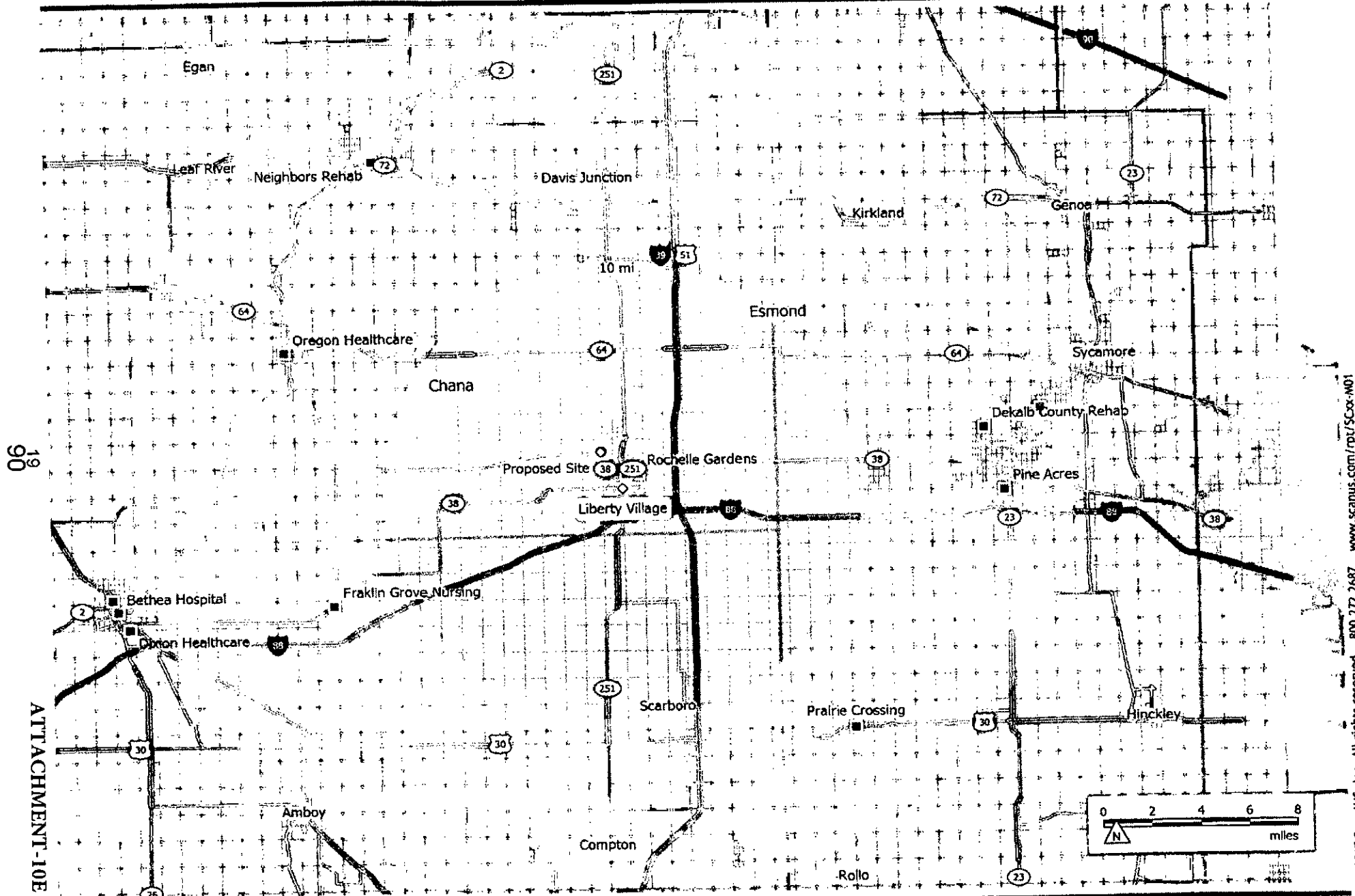
Since the population of the study market area is ageing rapidly, LRA predicts that demand for skilled nursing beds in the three counties surrounding this project's primary market area could increase nearly 200 by 2022. We project that those changes will leave the PMA underserved by about 165 beds. Similarly, we believe that current trends in long-term care such as memory care and shorter stays for rehabilitation will require more modern facilities than most of those currently existing in the PMA. The proposed project is well conceived to satisfy these needs.

- B. Recommendation: Based on the findings of this Market Study, it is recommended that the proposed development of Skilled Nursing Care capacity at the Liberty Village of Rochelle, Illinois be pursued. Because of the indicators revealed by this study, an addition to nursing care services in the project's PMA is recommended as soon as possible.

VI APPENDIX

- Attachment 1: Map of Market Area (With Location of Existing Facilities) & Google Site Map
- Attachment 2: Floor Plans of the Proposed Facility
- Attachment 3: Existing Inventory Details
- Attachment 4: Supply/Demand/Need Calculations
- Attachment 5: Alzheimer's Association: 2017 Alzheimer's Disease Facts and Figures
- Attachment 6: Scan/US Demographic Study

Attachment 1: Map of Market Area (With Location of Existing Facilities) & Google Site Map



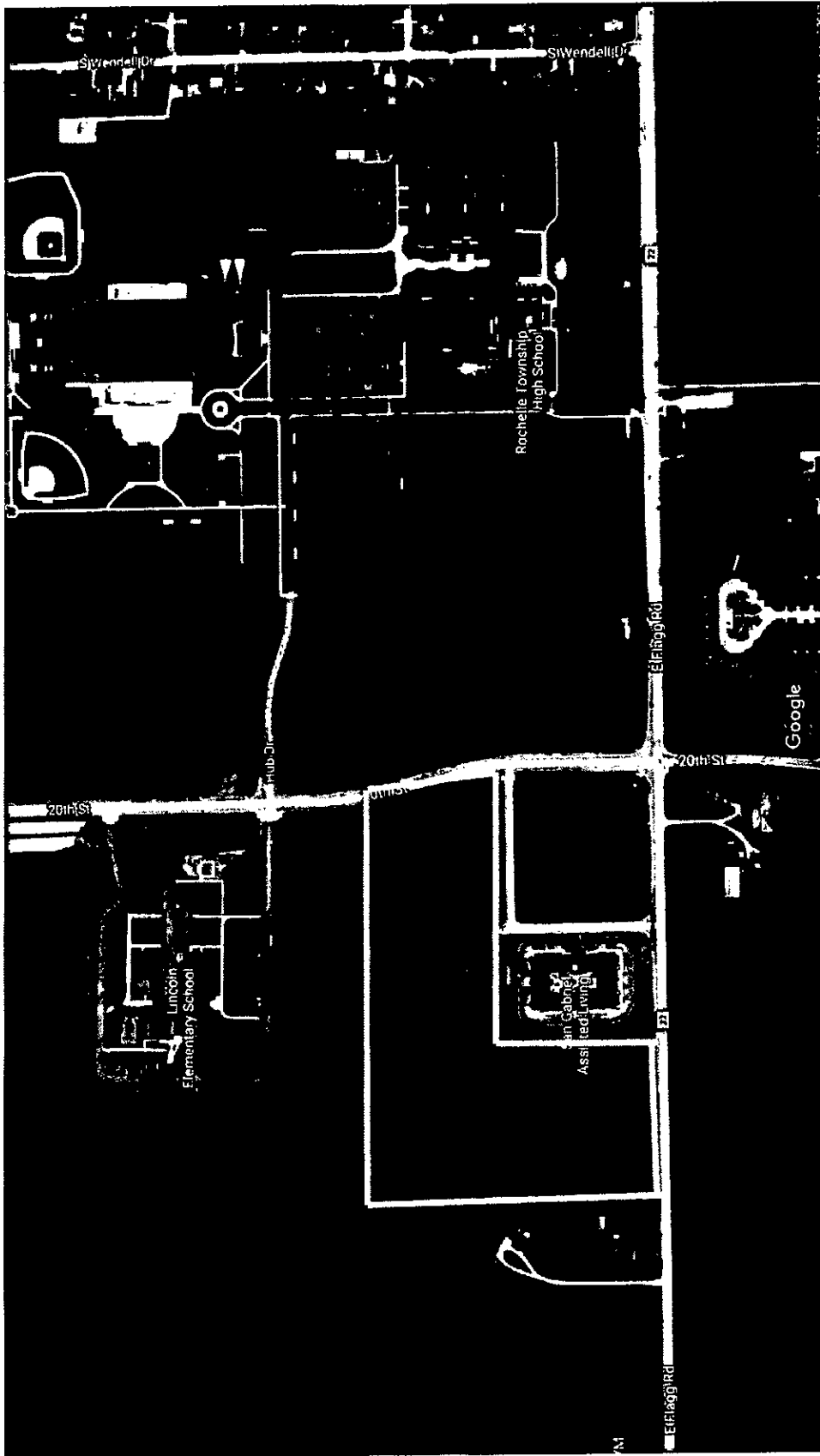
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ATTACHMENT-10E

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Manor Court of Rochelle
Proposed Site

updates built in



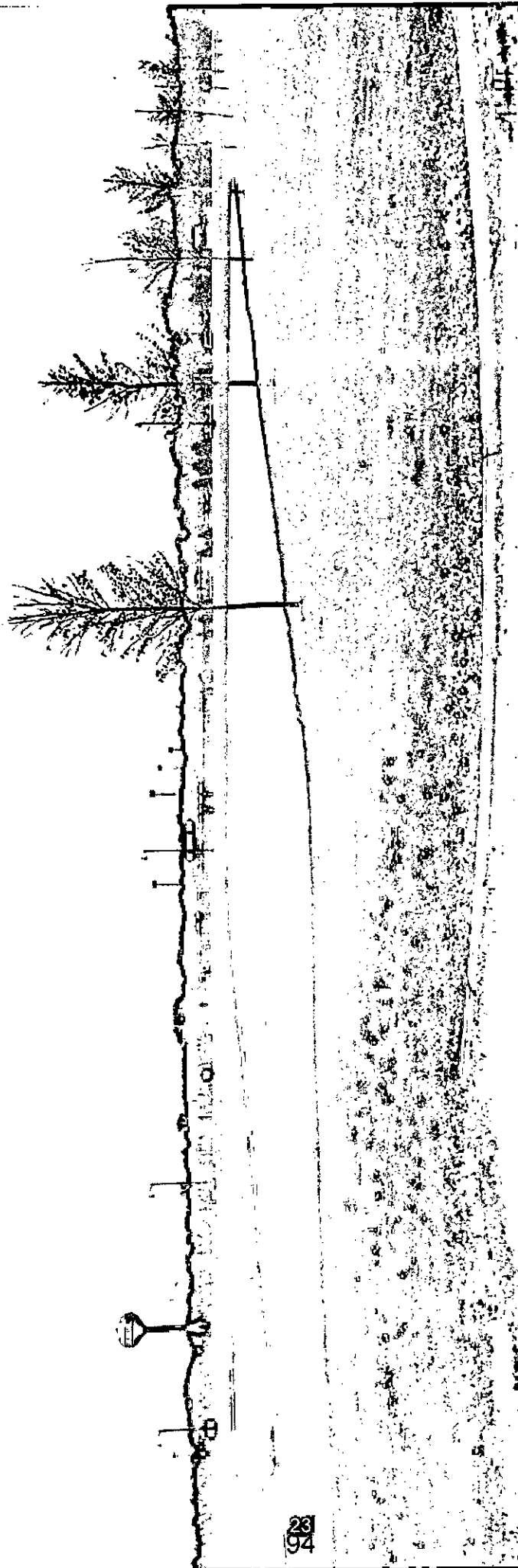
Rochelle site facing west



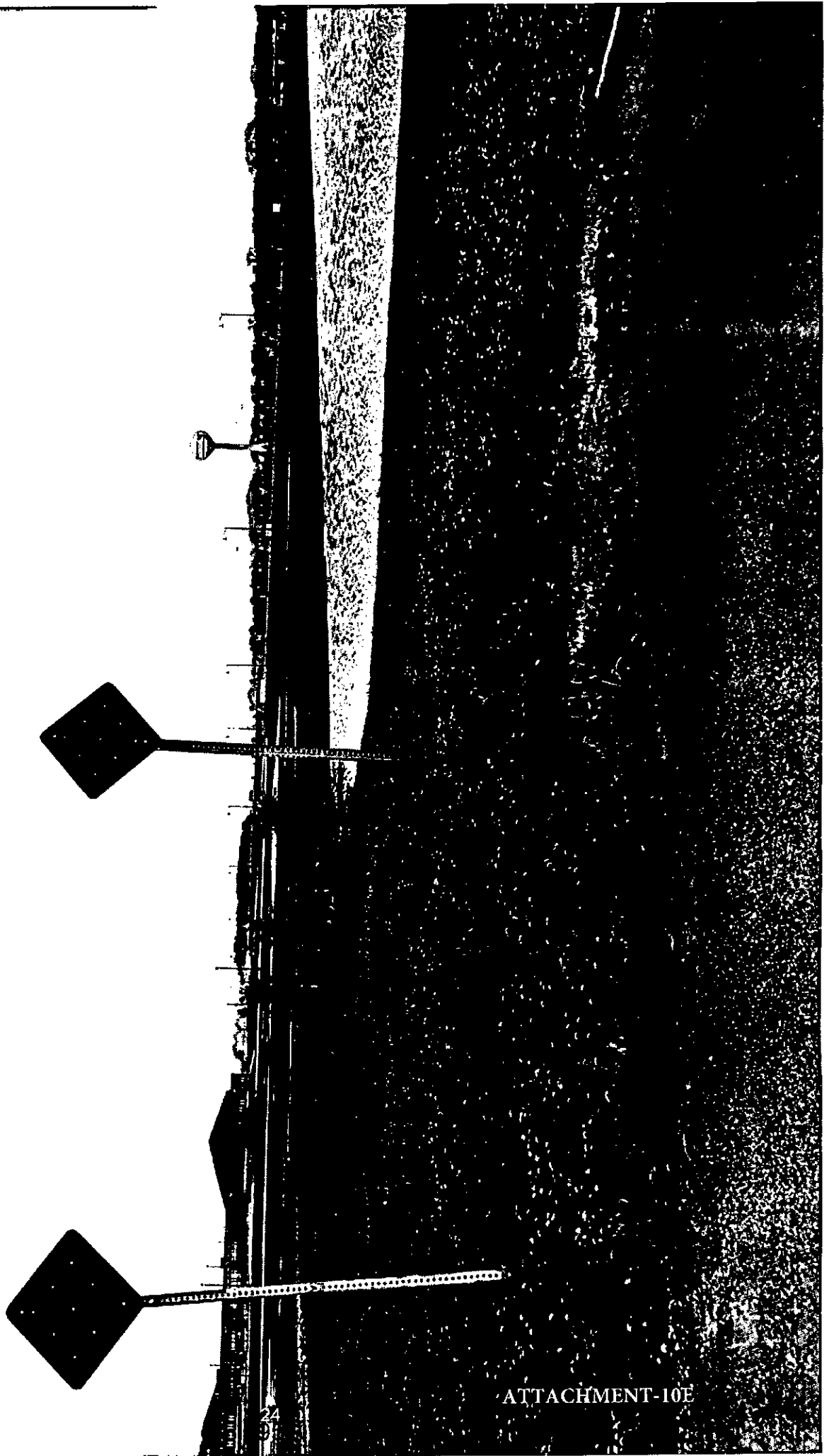
Rochelle site facing northwest - elementary school in picture



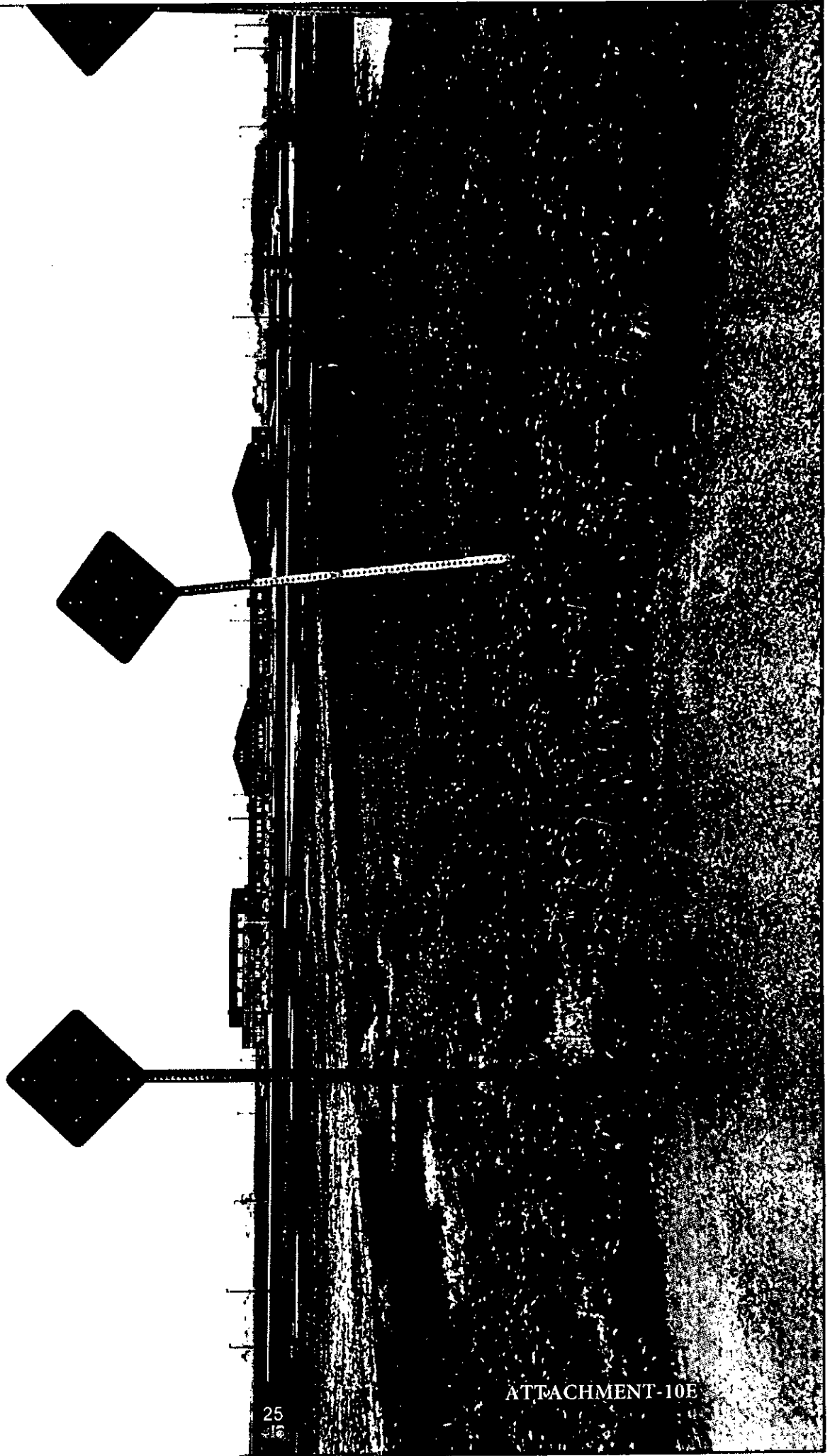
Rochelle site facing northeast to include pond



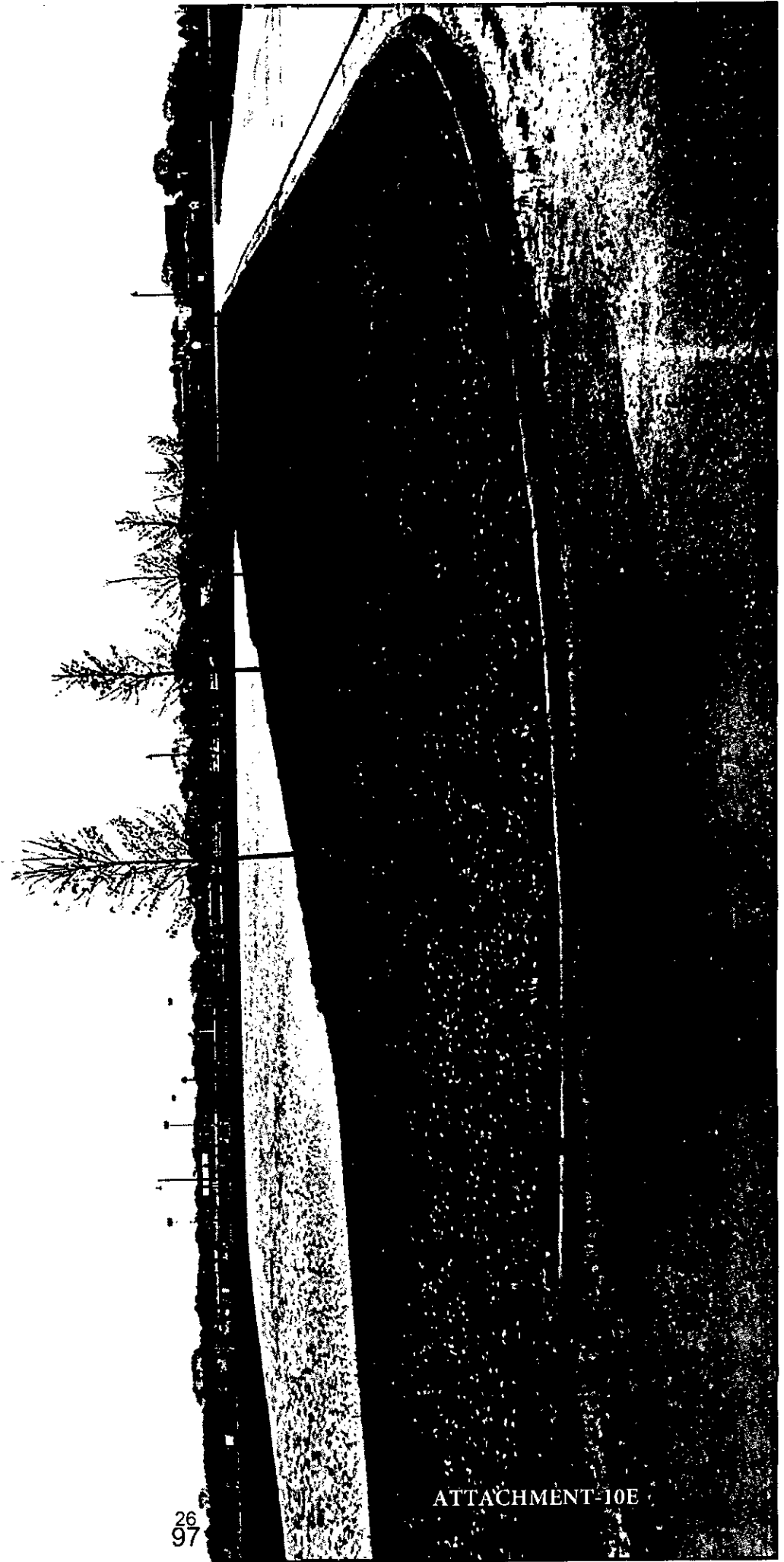
Rochelle site facing northeast to elementary school with pond to east



Rochelle site facing north - towards elementary school



Rochelle site facing east - pond



Attachment 2: Floor Plans of the Proposed Facility

Attachment 3: Existing Inventory Details

Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|---|---------------|------------------|------------------|---------------|
| <i>Rochelle Rehabilitation and Health Center 900 North 3rd Street Rochelle, IL 61068 https://www.petersenhealthcare.net/rochelle/</i> | 50 | Double | \$155/day | 80% |

Phone: (815) 562-4111

Contact: Rachel Burton

Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Physical therapy, occupational therapy, speech, oxygen services, x-ray, podiatry, wound care, therapeutic meals, 24-hour pharmacy, 24-hour laboratory, medical supplies, transportation, social programs, beauty/barber salon, religious services, lunch outings, parties/events, scenic rides, music, outings, visitation to hospitals, cookouts, holiday parties, exercise programs, and patio.

Condition: The facility is an older facility.

Comments: This is a Petersen Health Care facility. It does not have a Memory Care or dementia program, but they will accept dementia patients. There is not a waitlist. This facility is located directly across from the Rochelle Community Hospital.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|---|---------------------------------|-----------|-----------|--------|
| <i>Rochelle Gardens</i> 1021 North Caron Road Rochelle, IL 61068 http://www.petersenhealthcare.net/rochelle-gardens/ | 74 licensed – 66 in facility | Single | \$185/day | 80% |
| | | Double | \$161/day | |

Phone: (815) 562-4047

Contact: Margarita Cornejo

Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: MUST have a mental health diagnosis to be at this facility. Restorative care, diabetic care, hospice care, 24-hour pharmacy, 24-hour laboratory, podiatrist, audiology, dentist, respite care, psycho-social activities, physical therapy, occupational therapy, speech, religious services, lunch outings, resident council, parties, scenic rides, music, senior citizen outings, hospital visits, cookouts, beauty/barber shop, shopping trips, holiday parties, van transportation, exercise programs, and picnic tables.

Condition: The facility is an older facility.

Comments: This is a Petersen Health Care facility. It does not have a Memory Care or dementia program, but they will accept dementia patients with a mental health diagnosis.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|--|---------------|------------------|------------------|---------------|
| <i>Franklin Grove Nursing Center</i> | 132 | Single | \$195/day | 100% |
| <i>502 North State Street</i> | | | | |
| <i>Franklin Grove, IL 61031</i> | | Double | \$170/day | 80% |
| <i>http://www.franklingrovelivingandrehab.com</i> | | | | |

Phone: (815) 456-2374

Contact: Dannette

Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and satellite TV.

Unit Amenities: bed, dresser, TV

Project Amenities: Short-term rehabilitation; long-term rehabilitation; private Medicare suites with electric beds, flat screen televisions, and refrigerators; rain spa shower with whirlpool; full-service therapy; guest computers; wound care; respite care; skilled care; hospice care; salon services – manicures, pedicures, massages, and facials; menu dining; social activities; bus or van transportation; walking path; concierge; financial guidance; beauty/barber services; and private dining.

Condition: The facility is nice and well maintained.

Comments: This facility does not have a Memory Care program. It does not have any single or private rooms available.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|--|---------------|------------------|------------------|---------------|
| <i>DeKalb County Rehabilitation and Nursing</i> | 190 | Dementia Care | \$216/day | 100% |
| <i>2600 N. Annie Glidden Road</i> | | Skilled Nursing | \$204/day | 90% |
| <i>DeKalb, IL 60115</i> | | | | |
| <i>http://dekalbcounty.org/rnc/</i> | | | | |

Phone: (815) 758-2477

Contact: Lori

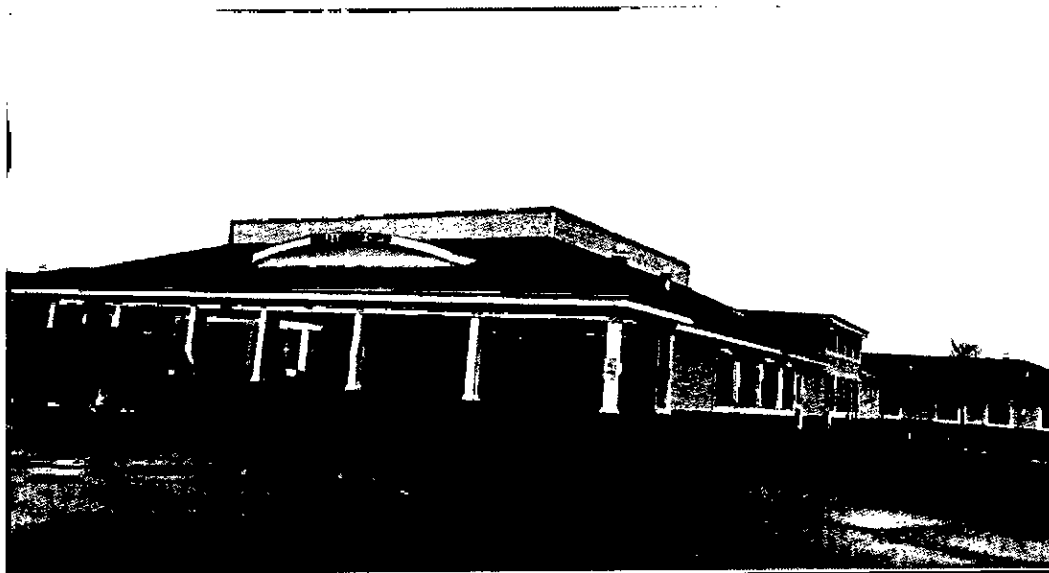
Utilities: Meals, housekeeping, laundry, phone, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Activities program, gym, ice cream parlor, rehabilitation, dementia, gift shop, beauty/barber shop, outdoor courtyards, central gazebos, Wii gaming system, and outdoor walking trail

Condition: The facility looks clean and well-kept.

Comments: This facility is owned and operated by DeKalb County. It is located on the county campus of facilities including the DeKalb County Health Department, Community Outreach, and Multipurpose room. They have semi-private rooms for patients and private rooms available for medical isolation, hospice, or behavioral issues. They currently have a waitlist for the Dementia unit and are almost full for the skilled nursing.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|--|---------------|------------------|------------------|-------------------------------|
| <i>Pine Acres Care Center</i> <i>1212 South Second Street</i> <i>DeKalb, IL 60115</i> <i>http://pineacresdekalb.com</i> | 119 | Memory Care | \$219/day | 100% |
| | | Single | \$230/day | Waitlist |
| | | Double | \$203/day | 85% for skilled nursing |
| | | Triple | \$199/day | |

Phone: (815) 758-8151

Contact: Connie

Utilities: Meals, housekeeping, laundry, phone, internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Therapy gym, physical therapy, occupational therapy, speech, medication management, pain management, wound care, infusion therapy, pstomy care, diabetic care, respiratory care, dementia care, patio and gardens, pet therapy, dental, activities.

Condition: The facility is an older facility with a green, metal roof. It is right next to a playground, soccer field, and empty lot.

Comments: They do not have any openings in the dementia unit, but they have a waitlist.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|---|---------------|------------------|------------------|---------------|
| <i>Oregon Healthcare Center 811 South 10th Street Oregon, IL 61061 http://www.oregonlivingandrehab.com</i> | 104 | Single | \$175/day | 100% |
| | | Double | \$165/day | 70% |

Phone: (815) 732-7994

Contact: Tammy in Admissions

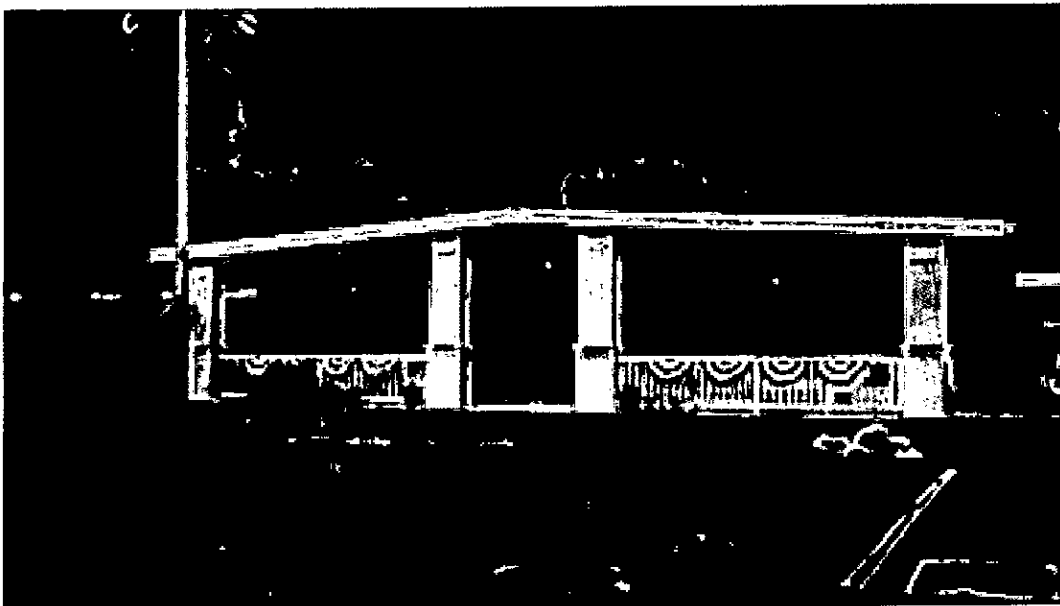
Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable TV.

Unit Amenities: electric bed, dresser, TV

Project Amenities: Respite care, cardiac therapy, IV therapy, enteral feeding, dementia care, physician services, physical therapy, occupational therapy, speech, optometry, dental, podiatry, activities, hospice, and wound care.

Condition: The facility is nice and well maintained.

Comments: This facility does have a dementia/wandering component. It does have a waitlist for this program.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|---|----------------|-----------|-----------|--------|
| <i>Generations at Neighbors Rehabilitation & Skilled Nursing</i> 811 West 2nd Street Byron, IL 61010 http://generationsneighbors.com | 131 | Single | \$225/day | 100% |
| | licensed; | Double | \$185/day | 90% |
| | 101 guest beds | | | |

Phone: (815) 234-2511

Contact: Amanda in Admissions

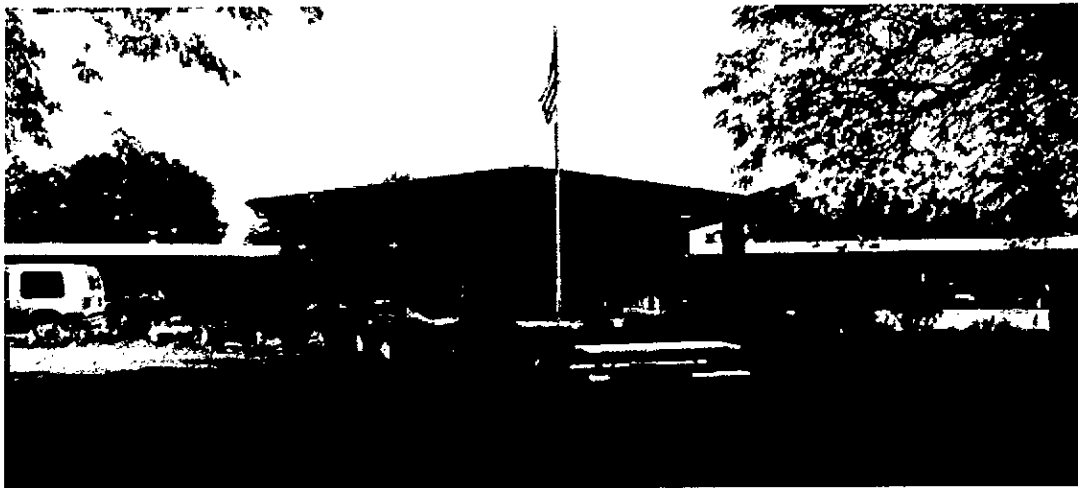
Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable TV.

Unit Amenities: electric bed, dresser, TV

Project Amenities: Rehabilitative services, physical therapy, occupational therapy, speech, stroke care, Memory Care – certified Alzheimer’s unit, parenteral nutrition care, wound care, IV therapy, respiratory care, tracheotomy, oxygen therapy, social services, palliative/hospice care, pain management, and convenience center.

Condition: The facility is nice and well maintained.

Comments: This facility does have a certified Alzheimer’s Unit. It does have a waitlist for private rooms.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|--|---------------|--------------------|------------------|---------------|
| <i>Prairie Crossing Living & Rehabilitation</i> 409 W. Comanche Avenue Shabbona, IL 60550 http://www.prairiecrossing.net | 91 | Memory Care Single | \$200/day | 80% |
| | | Memory Care Double | \$195/day | |
| | | Single | \$200/day | |
| | | Double | \$165/day | |

Phone: (815) 824-2194

Contact: Debbie

Utilities: Meals, housekeeping, laundry, phone, WiFi internet, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Short-term rehabilitation, long-term rehabilitation, respite care, licensed Memory Care, podiatry, physician services, psychiatry, optometry, x-ray, laboratory, wound care, hospice, physical therapy, occupational therapy, speech, guest computers, transportation services, enclosed courtyard.

Condition: The facility is an older facility and is u-shaped.

Comments: This facility has a certified and secure Memory Care program. There is not a waitlist.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|---|--------------------------------|------------------|------------------|---------------|
| <i>Bethany Health Care and Rehabilitation</i> 3298 Resource Parkway DeKalb, IL 60115 http://www.bethanynursingrehab.com | 90 licensed, 83 in facility | Single | \$220/day | 100% |
| | | Double | \$212/day | 100% |

Phone: (815) 756-5526

Contact: Lindsay

Utilities: Meals, housekeeping, laundry, phone, WiFi, and cable.

Unit Amenities: bed, dresser, TV

Project Amenities: Activities program, Physical therapy, Occupational therapy, speech, advanced wound care, IV therapy, Total parenteral nutrition, Peritoneal dialysis, pulmonary care, tracheostomy care, infectious disease care, pain management, restorative nursing, hospice, respite care, nutrition management, post-surgical treatment, Jacuzzi with aromatherapy, coffee bar, beauty/barber shop

Condition: The facility looks clean and maintained.

Comments: This facility is owned and operated by Tutera. They do not have a dementia unit, but they do accept patients with mild/moderate dementia. They have private and semi-private rooms for patients, but they do not have any long-term openings. They currently have a waitlist.



Comparable Property Details

| Development Name and Address | # Beds | Unit Type | Avg. Cost | Occ. % |
|--|---------------|-----------------------|------------------|---------------|
| <i>Oak Crest DeKalb Area Retirement Center 2944 Greenwood Acres Drive DeKalb, IL 60115 http://www.oakcrestdekalb.org</i> | 80 | Single, private suite | \$211/day | 90% |

Phone: (815) 756-8461

Contact: Sharon Cox

Utilities: Meals, housekeeping, laundry, phone, and cable. Internet not included.

Unit Amenities: bring your own furnishings

Project Amenities: Health center, Gazebo, walking path, 80 private suites, neighborhood concept with a family room and patio, dining – restaurant or catering, health/wellness program, fitness center, personal trainers, educational programs, music and art programs, social and cultural activities program, dance floor, café, chapel, library, convenience store, ceramics/craft programs, beauty/barber salon, community kitchen, on-site banking, computer lab with internet access, postal services, gardens, stocked fishing ponds, and transportation.

Condition: The facility looks very well maintained. This is an impressive facility with deluxe offerings.

Comments: They do not have a dementia unit, but they do accept patients with mild/moderate dementia. They have private suites for patients and they do have long-term openings.



Attachment 4: Supply/Demand/Need Calculations

PA -Ogle - With Scan/US 2022 Projection

| AGE GR | RES % | PT DAYS | POP 2013 |
|--------|-------|---------|----------|
| 00-64 | 13.8% | 20760 | 43.6 |
| 65-74 | 15.1% | 22685 | 5.1 |
| 75 YR+ | 71.1% | 106868 | 3.7 |
| | 1 | 150313 | 52.4 |

| AREA USE |
|----------|
| 476.1 |
| 4448.0 |
| 28883.2 |

PA -Ogle - With Scan/US 2022 Projection

| AGE GR | MIN | AREA USE | MAX |
|--------|---------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 |
| 65-74 | 2043.7 | 4448 | 5449.9 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 |

| Scan/US | | |
|----------|----------|---------|
| PROJ USE | POP 2022 | PROJ PD |
| 476.1 | 38.7 | 18425 |
| 4448 | 5.6 | 24909 |
| 28883.2 | 5.0 | 144416 |
| Total | 49.3 | 187750 |
| BED NEED | EX BEDS | NEED |
| 572 | 565 | 7 |

| PLAN PD | AVG CENS | OCC | FACT |
|---------|----------|-----|------|
| 187750 | 514.4 | 90% | |

Rochelle, IL - 10-Mile Market Area - Scan/US 2017

| AGE GR | RES % | PT DAYS | POP 2013 |
|--------|-------|---------|----------|
| 00-64 | 13.8% | 20760 | 43.6 |
| 65-74 | 15.1% | 22685 | 5.1 |
| 75 YR+ | 71.1% | 106868 | 3.7 |
| | 1 | 150313 | 52.4 |

| AREA USE |
|----------|
| 476.1 |
| 4448.0 |
| 28883.2 |

Rochelle, IL - 10-Mile Market Area - Scan/US 2017

| AGE GR | MIN | AREA USE | MAX |
|--------|---------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 |
| 65-74 | 2043.7 | 4448 | 5449.9 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 |

| Scan/US | | |
|----------|----------|---------|
| PROJ USE | POP 2017 | PROJ PD |
| 476.1 | 15.5 | 7380 |
| 4448 | 1.6 | 7117 |
| 28883.2 | 1.4 | 40436 |
| Total | 18.5 | 54933 |
| BED NEED | EX BEDS | NEED |
| 167 | 124 | 43 |

| PLAN PD | AVG CENS | OCC | FACT |
|---------|----------|-----|------|
| 54933 | 150.5 | 90% | |

Rochelle, IL - 10-Mile Market Area - Scan/US 2022

| AGE GR | RES % | PT DAYS | POP 2013 |
|--------|-------|---------|----------|
| 00-64 | 13.8% | 20760 | 43.6 |
| 65-74 | 15.1% | 22685 | 5.1 |
| 75 YR+ | 71.1% | 106868 | 3.7 |
| | 1 | 150313 | 52.4 |

| AREA USE |
|----------|
| 476.1 |
| 4448.0 |
| 28883.2 |

Rochelle, IL - 10-Mile Market Area - Scan/US 2022

| AGE GR | MIN | AREA USE | MAX |
|--------|---------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 |
| 65-74 | 2043.7 | 4448 | 5449.9 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 |

| Scan/US | | |
|----------|----------|---------|
| PROJ USE | POP 2022 | PROJ PD |
| 476.1 | 14.3 | 6808 |
| 4448 | 1.8 | 8006 |
| 28883.2 | 1.7 | 49101 |
| Total | 17.8 | 63915 |
| BED NEED | EX BEDS | NEED |
| 195 | 124 | 71 |

| PLAN PD | AVG CENS | OCC | FACT |
|---------|----------|-----|------|
| 63915 | 175.1 | 90% | |

Rochelle, IL - 20-Mile Market Area - Scan/US 2022

| AGE GR | RES % | PT DAYS | POP 2013 |
|--------|-------|---------|----------|
| 00-64 | 13.8% | 20760 | 43.6 |
| 65-74 | 15.1% | 22685 | 5.1 |
| 75 YR+ | 71.1% | 106868 | 3.7 |
| | 1 | 150313 | 52.4 |

| AREA USE |
|----------|
| 476.1 |
| 4448.0 |
| 28883.2 |

Rochelle, IL - 20-Mile Market Area - Scan/US 2022

| AGE GR | MIN | AREA USE | MAX |
|--------|---------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 |
| 65-74 | 2043.7 | 4448 | 5449.9 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 |

| Scan/US | | |
|----------|----------|---------|
| PROJ USE | POP 2022 | PROJ PD |
| 476.1 | 111.7 | 53180 |
| 4448 | 12.3 | 54710 |
| 28883.2 | 10.0 | 288832 |
| Total | 134.0 | 396722 |
| BED NEED | EX BEDS | NEED |
| 1208 | 1043 | 165 |

| PLAN PD | AVG CENS | OCC | FACT |
|---------|----------|-----|------|
| 396722 | 1086.9 | 90% | |

DeKalb County Bed Need

PA -DeKalb - Published Inventory

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|----------|---------|----------|----------|
| 00-64 | 16911.8% | 15914 | 93.2 | 170.8 |
| 65-74 | 26847.0% | 25263 | 6.0 | 4210.5 |
| 75 YR+ | ***** | 182594 | 4.9 | 37264.1 |
| | T/B | 223771 | 104.1 | |

PA -DeKalb - Published Inventory

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2018 | PROJ PD |
|---------|---------|----------|----------|----------|----------|---------|
| 00-64 | 259.1 | 170.8 | 691.0 | 259.1 | 104.0 | 26946 |
| 65-74 | 2043.7 | 4210.5 | 5449.9 | 4210.5 | 7.5 | 31579 |
| 75 YR+ | 15193.9 | 37264.1 | 40517.1 | 37264.1 | 5.2 | 193773 |
| | | | | Total | | 252298 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 252298 | | 691.2 | 90% | 768 | 742 | 26 |

PA -DeKalb - 2020 IDPH Population Projection

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|----------|---------|----------|----------|
| 00-64 | 16911.8% | 15914 | 93.2 | 170.8 |
| 65-74 | 26847.0% | 25263 | 6.0 | 4210.5 |
| 75 YR+ | ***** | 182594 | 4.9 | 37264.1 |
| | T/B | 223771 | 104.1 | |

PA -DeKalb - 2020 IDPH Population Projection

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2020 | PROJ PD |
|---------|---------|----------|----------|----------|----------|---------|
| 00-64 | 259.1 | 170.8 | 691.0 | 259.1 | 106.3 | 27542 |
| 65-74 | 2043.7 | 4210.5 | 5449.9 | 4210.5 | 8.1 | 34105 |
| 75 YR+ | 15193.9 | 37264.1 | 40517.1 | 37264.1 | 5.3 | 197500 |
| | | | | Total | 119.7 | 259147 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 259147 | | 710 | 90% | 789 | 742 | 47 |

PA -DeKalb --Scan/US 2022 Estimate

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|----------|---------|----------|----------|
| 00-64 | 16911.8% | 15914 | 93.2 | 170.8 |
| 65-74 | 26847.0% | 25263 | 6.0 | 4210.5 |
| 75 YR+ | ***** | 182594 | 4.9 | 37264.1 |
| | T/B | 223771 | 104.1 | |

PA -DeKalb --Scan/US 2022 Estimate

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2022 | PROJ PD |
|---------|---------|----------|----------|----------|----------|---------|
| 00-64 | 259.1 | 170.8 | 691.0 | 259.1 | 87.5 | 22671 |
| 65-74 | 2043.7 | 4210.5 | 5449.9 | 4210.5 | 8.1 | 34105 |
| 75 YR+ | 15193.9 | 37264.1 | 40517.1 | 37264.1 | 6.5 | 242217 |
| | | | | Total | 102.1 | 298993 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 298993 | | 819.2 | 90% | 910 | 742 | 168 |

LEE COUNTY BED NEED

PA -Lee- Published Inventory

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 7.8% | 6675 | 29.4 | 227.0 |
| 65-74 | 10.6% | 9125 | 3.3 | 2765.2 |
| 75 YR+ | 81.6% | 69918 | 2.7 | 25895.6 |
| | 1 | 85718 | 35.4 | |

PA -Lee- Published Inventory

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2018 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 227 | 691.0 | 259.1 | 29.4 | 7618 |
| 65-74 | 2043.7 | 2765.2 | 5449.9 | 2765.2 | 3.7 | 10231 |
| 75 YR+ | 15193.9 | 25895.6 | 40517.1 | 25895.6 | 2.8 | 72508 |

| PLAN PD | AVG CENS | OCC FACT |
|---------|----------|----------|
| 90357 | 247.6 | 90% |

| BED NEED | EX BEDS | NEED |
|----------|---------|------|
| 275 | 342 | -67 |

PA -LEE- 2020 IDPH Estimate

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 7.8% | 6675 | 29.4 | 227.0 |
| 65-74 | 10.6% | 9125 | 3.3 | 2765.2 |
| 75 YR+ | 81.6% | 69918 | 2.7 | 25895.6 |
| | 1 | 85718 | 35.4 | |

PA -LEE- 2020 IDPH Estimate

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2020 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 227 | 691.0 | 259.1 | 29.2 | 7566 |
| 65-74 | 2043.7 | 2765.2 | 5449.9 | 2765.2 | 4.0 | 11061 |
| 75 YR+ | 15193.9 | 25895.6 | 40517.1 | 25895.6 | 2.9 | 75097 |
| | | | | TOTAL | 36.1 | 93724 |

| PLAN PD | AVG CENS | OCC FACT |
|---------|----------|----------|
| 93724 | 256.8 | 90% |

| BED NEED | EX BEDS | NEED |
|----------|---------|------|
| 285 | 342 | -57 |

PA -LEE- Scan/US 2022 Projection

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 7.8% | 6675 | 29.4 | 227.0 |
| 65-74 | 10.6% | 9125 | 3.3 | 2765.2 |
| 75 YR+ | 81.6% | 69918 | 2.7 | 25895.6 |
| | 1 | 85718 | 35.4 | |

PA -LEE- Scan/US 2022 Projection

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2022 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 227 | 691.0 | 259.1 | 25.9 | 6711 |
| 65-74 | 2043.7 | 2765.2 | 5449.9 | 2765.2 | 3.7 | 10231 |
| 75 YR+ | 15193.9 | 25895.6 | 40517.1 | 25895.6 | 3.1 | 80276 |
| | | | | TOTAL | 32.7 | 97218 |

| PLAN PD | AVG CENS | OCC FACT |
|---------|----------|----------|
| 97218 | 266.4 | 90% |

| BED NEED | EX BEDS | NEED |
|----------|---------|------|
| 296 | 342 | -46 |

Ogle County Bed Need

PA -Ogle - Published Inventory

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 13.8% | 20760 | 43.6 | 476.1 |
| 65-74 | 15.1% | 22685 | 5.1 | 4448.0 |
| 75 YR+ | 71.1% | 106868 | 3.7 | 28883.2 |
| | 1 | 150313 | 52.4 | |

PA -Ogle - Published Inventory

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2018 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 | 476.1 | 43.8 | 20853 |
| 65-74 | 2043.7 | 4448 | 5449.9 | 4448 | 5.8 | 25798 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 | 28883.2 | 4.5 | 129974 |

| PLAN PD | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
|---------|----------|----------|----------|---------|------|
| 176625 | 483.9 | 90% | 538 | 565 | -27 |

PA -Ogle - With IDPH 2020 Estimate

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 13.8% | 20760 | 43.6 | 476.1 |
| 65-74 | 15.1% | 22685 | 5.1 | 4448.0 |
| 75 YR+ | 71.1% | 106868 | 3.7 | 28883.2 |
| | 1 | 150313 | 52.4 | |

PA -Ogle - With IDPH 2020 Estimate

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2020 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 | 476.1 | 43.4 | 20663 |
| 65-74 | 2043.7 | 4448 | 5449.9 | 4448 | 6.2 | 27578 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 | 28883.2 | 4.8 | 138639 |
| | | | | Total | 54.4 | 186880 |

| PLAN PD | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
|---------|----------|----------|----------|---------|------|
| 186880 | 512 | 90% | 569 | 565 | 4 |

PA -Ogle - With Scan/US 2022 Projection

| AGE GR | RES % | PT DAYS | POP 2013 | AREA USE |
|--------|-------|---------|----------|----------|
| 00-64 | 13.8% | 20760 | 43.6 | 476.1 |
| 65-74 | 15.1% | 22685 | 5.1 | 4448.0 |
| 75 YR+ | 71.1% | 106868 | 3.7 | 28883.2 |
| | 1 | 150313 | 52.4 | |

PA -Ogle - With Scan/US 2022 Projection

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2022 | PROJ PD |
|--------|---------|----------|---------|----------|----------|---------|
| 00-64 | 259.1 | 476.1 | 691.0 | 476.1 | 38.7 | 18425 |
| 65-74 | 2043.7 | 4448 | 5449.9 | 4448 | 5.6 | 24909 |
| 75 YR+ | 15193.9 | 28883.2 | 40517.1 | 28883.2 | 5.0 | 144416 |
| | | | | Total | 49.3 | 187750 |

| PLAN PD | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
|---------|----------|----------|----------|---------|------|
| 187750 | 514.4 | 90% | 572 | 565 | 7 |

SKILLED NURSING MEMORY CARE NEED CALCULATION

Liberty Village of Rochelle

2022

| | | | | |
|-------------------------|--------------|---------------------|---------------------------|----------------|
| POPULATION DATA: | | INCOME DATA: | Over 65 Households | 14975 |
| | | \$/YR | HOUSE | % |
| 65-74 | 12300 | 0-10000 | 708 | 4.7% |
| 75-84 | 6802 | 10000-20000 | 995 | 6.6% |
| 85+ | 3225 | 20000-30000 | 1615 | 10.8% |
| | | 30000-40000 | 1010 | 6.7% |
| TOTAL | 22327 | 40000-50000 | 1194 | 8.0% |
| | | 50000-60000 | 1295 | 8.6% |
| | | 60000-75000 | 1900 | 12.7% |
| | | 75000-100000 | 2463 | 16.4% |
| | | 100000-125000 | 1362 | 9.1% |
| | | 125000-150000 | 831 | 5.5% |
| | | 150000-200000 | 1001 | 6.7% |
| | | 200000+ | 601 | 4.0% |
| | | TOTAL | 14975 | 100.00% |

ALZHEIMER'S NEED:

| | | | |
|--------------------------------------|---|-------------------------|------------------|
| | | THRESHOLD INCOME | \$106,667 |
| | CASE DISTRIBUTION BY HOUSEHOLD INCOME: | | 22.9% |
| AGE GRP. | POPULATION I | PREV. | CASES |
| 65-74 | 12300 | 3.0% | 369 |
| 75-84 | 6802 | 18.7% | 1272 |
| 85+ | 3225 | 47.2% | 1522 |
| TOTAL | 22327 | | 3163 |
| PROPOSED CAPACITY | | | 21 |
| CAPACITY FILLED BY PMA (100%) | | | 21 |
| REQUIRED CAPTURE RATE | | 1.43% | 3.35% |

45
116

SKILLED NURSING MEMORY CARE NEED CALCULATION
 Liberty Village of Rochelle 2022

INVENTORY:

| TYPE | EXISTING | | PROPOSED | |
|---------------------------|-------------|----------|-------------|------------|
| | Private Pay | Medicaid | Private Pay | Medicaid |
| Shelter | 0 | | | |
| Supportive | 0 | 0 | | |
| Nursing SCU | 88 | 0 | | |
| Asst. Liv. | 27 | | | |
| Liberty Village | | | 21 | 0 |
| TOTAL | 115 | 0 | 21 | 0 |
| TOTAL AFFORDABLE: | | 0 | | |
| TOTAL MARKET RATE: | | | 136 | |
| TOTAL INVENTORY: | | | | 136 |

MARKET PENETRATION OF TOTAL INVENTORY:

| | Private Pay |
|---------------------------------|--------------|
| POTENTIAL MARKET: | 1582 |
| Income Qualified | 628 |
| LESS CURRENT: | 115 |
| NET NEED: | 1467 |
| INVENTORY CAP. | 136 |
| CAPTURE RATE | 1.43% |
| TOTAL MARKET PENETRATION | 9% |

Sheltered:

Assisted:
Pinecrest

Nursing SCU:

46
117

| | |
|----------------|-----------|
| Neighbors | 16 |
| Prairie Cross | 18 |
| De Kalb County | 38 |
| Pine Acres | 16 |
| Total | 88 |

Total 0 Total 27 Total 88

| | | | |
|--------------------|-------------------------------|------------------|------------------------------|
| THRESHOLD INCOME = | \$106,667 | | |
| 50.0% | 22.9% = PERCENT OF HOUSEHOLDS | | |
| CAP. RATE | SN CARE | FIN. ABLE | FOR PRIVATE PAY RATES |
| 0 | 185 | 37 | |
| 0 | 636 | 126 | |
| 0 | 761 | 151 | |
| 0 | 1582 | 314 | 43% |

Attachment 5: Alzheimer's Association: 2017 Alzheimer's Disease Facts and Figures

2017 ALZHEIMER'S DISEASE FACTS AND FIGURES



alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS:

Includes a
Special Report
on the Next
Frontier of
Alzheimer's
Research

Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to nearly double from 48 million to 88 million by 2050.¹³⁵ The baby boom generation has already begun to reach age 65 and beyond,¹³⁶ the age range of greatest risk of Alzheimer's; in fact, the first members of the baby boom generation turned 70 in 2016.

This section reports on the number and proportion of people with Alzheimer's dementia to describe the magnitude of the burden of Alzheimer's on the community and health care system. The prevalence of Alzheimer's dementia refers to the proportion of people in a population who have Alzheimer's dementia at a given point in time. Incidence, the number of new cases per year, is also provided as an estimate of the risk of developing Alzheimer's or other dementias for different age groups. Estimates from selected studies on the number and proportion of people with Alzheimer's or other dementias vary depending on how each study was conducted. Data from several studies are used in this section.

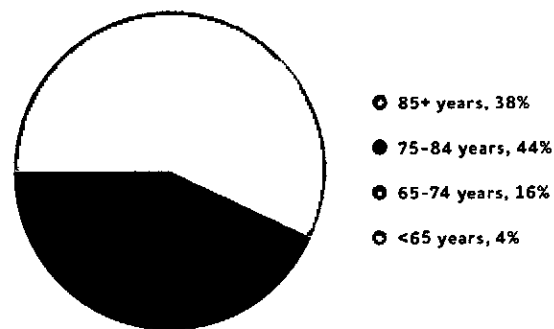
Prevalence of Alzheimer's and Other Dementias in the United States

An estimated 5.5 million Americans of all ages are living with Alzheimer's dementia in 2017. This number includes an estimated 5.3 million people age 65 and older^{A3,31} and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.¹³⁷

- One in 10 people age 65 and older (10 percent) has Alzheimer's dementia.^{A3,31}
- The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia.³¹
- Of people who have Alzheimer's dementia, 82 percent are age 75 or older (Figure 1).^{A4,31}

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2017



Created from data from Hebert et al.^{A4,31}
Percentages do not total 100 because of rounding.

The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.³¹

National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults.^{A5,138-139} Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.¹³⁸

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia. But outside of research settings, only about half of those who would meet the diagnostic criteria for Alzheimer's and other dementias are diagnosed with dementia by a physician.¹⁴⁰⁻¹⁴² Furthermore, as discussed in *2015 Alzheimer's Disease Facts and Figures*, fewer than half of those who have a diagnosis of Alzheimer's or another dementia in their Medicare records (or their caregiver, if the person was too impaired to respond to the survey) report being told of the diagnosis.¹⁴³⁻¹⁴⁶ Because Alzheimer's dementia is underdiagnosed and underreported, a large portion of Americans with Alzheimer's may not know they have it.

The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. But as described in the Overview section (see pages 4-16) and Special Report (see pages 61-68), revised diagnostic guidelines²⁰⁻²³ propose that Alzheimer's disease begins many years before the onset of dementia. More research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the preclinical stage of Alzheimer's disease. However, if Alzheimer's disease could be accurately detected before dementia develops, the number of people reported to have Alzheimer's disease would change to include more than just people who have been diagnosed with Alzheimer's dementia.

Subjective Cognitive Decline

The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's or other dementias as well as MCI.¹⁴⁷⁻¹⁵¹ Subjective cognitive decline does not refer to someone occasionally forgetting their keys or the name of someone they recently met; it refers to more serious issues such as having trouble remembering how to do things one has always done or forgetting things that one would normally know. Not all of those who experience subjective cognitive decline go on to develop MCI or dementia, but many do.¹⁵²⁻¹⁵⁴ According to a recent study, only those who over time consistently reported subjective cognitive decline that they found worrisome were at higher risk for developing Alzheimer's dementia.¹⁵⁵ Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, which included questions on self-perceived confusion and memory loss for people in 33 U.S. states and the District of Columbia, showed that 12 percent of Americans age 45 and older reported subjective cognitive decline, but 56 percent of those who reported it had not consulted a health care professional about it.¹⁵⁶ Individuals concerned about declines in memory and other cognitive abilities should consult a health care professional.

Differences Between Women and Men in the Prevalence of Alzheimer's and Other Dementias

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.^{46,31} Of the 5.3 million people age 65 and older with Alzheimer's in the United States, 3.3 million are women and 2.0 million are men.^{46,31} Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.^{138,157}

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.¹⁵⁸ The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.^{157,159-160} Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia¹⁶¹ have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age. A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.¹⁶⁰ Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

However, researchers have recently begun to revisit the question of whether the risk of Alzheimer's could actually be higher for women at any given age due to biological or genetic variations or differences in life experiences.¹⁶² A large study showed that the APOE-e4 genotype, the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than

in men.¹⁶³⁻¹⁶⁴ It is unknown why this may be the case, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.¹⁶⁵⁻¹⁶⁶ Finally, because low education is a risk factor for dementia,^{80-83,88,161} it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.¹⁶⁷

Racial and Ethnic Differences in the Prevalence of Alzheimer's and Other Dementias

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-Americans and Hispanics are more likely, on a per-capita basis, than older whites to have Alzheimer's or other dementias.¹⁶⁸⁻¹⁷³ A review of many studies by an expert panel concluded that older African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites,¹⁷⁴⁻¹⁷⁵ and Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.^{47,175-177} Currently, there is not enough evidence from population-based cohort studies in which everyone is tested for dementia to estimate the national prevalence of Alzheimer's and other dementias in other racial and ethnic groups. However, a study examining electronic medical records for members of a large health plan in California indicated that dementia incidence — determined by the presence of a dementia diagnosis in one's medical record — was highest in African-Americans, intermediate for Latinos (the term used in the study for those who self-reported as Latino or Hispanic) and whites, and lowest for Asian-Americans.¹⁷⁸

Variations in health, lifestyle and socioeconomic risk factors across racial groups likely account for most of the differences in risk of Alzheimer's and other dementias by race.¹⁷⁹ Despite some evidence that the influence of genetic risk factors on Alzheimer's and other dementias may differ by race,¹⁸⁰⁻¹⁸¹ genetic factors do not appear to account for the large prevalence differences among racial groups.^{179,182}

Instead, health conditions such as cardiovascular disease and diabetes, which are associated with an increased risk for Alzheimer's and other dementias, are believed to account for these differences as they are more prevalent in African-American and Hispanic people.¹⁸³⁻¹⁸⁴ Indeed, vascular dementia accounts for a larger proportion of dementia in African-Americans than in whites.¹⁸¹ Socioeconomic characteristics, including lower levels of education, higher rates of poverty, and greater exposure to early life adversity and discrimination, may also increase risk in African-American and Hispanic communities.¹⁸³⁻¹⁸⁵ Some studies suggest that differences based on race and ethnicity do not persist in rigorous analyses that account for such factors.^{78,138,179}

There is evidence that missed diagnoses of Alzheimer's and other dementias are more common among older African-Americans and Hispanics than among older whites.¹⁸⁶⁻¹⁸⁷ Based on data for Medicare beneficiaries age 65 and older, Alzheimer's or another dementia had been diagnosed in 6.9 percent of whites, 9.4 percent of African-Americans and 11.5 percent of Hispanics.¹⁸⁸ Although rates of diagnosis were higher among African-Americans than among whites, according to prevalence studies that detect all people who have dementia irrespective of their use of the health care system, the rates should be higher (i.e., twice as high as 6.9 percent, which is approximately 13.8 percent).

Estimates of the Number of People with Alzheimer's Dementia by State

Table 4 lists the estimated number of people age 65 and older with Alzheimer's dementia by state for 2017, the projected number for 2025, and the projected percentage change in the number of people with Alzheimer's between 2017 and 2025.^{48,189} Comparable estimates and projections for other types of dementia are not available.

TABLE 4

Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's Dementia by State

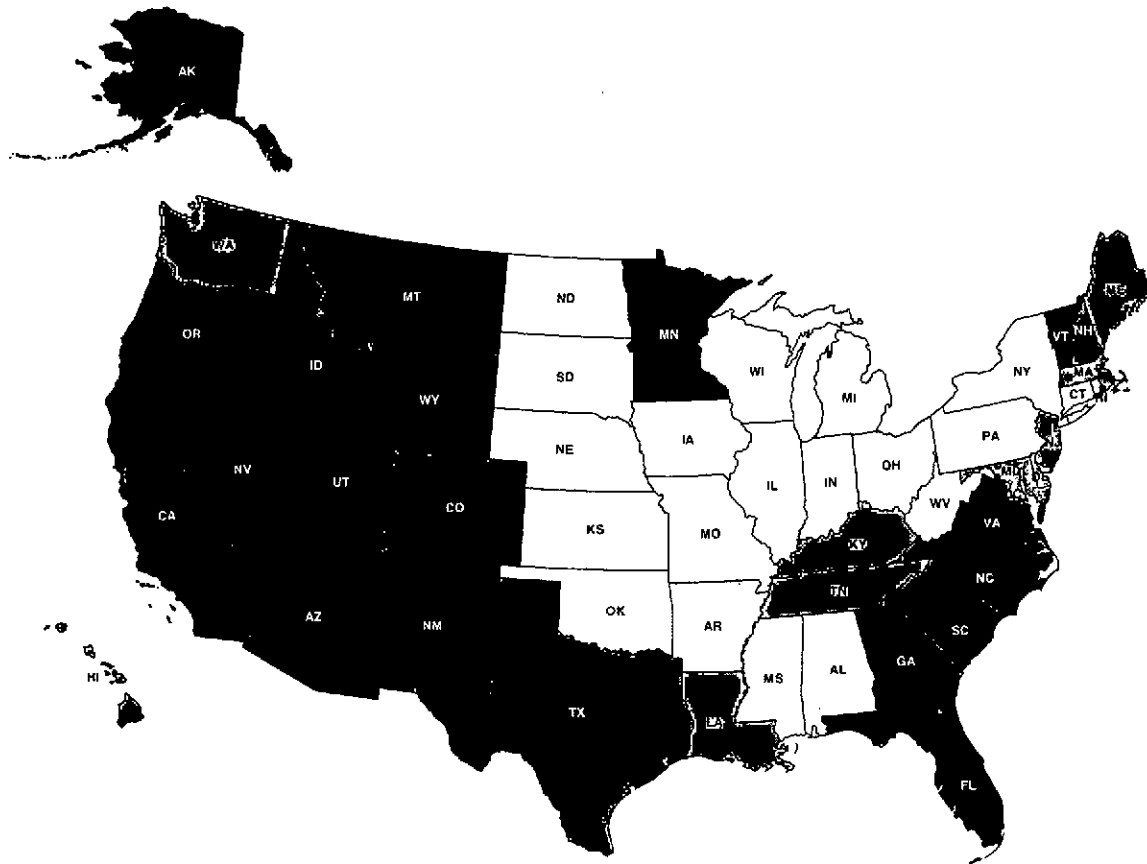
| State | Projected Number with Alzheimer's (in thousands) | | Percentage Change | State | Projected Number with Alzheimer's (in thousands) | | Percentage Change |
|----------------------|--|------|-------------------|----------------|--|------|-------------------|
| | 2017 | 2025 | 2017-2025 | | 2017 | 2025 | 2017-2025 |
| Alabama | 90 | 110 | 22.2 | Montana | 20 | 27 | 35.0 |
| Alaska | 7.1 | 11 | 54.9 | Nebraska | 33 | 40 | 21.2 |
| Arizona | 130 | 200 | 53.8 | Nevada | 43 | 64 | 48.8 |
| Arkansas | 55 | 67 | 21.8 | New Hampshire | 24 | 32 | 33.3 |
| California | 630 | 840 | 33.3 | New Jersey | 170 | 210 | 23.5 |
| Colorado | 69 | 92 | 33.3 | New Mexico | 38 | 53 | 39.5 |
| Connecticut | 75 | 91 | 21.3 | New York | 390 | 460 | 17.9 |
| Delaware | 18 | 23 | 27.8 | North Carolina | 160 | 210 | 31.3 |
| District of Columbia | 9 | 9 | 0.0 | North Dakota | 14 | 16 | 14.3 |
| Florida | 520 | 720 | 38.5 | Ohio | 210 | 250 | 19.0 |
| Georgia | 140 | 190 | 35.7 | Oklahoma | 63 | 76 | 20.6 |
| Hawaii | 27 | 35 | 29.6 | Oregon | 63 | 84 | 33.3 |
| Idaho | 24 | 33 | 37.5 | Pennsylvania | 270 | 320 | 18.5 |
| Illinois | 220 | 260 | 18.2 | Rhode Island | 23 | 27 | 17.4 |
| Indiana | 110 | 130 | 18.2 | South Carolina | 86 | 120 | 39.5 |
| Iowa | 64 | 73 | 14.1 | South Dakota | 17 | 20 | 17.6 |
| Kansas | 52 | 62 | 19.2 | Tennessee | 110 | 140 | 27.3 |
| Kentucky | 70 | 86 | 22.9 | Texas | 360 | 490 | 36.1 |
| Louisiana | 85 | 110 | 29.4 | Utah | 30 | 42 | 40.0 |
| Maine | 27 | 35 | 29.6 | Vermont | 12 | 17 | 41.7 |
| Maryland | 100 | 130 | 30.0 | Virginia | 140 | 190 | 35.7 |
| Massachusetts | 120 | 150 | 25.0 | Washington | 110 | 140 | 27.3 |
| Michigan | 180 | 220 | 22.2 | West Virginia | 37 | 44 | 18.9 |
| Minnesota | 92 | 120 | 30.4 | Wisconsin | 110 | 130 | 18.2 |
| Mississippi | 53 | 65 | 22.6 | Wyoming | 9.4 | 13 | 38.3 |
| Missouri | 110 | 130 | 18.2 | | | | |

Created from data provided to the Alzheimer's Association by Weuve et al.^{48, 189}

FIGURE 2

Projected Increases Between 2017 and 2025 in Alzheimer's Dementia Prevalence by State

14.1% - 18.5% 18.6% - 22.6% 22.7% - 30.0% 30.1% - 36.1% 36.2% - 54.9%



Change from 2017 to 2025 for Washington, D.C.: 0.0%

Created from data provided to the Alzheimer's Association by Weuve et al.^{48, 189}

As shown in Figure 2, between 2017 and 2025 every state across the country is expected to experience an increase of at least 14 percent in the number of people with Alzheimer's due to increases in the population age 65 and older. The West and Southeast are expected to experience the largest percentage increases in people with Alzheimer's between 2017 and 2025. These increases will have a marked impact on states' health care systems, as well as the Medicaid program, which covers the costs of long-term care and support for some older residents with dementia.

Incidence of Alzheimer's Dementia

While prevalence refers to existing cases of a disease in a population at a given time, incidence refers to new cases of a disease that develop in a given period of time in a defined population — in this case, the U.S. population age 65 or older. Incidence provides a measure of risk for developing a disease. According to one study using data from the Established Populations for Epidemiologic Study of the Elderly (EPESE), approximately 480,000 people age 65 or older will

develop Alzheimer's dementia in the United States in 2017.^{A9} The number of new cases of Alzheimer's increases dramatically with age: in 2017, there will be approximately 64,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 243,000 new cases among people age 85 and older (the "oldest-old").^{A9,190} This translates to approximately two new cases per 1,000 people age 65 to 74, 12 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.^{A9} A more recent study using data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer's dementia.¹⁶¹ Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.¹⁹⁰

- Every 66 seconds, someone in the United States develops Alzheimer's dementia.^{A10}
- By 2050, someone in the United States will develop Alzheimer's dementia every 33 seconds.^{A10}

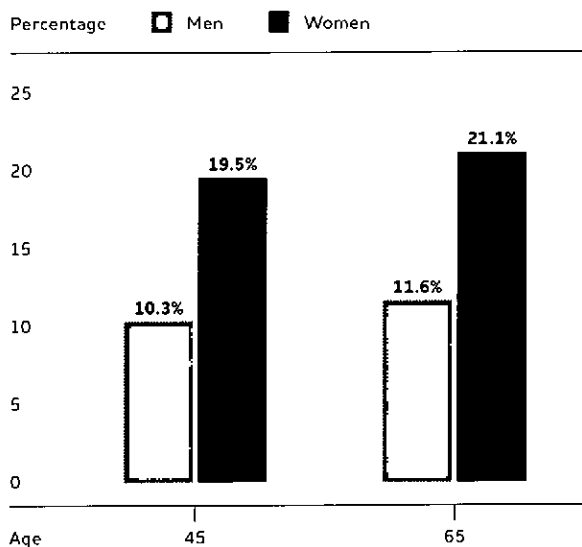
Lifetime Risk of Alzheimer's Dementia

Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer's dementia by age and sex.^{A11,160} As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer's dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.¹⁶⁰

Trends in the Prevalence and Incidence of Alzheimer's Dementia

A growing number of studies indicate that the age-specific risk of Alzheimer's and other dementias in the United States and other higher-income Western countries may have declined in the past 25 years.¹⁹¹⁻²⁰² though results are mixed.³⁰ These declines have been

FIGURE 3
Estimated Lifetime Risk for Alzheimer's Dementia, by Sex, at Age 45 and Age 65



Created from data from Chene et al.¹⁶⁰

attributed to increasing levels of education and improved control of cardiovascular risk factors.^{193,199,202} Such findings are promising and suggest that identifying and reducing risk factors for Alzheimer's and other dementias may be effective. Although these findings indicate that a person's risk of dementia at any given age may be decreasing slightly, it should be noted that the total number of Americans with Alzheimer's or other dementias is expected to continue to increase dramatically because of the population's shift to older ages. Furthermore, it is unclear whether these positive trends will continue into the future given worldwide trends showing increasing mid-life diabetes and obesity — potential risk factors for Alzheimer's dementia — which may lead to a rebound in dementia risk in coming years.^{200,203-204} Thus, while recent findings are promising, the social and economic burden of Alzheimer's and other dementias will continue to grow. Moreover, 68 percent of the projected increase in the global prevalence and burden of dementia by 2050 will take place in low- and middle-income countries, where there is no evidence for a decline in the risk of Alzheimer's and other dementias.²⁰⁵

Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States.²⁰⁸ It is the fifth-leading cause of death for those age 65 and older.¹⁹⁸ However, it may cause even more deaths than official sources recognize. Alzheimer's is also a leading cause of disability and poor health (morbidity). Before a person with Alzheimer's dies, he or she lives through years of morbidity as the disease progresses.

Deaths from Alzheimer's Disease

It is difficult to determine how many deaths are caused by Alzheimer's disease each year because of the way causes of death are recorded. According to data from the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), 93,541 people died from Alzheimer's disease in 2014.²⁰⁸ The CDC considers a person to have died *from* Alzheimer's if the death certificate lists Alzheimer's as the underlying cause of death, defined by the World Health Organization as "the disease or injury which initiated the train of events leading directly to death."²⁰⁹

Severe dementia frequently causes complications such as immobility, swallowing disorders and malnutrition that significantly increase the risk of serious acute conditions that can cause death. One such condition is pneumonia, which is the most commonly identified cause of death among elderly people with Alzheimer's or other dementias.²¹⁰⁻²¹¹ Death certificates for individuals with Alzheimer's often list acute conditions such as pneumonia as the primary cause of death rather than Alzheimer's.²¹²⁻²¹⁴ As a result, people with Alzheimer's disease who die due to these acute conditions may not be counted among the number of people who died from Alzheimer's disease according to the World Health Organization definition, even though Alzheimer's disease may well have caused the acute condition listed on the death certificate. This difficulty in using death certificates to accurately determine the number of deaths from Alzheimer's has been referred to as a "blurred distinction between death with dementia and death from dementia."²¹⁵

Another way to determine the number of deaths from Alzheimer's disease is through calculations that compare the estimated risk of death in those who have Alzheimer's with the estimated risk of death in those who do not have Alzheimer's. A study using data from the Rush Memory and Aging Project and the Religious Orders Study estimated that 500,000 deaths among people age 75 and older in the United States in 2010 could be attributed to Alzheimer's (estimates for people age 65 to 74 were not available), meaning that those deaths would not be expected to occur in that year if those individuals did not have Alzheimer's.²¹⁶

The true number of deaths caused by Alzheimer's is somewhere between the number of deaths from Alzheimer's recorded on death certificates and the number of people who have Alzheimer's disease when they die. According to 2014 Medicare claims data, about one-third of all Medicare beneficiaries who die in a given year have been diagnosed with Alzheimer's or another dementia.¹⁸⁸ Based on data from the Chicago Health and Aging Project (CHAP) study, in 2017 an estimated 700,000 people age 65 and older in the United States will have Alzheimer's when they die.²¹⁷ Although some seniors who have Alzheimer's disease at the time of death die from causes that are unrelated to Alzheimer's, many of them die from Alzheimer's disease itself or from conditions in which Alzheimer's was a contributing cause, such as pneumonia.

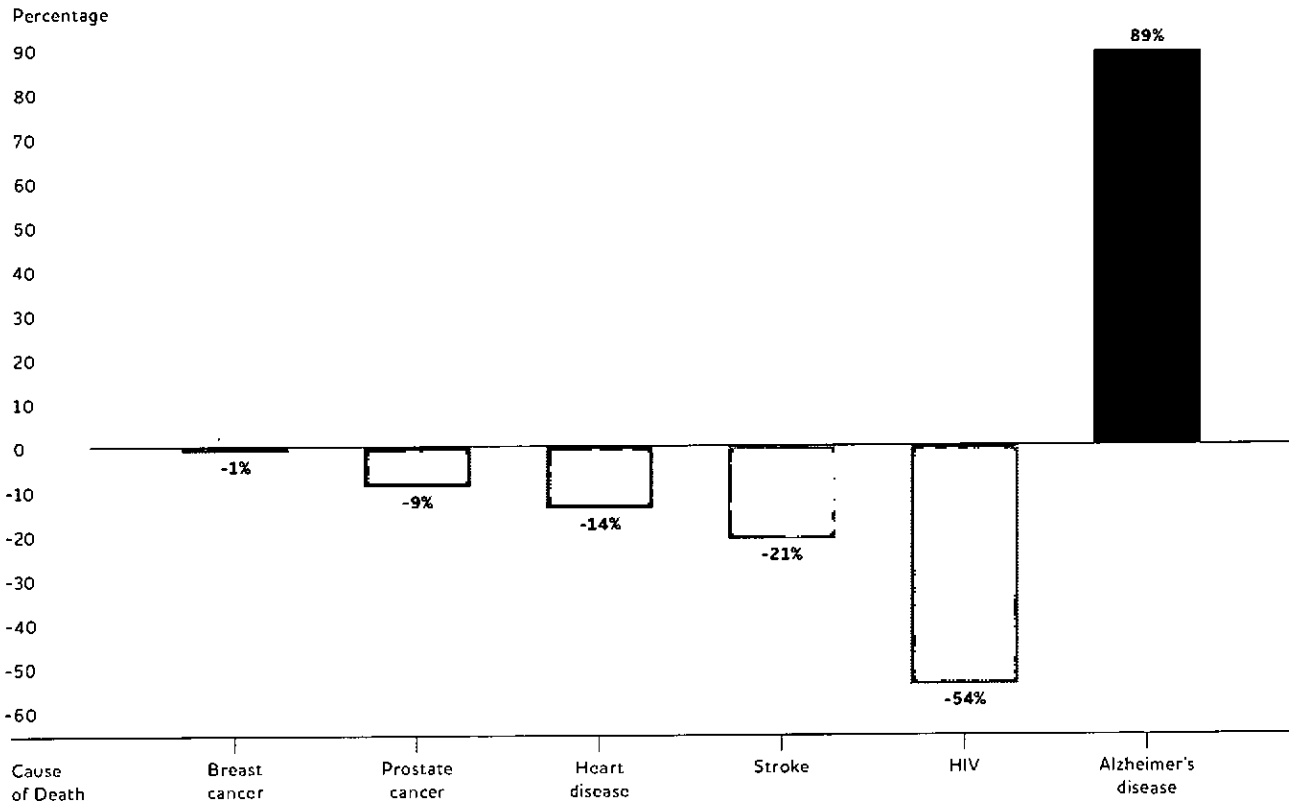
Irrespective of the cause of death, among people age 70, 61 percent of those with Alzheimer's are expected to die before age 80 compared with 30 percent of people without Alzheimer's.²¹⁸

Public Health Impact of Deaths from Alzheimer's Disease

As the population of the United States ages, Alzheimer's is becoming a more common cause of death, and it is the only top 10 cause of death that cannot be prevented, cured or even slowed. Although deaths from other major causes have decreased significantly, official records indicate that deaths from Alzheimer's disease have increased significantly.

FIGURE 5

Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014



Created from data from the National Center for Health Statistics.^{208, 219}

Between 2000 and 2014, deaths from Alzheimer's disease as recorded on death certificates increased 89 percent, while deaths from the number one cause of death (heart disease) decreased 14 percent (Figure 5).²⁰⁸ The increase in the number of death certificates listing Alzheimer's as the underlying cause of death reflects both changes in patterns of reporting deaths on death certificates over time as well as an increase in the actual number of deaths attributable to Alzheimer's.

State-by-State Deaths from Alzheimer's Disease

Table 5 provides information on the number of deaths due to Alzheimer's by state in 2014, the most recent year for which state-by-state data are available. This information was obtained from death certificates and reflects the condition identified by the physician as the underlying cause of death. The table also provides annual mortality rates by state to compare the risk of death due to Alzheimer's disease across states with varying population sizes. For the United States as a whole, in 2014, the mortality rate for Alzheimer's disease was 29 deaths per 100,000 people.^{A15,208}

TABLE 5

Number of Deaths and Annual Mortality Rate (per 100,000 People) Due to Alzheimer's Disease, by State, 2014

| State | Number of Deaths | Mortality Rate | State | Number of Deaths | Mortality Rate |
|----------------------|------------------|----------------|-------------------|------------------|----------------|
| Alabama | 1,885 | 38.9 | Montana | 253 | 24.7 |
| Alaska | 68 | 9.2 | Nebraska | 515 | 27.4 |
| Arizona | 2,485 | 36.9 | Nevada | 606 | 21.3 |
| Arkansas | 1,193 | 40.2 | New Hampshire | 396 | 29.8 |
| California | 12,644 | 32.6 | New Jersey | 1,962 | 22.0 |
| Colorado | 1,364 | 25.5 | New Mexico | 442 | 21.2 |
| Connecticut | 923 | 25.7 | New York | 2,639 | 13.4 |
| Delaware | 188 | 20.1 | North Carolina | 3,246 | 32.6 |
| District of Columbia | 119 | 18.1 | North Dakota | 364 | 49.2 |
| Florida | 5,874 | 29.5 | Ohio | 4,083 | 35.2 |
| Georgia | 2,670 | 26.4 | Oklahoma | 1,227 | 31.6 |
| Hawaii | 326 | 23.0 | Oregon | 1,411 | 35.5 |
| Idaho | 376 | 23.0 | Pennsylvania | 3,486 | 27.3 |
| Illinois | 3,266 | 25.4 | Rhode Island | 403 | 38.2 |
| Indiana | 2,204 | 33.4 | South Carolina | 1,938 | 40.1 |
| Iowa | 1,313 | 42.3 | South Dakota | 434 | 50.9 |
| Kansas | 790 | 27.2 | Tennessee | 2,672 | 40.8 |
| Kentucky | 1,523 | 34.5 | Texas | 6,772 | 25.1 |
| Louisiana | 1,670 | 35.9 | Utah | 584 | 19.8 |
| Maine | 434 | 32.6 | Vermont | 266 | 42.5 |
| Maryland | 934 | 15.6 | Virginia | 1,775 | 21.3 |
| Massachusetts | 1,688 | 25.0 | Washington | 3,344 | 47.4 |
| Michigan | 3,349 | 33.8 | West Virginia | 620 | 33.5 |
| Minnesota | 1,628 | 29.8 | Wisconsin | 1,876 | 32.6 |
| Mississippi | 1,098 | 36.7 | Wyoming | 162 | 27.7 |
| Missouri | 2,053 | 33.9 | U.S. Total | 93,541 | 29.3 |

Created from data from the National Center for Health Statistics.^{A15, 208}

TABLE 6

U.S. Annual Alzheimer's Death Rates (per 100,000 People) by Age and Year

| Age | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|---------|
| 45-54 | 0.2 | 0.2 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 |
| 55-64 | 2.0 | 2.1 | 1.9 | 2.0 | 1.8 | 2.1 | 2.1 | 2.2 | 2.2 | 2.0 | 2.1 | 2.2 | 2.2 | 2.2 | 2.1 |
| 65-74 | 18.7 | 18.6 | 19.6 | 20.7 | 19.5 | 20.2 | 19.9 | 20.2 | 21.1 | 19.4 | 19.8 | 19.2 | 17.9 | 18.1 | 19.6 |
| 75-84 | 139.6 | 147.2 | 157.7 | 164.1 | 168.5 | 177.0 | 175.0 | 175.8 | 192.5 | 179.1 | 184.5 | 183.9 | 175.4 | 171.6 | 185.6 |
| 85+ | 667.7 | 725.4 | 790.9 | 846.8 | 875.3 | 935.5 | 923.4 | 928.7 | 1,002.2 | 945.3 | 987.1 | 967.1 | 936.1 | 929.5 | 1,006.8 |

Created from data from the National Center for Health Statistics.²⁰⁸

life years (DALYs), which is the sum of the number of years of life lost due to premature mortality and the number of years lived with disability, totaled across all those with the disease. Using this measure, Alzheimer's rose from the 25th most burdensome disease in the United States in 1990 to the 12th in 2010. No other disease or condition increased as much.²³⁰ In terms of years of life lost, Alzheimer's disease rose from 32nd to 9th, the largest increase for any disease. In terms of years lived with disability, Alzheimer's disease went from ranking 17th to 12th; only kidney disease equaled Alzheimer's in as high a jump in rank.

Taken together, these statistics indicate that not only is Alzheimer's disease responsible for the deaths of more and more Americans, but also that the disease is contributing to more and more cases of poor health and disability in the United States.

More than six in 10 (63 percent) Alzheimer's caregivers expect to continue having care responsibilities for the next 5 years compared with less than half of caregivers of people without dementia (49 percent).²⁴³

Hours of Unpaid Care and Economic Value of Caregiving

In 2016, the 15.9 million family and other unpaid caregivers of people with Alzheimer's or other dementias provided an estimated 18.2 billion hours of unpaid care. This number represents an average of 21.9 hours of care per caregiver per week, or 1,139 hours of care per caregiver per year.^{A18} With this care valued at \$12.65 per hour,^{A19} the estimated economic value of care provided by family and other unpaid caregivers of people with dementia across the United States was \$230.1 billion in 2016. Table 8 (see pages 38-39) shows the total hours of unpaid care as well as the value of care provided by family and other unpaid caregivers for the United States and each state. Unpaid caregivers of people with Alzheimer's or other dementias provided care valued at more than \$4 billion in each of 21 states. Unpaid caregivers in each of the four most populous states — California, Florida, New York and Texas — provided care valued at more than \$14 billion. A longitudinal study of the monetary value of family caregiving for people with dementia found that the overall value of daily family care increased 18 percent with each additional year of providing care, and that the value of this care increased as the care recipient's cognitive abilities declined.²⁵³ A study based on the same data source found that the estimated economic value of daily family caregiving costs were lower in situations in which caregivers felt closer in their relationship with the person with dementia.²⁵⁴ Additional research is needed to estimate the future value of family care for people with Alzheimer's as the U.S. population continues to age.

Caregivers of people with dementia report providing 27 hours more care per month on average (92 hours versus 65 hours) than caregivers of people without dementia, with 26 percent providing 41 or more hours

of care per week.^{239,248} Considering all sources of unpaid care (for example, help from multiple family members), individuals with dementia receive an average of 171 hours of care per month, which is over 100 hours more care per month than those without dementia (66 hours per month, on average).²³³

Impact of Alzheimer's Caregiving

Caring for a person with Alzheimer's or another dementia poses special challenges. For example, people in the middle to later stages of Alzheimer's experience losses in judgment, orientation, and the ability to understand and communicate effectively. Family caregivers must often help people with Alzheimer's manage these issues. The personality and behavior of a person with Alzheimer's are affected as well, and these changes are often among the most challenging for family caregivers.²⁵⁵⁻²⁵⁷ Individuals with Alzheimer's also require increasing levels of supervision and personal care as the disease progresses. As symptoms worsen, the care required of family members can result in increased emotional stress and depression; new or exacerbated health problems; and depleted income and finances due in part to disruptions in employment and paying for health care or other services for themselves and their care recipients.^{A17,258-265} Data from the 2016 Alzheimer's Association Family Impact of Alzheimer's Survey reported in *2016 Alzheimer's Disease Facts and Figures* indicated that among care contributors (a friend or relative who paid for dementia expenses and/or provided care for someone with dementia at least once a month in the prior year), 48 percent cut back on spending and 43 percent cut back on saving due to the out-of-pocket cost of providing help to someone with dementia.²⁶⁵ Due to care responsibilities in the year prior to the survey, close to four in 10 care contributors indicated that the "food they bought just didn't last, and they didn't have money to get more" and three in 10 ate less because of care-related costs.²⁶⁵

TABLE 8

Number of Alzheimer's and Dementia (A/D) Caregivers, Hours of Unpaid Care, Economic Value of Unpaid Care and Higher Health Care Costs of Caregivers by State, 2016*

| State | A/D Caregivers (in thousands) | Hours of Unpaid Care (in millions) | Value of Unpaid Care (in millions of dollars) | Higher Health Care Costs of Caregivers (in millions of dollars)† |
|----------------------|----------------------------------|---------------------------------------|--|--|
| Alabama | 303 | 345 | 54,359 | 5188 |
| Alaska | 33 | 38 | 480 | 30 |
| Arizona | 325 | 370 | 4,685 | 176 |
| Arkansas | 176 | 200 | 2,531 | 108 |
| California | 1,600 | 1,822 | 23,043 | 999 |
| Colorado | 244 | 277 | 3,510 | 146 |
| Connecticut | 177 | 201 | 2,548 | 153 |
| Delaware | 53 | 61 | 770 | 45 |
| District of Columbia | 28 | 32 | 405 | 29 |
| Florida | 1,100 | 1,253 | 15,850 | 785 |
| Georgia | 519 | 591 | 7,478 | 283 |
| Hawaii | 66 | 75 | 944 | 45 |
| Idaho | 81 | 92 | 1,167 | 46 |
| Illinois | 588 | 670 | 8,470 | 397 |
| Indiana | 335 | 382 | 4,831 | 223 |
| Iowa | 135 | 154 | 1,945 | 93 |
| Kansas | 150 | 171 | 2,168 | 102 |
| Kentucky | 271 | 308 | 3,901 | 177 |
| Louisiana | 232 | 264 | 3,341 | 157 |
| Maine | 69 | 78 | 988 | 58 |
| Maryland | 291 | 332 | 4,196 | 218 |
| Massachusetts | 333 | 380 | 4,803 | 309 |
| Michigan | 511 | 582 | 7,361 | 337 |
| Minnesota | 251 | 286 | 3,614 | 186 |
| Mississippi | 206 | 234 | 2,964 | 134 |
| Missouri | 314 | 358 | 4,530 | 218 |

TABLE 8 (cont.)

Number of Alzheimer's and Dementia (A/D) Caregivers, Hours of Unpaid Care, Economic Value of Unpaid Care and Higher Health Care Costs of Caregivers by State, 2016*

| State | A/D Caregivers (in thousands) | Hours of Unpaid Care (in millions) | Value of Unpaid Care (in millions of dollars) | Higher Health Care Costs of Caregivers (in millions of dollars) [†] |
|-------------------|----------------------------------|---------------------------------------|--|--|
| Montana | 49 | 56 | 5708 | 533 |
| Nebraska | 82 | 93 | 1,176 | 58 |
| Nevada | 145 | 165 | 2,093 | 83 |
| New Hampshire | 66 | 75 | 954 | 52 |
| New Jersey | 449 | 511 | 6,465 | 340 |
| New Mexico | 106 | 121 | 1,531 | 70 |
| New York | 1,020 | 1,161 | 14,691 | 848 |
| North Carolina | 459 | 523 | 6,614 | 296 |
| North Dakota | 30 | 35 | 438 | 24 |
| Ohio | 597 | 680 | 8,598 | 421 |
| Oklahoma | 223 | 253 | 3,206 | 145 |
| Oregon | 181 | 206 | 2,609 | 119 |
| Pennsylvania | 673 | 766 | 9,693 | 519 |
| Rhode Island | 53 | 61 | 766 | 44 |
| South Carolina | 304 | 347 | 4,385 | 191 |
| South Dakota | 38 | 43 | 542 | 27 |
| Tennessee | 430 | 489 | 6,191 | 273 |
| Texas | 1,380 | 1,571 | 19,876 | 815 |
| Utah | 148 | 169 | 2,138 | 74 |
| Vermont | 30 | 34 | 430 | 23 |
| Virginia | 458 | 521 | 6,591 | 286 |
| Washington | 335 | 382 | 4,832 | 227 |
| West Virginia | 107 | 122 | 1,543 | 82 |
| Wisconsin | 193 | 219 | 2,775 | 140 |
| Wyoming | 28 | 32 | 400 | 20 |
| U.S. Total | 15,975 | 18,192 | \$230,127 | \$10,852 |

*State totals may not add up to the U.S. total due to rounding.

[†]Higher health care costs are the dollar amount difference between the weighted per capita personal health care spending of caregivers and non-caregivers in each state.^{A20}

Created from data from the 2009 BRFSS, U.S. Census Bureau, Centers for Medicare & Medicaid Services, National Alliance for Caregiving, AARP and U.S. Department of Labor.^{A16, A18, A19, A20}

Caregiver Emotional and Social Well-Being

The intimacy, shared experiences and memories that are often part of the relationship between a caregiver and care recipient may also be threatened due to the memory loss, functional impairment and psychiatric/behavioral disturbances that can accompany the progression of Alzheimer's. Although caregivers report positive feelings about caregiving, such as family togetherness and the satisfaction of helping others,^{A17,266-269} they also report high levels of stress when providing care:

- Based on the Level of Care Index that combined the number of hours of care and the number of ADL tasks performed by the caregiver, more dementia caregivers in the 2015 NAC/AARP survey were classified as having a high level of burden than caregivers of people without dementia (46 percent versus 38 percent).²⁴³
- Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.²³⁹
- Fifty-nine percent of family caregivers of people with Alzheimer's or other dementias rated the emotional stress of caregiving as high to very high (Figure 9).^{A17} Nearly half of dementia caregivers indicate that providing help is highly stressful (49 percent) compared with 35 percent of caregivers of people without dementia.²⁴³
- Many caregivers of people with Alzheimer's or other dementias provide help alone. Forty-one percent of dementia caregivers in the 2014 Alzheimer's Association poll reported that no one else provided unpaid assistance.^{A17}

Depression and Mental Health

- Approximately 30 percent to 40 percent of family caregivers of people with dementia suffer from depression, compared with 5 percent to 17 percent of non-caregivers of similar ages.²⁷⁰⁻²⁷⁴
- The prevalence of depression is higher among dementia caregivers than other caregivers such as those who provide help to individuals with schizophrenia (20 percent) or stroke (19 percent).²⁷⁴⁻²⁷⁶

- Depression risk increases alongside the worsening cognitive symptoms of the person with dementia.^{274,277-278}
- In a recent meta-analysis, kin relationship was the strongest predictor of caregiver depression; caregivers of spouses had two and a half times higher odds of having depression as caregivers of people who were not spouses.²⁷⁴
- The prevalence of anxiety among dementia caregivers is 44 percent, which is higher than among caregivers of people with stroke (31 percent).^{274,276}
- Caregivers of individuals with Alzheimer's report more subjective cognitive problems (e.g., memory complaints) and experience greater declines in cognition over time than non-caregivers matched for age and other characteristics.²⁷⁹⁻²⁸⁰

Strain

- Twice as many caregivers of people with Alzheimer's or other dementias have difficulty with medical/nursing-related tasks (e.g., injections, tube feedings, catheter/colostomy care) as caregivers of individuals without dementia (22 percent compared with 11 percent).²⁴⁸
- Half of caregivers (51 percent) of people with Alzheimer's or other dementias indicate having no experience performing medical/nursing-related tasks,²⁴⁸ and they often lack the information or resources necessary to manage complex medication regimens.²⁸¹⁻²⁸²
- According to the 2014 Alzheimer's Association poll of caregivers, respondents often believed they had no choice in taking on the role of caregiver.^{A17}
- The poll also found that women with children under age 18 felt that caregiving for someone with Alzheimer's was more challenging than caring for children (53 percent).^{A37}
- Sandwich generation caregivers indicate lower quality of life and diminished health and health behaviors (for example, less likely to choose healthful foods and less likely to exercise) compared with non-sandwich generation caregivers or non-caregivers.^{264,283-285}

Stress of Care Transitions

- Admitting a relative to a residential care facility has mixed effects on the emotional and psychological well-being of family caregivers. Some studies suggest that distress remains unchanged or even increases after a relative is admitted to a residential care facility, but other studies have found that distress declines following admission.^{252,286-287}
- The demands of caregiving may intensify as people with dementia approach the end of life.²⁸⁸ In the year before a care recipient's death, 59 percent of caregivers felt they were "on duty" 24 hours a day, and many felt that caregiving during this time was extremely stressful.²⁸⁹ One study of end-of-life care found that 72 percent of family caregivers experienced relief when the person with Alzheimer's or another dementia died.²⁸⁹

Caregiver Physical Health

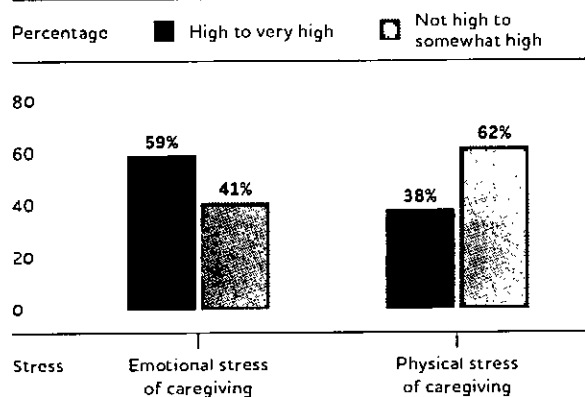
For some caregivers, the demands of caregiving may cause declines in their own health. Evidence suggests that the stress of providing dementia care increases caregivers' susceptibility to disease and health complications.²⁹⁰ As shown in Figure 9, 38 percent of Alzheimer's and dementia caregivers indicate that the physical stress of caregiving is high to very high.^{A17} Nearly three in 10 caregivers of people with Alzheimer's or other dementias report that providing care results in high physical strain (29 percent) compared with 17 percent of caregivers of people without dementia.²⁴³ Sleep disturbances, which can occur frequently when caring for a relative with Alzheimer's or another dementia, have also been shown to negatively influence family caregivers' health.²⁹¹⁻²⁹²

General Health

Seventy-four percent of caregivers of people with Alzheimer's or other dementias reported that they were "somewhat concerned" to "very concerned" about maintaining their own health since becoming a caregiver.^{A17} Forty-two percent of caregivers of people with Alzheimer's or another dementia report that their health is excellent or very good, which is lower than caregivers of people without dementia (50 percent).²⁴³

FIGURE 9

Proportion of Alzheimer's and Dementia Caregivers Who Report High to Very High Emotional and Physical Stress Due to Caregiving



Created from data from the Alzheimer's Association.^{A17}

In addition, over 1 in 3 caregivers of people with Alzheimer's or another dementia report that their health has gotten worse due to care responsibilities (35 percent) compared with 19 percent of caregivers of people without dementia.²⁴³ Dementia caregivers indicated lower health-related quality of life than non-caregivers and were more likely than non-caregivers to report that their health was fair or poor.^{260,264,293-294} Dementia caregivers were also more likely than caregivers of other older people to say that caregiving made their health worse.²⁹⁵ Data from the Health and Retirement Study showed that dementia caregivers who provided care to spouses were much more likely (41 percent increased odds) than other spousal caregivers to become increasingly frail during the time between becoming a caregiver and their spouse's death, accounting for differences in age and additional factors.²⁹⁶ Other studies, however, suggest that caregiving tasks have the positive effect of keeping older caregivers more physically active than non-caregivers.²⁹⁷

Physiological Changes

The chronic stress of caregiving is associated with physiological changes that could increase the risk of developing chronic conditions. For example, several studies found that under certain circumstances some Alzheimer's caregivers were more likely to have

elevated biomarkers of cardiovascular disease risk and impaired kidney function risk than those who were not caregivers.²⁹⁸⁻³⁰³

Caregivers of a spouse with Alzheimer's or another dementia are more likely than married non-caregivers to have physiological changes that may reflect declining physical health, including high levels of stress hormones,³⁰⁴ reduced immune function,^{258,305} slow wound healing,³⁰⁶ coronary heart disease,³⁰⁷ impaired function of the endothelium (the inner lining of blood vessels) and increased incidence of hypertension.³⁰⁸ Some of these changes may be associated with an increased risk of cardiovascular disease.³⁰⁹

Health Care

The physical and emotional impact of dementia caregiving is estimated to have resulted in \$10.9 billion in health care costs in the United States in 2016.^{A20} Table 8 (see pages 38-39) shows the estimated higher health care costs for caregivers of people with Alzheimer's or other dementias in each state. In separate studies, hospitalization and emergency department visits were more likely for dementia caregivers who helped care recipients who were depressed, had low functional status or had behavioral disturbances.^{264,310-311} Increased depressive symptoms among caregivers over time are also linked to more frequent doctor visits, a higher number of outpatient tests and procedures, and greater use of over-the-counter and prescription medications.³¹¹

Mortality

The health of a person with dementia may also affect the caregiver's risk of dying, although studies have reported mixed findings. In one study, caregivers of spouses who were hospitalized and had dementia in their medical records were more likely to die in the following year than caregivers whose spouses were hospitalized but did not have dementia, even after accounting for the age of caregivers.³¹² One study found that caregivers who perceive higher strain due to care responsibilities are at higher risk for death than caregivers who perceive little or no strain.³¹³

Caregiver Employment

Six in 10 caregivers of people with Alzheimer's or another dementia were employed in the past year while providing help.²⁴³ These individuals worked an average of 35 hours per week while caregiving.²⁴³ Among people who were employed in the past year while providing care to someone with Alzheimer's or another dementia, 15 percent quit their jobs or retired early due to their care responsibilities. Fifty-seven percent reported sometimes needing to go in late or leave early, and 16 percent had to take a leave of absence. Other work-related challenges for dementia and non-dementia caregivers who had been employed in the past year are summarized in Figure 10.²⁴³

Interventions Designed to Assist Caregivers

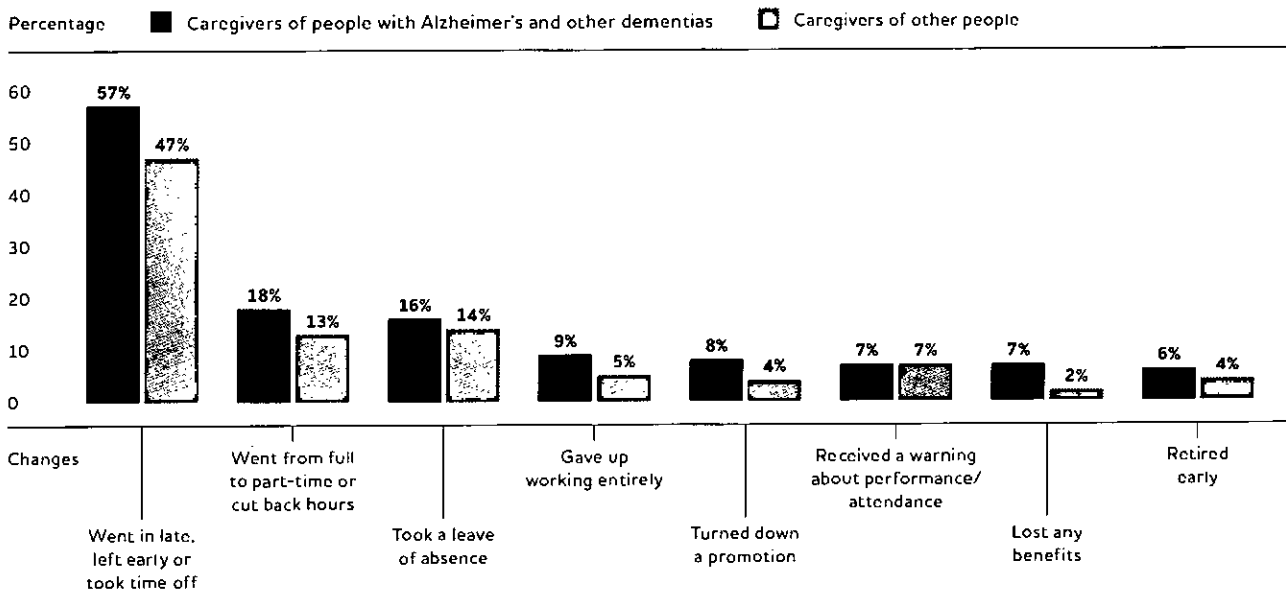
For more than 30 years, strategies to support family caregivers of people with Alzheimer's have been developed and evaluated. The types and focus of these strategies (often called "interventions") are summarized in Table 9 (see page 44).²⁶²⁻²⁶³

In general, the goal of interventions is to improve the health and well-being of dementia caregivers by relieving the negative aspects of caregiving. Some also aim to delay nursing home admission of the person with dementia by providing caregivers with skills and resources (emotional, social and psychological) to continue helping their relatives or friends at home. Specific approaches used in various interventions include providing education to caregivers, helping caregivers manage dementia-related symptoms, improving social support for caregivers and providing caregivers with respite from caregiving duties.

According to a recent publication on dementia caregiver interventions that reviewed seven meta-analyses and 17 systematic reviews of randomized controlled trials, the following characteristics distinguish interventions that are effective: family caregivers are actively involved in the intervention, in contrast to passively receiving information; the intervention is tailored and flexible to meet the changing needs of family caregivers during the course of a relative's dementia; and the intervention

FIGURE 10

Work-Related Changes Among Caregivers of People with Alzheimer's and Other Dementias Who Had Been Employed at Any Time Since They Began Caregiving



Created from data from the National Alliance for Caregiving and AARP.²⁴³

meets the needs not only of caregivers, but of care recipients as well.³¹⁴ A 2012 report identified 44 interventions that have been shown by randomized controlled trials conducted in the United States to have benefits for individuals with Alzheimer's or other dementias as well as their family caregivers, and more evaluations are emerging each year.³¹⁵⁻³¹⁶

Interventions for dementia caregivers that have demonstrated efficacy in scientific evaluations have been gradually implemented in the community.³¹⁷⁻³²⁸ These implementation efforts are generally successful at improving how caregiver services are delivered, and they have the potential to reach a large number of families while also helping caregivers cope with their responsibilities. Similar efforts have attempted to broaden the reach and accessibility of interventions for dementia caregivers through the use of technologies (for instance, video-phone delivery and online training) and have shown some success.³²⁹⁻³³¹ However, more work is needed to ensure that interventions for dementia

caregivers are available and accessible to those who need them. Because caregivers and the settings in which they provide care are diverse, more studies are required to define which interventions are most effective for specific situations.³³²⁻³³⁴ Improved tools to "personalize" services for caregivers to maximize their benefits represent an emerging area of research.³³⁵⁻³³⁸ More studies are also needed to explore the effectiveness of interventions in different racial, ethnic and socioeconomic groups and in various geographic settings.^{330,339-345}

Paid Caregivers

Direct Care Workers for People with Alzheimer's or Other Dementias

Direct-care workers, such as nurse aides, home health aides and personal and home care aides, provide most of the paid long-term care to older adults living at home or in residential settings.³⁴⁶ In nursing homes, nursing assistants make up the majority of staff who work with cognitively impaired residents.³⁴⁷⁻³⁴⁹ Nursing assistants help with bathing,

The costs of health care and long-term care for individuals with Alzheimer's or other dementias are substantial, and dementia is one of the costliest conditions to society.²³⁷ Total payments in 2017 (in 2017 dollars) for all individuals with Alzheimer's or other dementias are estimated at \$259 billion (Figure 11). Medicare and Medicaid are expected to cover \$175 billion, or 67 percent, of the total health care and long-term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be \$56 billion, or 22 percent of total payments.^{A21} Throughout the rest of this section, all costs are reported in 2016 dollars unless otherwise indicated.^{A22}

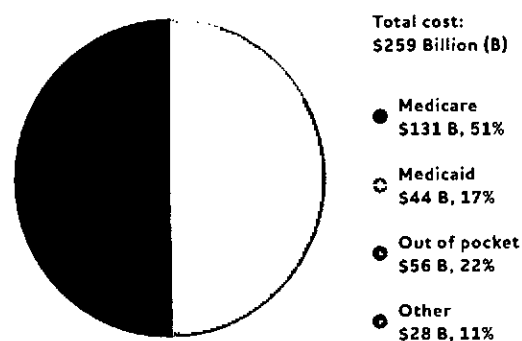
Total Cost of Health Care and Long-Term Care

Table 10 (see page 48) reports the average annual per-person payments for health care and long-term care services for Medicare beneficiaries age 65 and older with and without Alzheimer's or other dementias. Total per-person health care and long-term care payments in 2016 from all sources for Medicare beneficiaries with Alzheimer's or other dementias were over three times as great as payments for other Medicare beneficiaries in the same age group (\$46,786 per person for those with dementia compared with \$13,351 per person for those without dementia).^{A23,380}

Twenty-seven percent of older individuals with Alzheimer's or other dementias who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia.³⁸⁰ Medicaid pays for nursing home and other long-term care services for some people with very low income and low assets, and the high use of these services by people with dementia translates into high costs for the Medicaid program. Average annual Medicaid payments per person for Medicare beneficiaries with Alzheimer's or other dementias (\$8,182) were 23 times as great as average Medicaid payments for Medicare beneficiaries without Alzheimer's or other dementias (\$349) (Table 10).³⁸⁰

FIGURE 11

Aggregate Cost of Care by Payment Source for Americans Age 65 and Older with Alzheimer's and Other Dementias, 2017*



*Data are in 2017 dollars.

Created from data from the Lewin Model.^{A21} "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care.

Despite these and other sources of financial assistance, individuals with Alzheimer's or other dementias still incur high out-of-pocket costs. These costs are for Medicare and other health insurance premiums and for deductibles, copayments and services not covered by Medicare, Medicaid or additional sources of support. On average, Medicare beneficiaries age 65 and older with Alzheimer's or other dementias paid \$10,315 out of pocket annually for health care and long-term care services not covered by other sources (Table 10).³⁸⁰

Researchers have evaluated the additional or "incremental" health care, long-term care and caregiving costs of dementia (that is, the costs specifically attributed to dementia when comparing people with and without dementia who have the same coexisting medical conditions and demographic characteristics).^{237,381} One group of researchers found that the incremental health care and nursing home costs for those with dementia were \$28,501 per person per year in 2010 dollars (\$32,924 in 2016 dollars).^{A22, A24, 237} Another group of researchers found that the incremental lifetime cost of

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Our vision is a world without Alzheimer's disease.*

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alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS:

ATTACHMENT-10E

Attachment 6: Scan/US, Inc. Demographic Study

2000 Demographics in brief

Rochelle 20 Mile Market Area

Page 1 of 1

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Population | | | | Households | | | |
|-------------------------------|---------|-----------|-------------|-------------------------|--------|-------------|-------|
| | 127,717 | | % | | 47,999 | | % |
| in households | 121,845 | | 95.4 | families | 31,461 | | 65.5 |
| in families | 96,162 | | 75.3 | non-families | 16,538 | | 34.5 |
| in non-families | 25,683 | | 20.1 | with persons under 18 | 16,440 | | 34.3 |
| in group quarters | 5,872 | | 4.6 | 1 person households | 12,159 | | 25.3 |
| noninstitutional GQ | 4,688 | | 3.7 | 2 person households | 16,566 | | 34.5 |
| under age 18 | 31,088 | | 24.3 | 3-4 person households | 14,676 | | 30.6 |
| male | 63,642 | | 49.8 | 5+ person households | 4,601 | | 9.6 |
| female | 64,091 | | 50.2 | Household size | 2.54 | Family size | 3.06 |
| Age | | | % | Household income | | % | cum % |
| under 5 years | 8,218 | | 6.4 | under \$15,000 | 7,300 | 15.2 | 15.2 |
| 5 to 9 years | 8,689 | | 6.8 | \$15,000 - 24,999 | 5,562 | 11.6 | 26.8 |
| 10 to 14 years | 8,950 | | 7.0 | \$25,000 - 34,999 | 5,997 | 12.5 | 39.3 |
| 15 to 19 years | 11,027 | | 8.6 | \$35,000 - 49,999 | 8,429 | 17.6 | 56.9 |
| 20 to 24 years | 14,801 | | 11.6 | \$50,000 - 74,999 | 10,616 | 22.1 | 79.0 |
| 25 to 34 years | 17,243 | | 13.5 | \$75,000 - 99,999 | 5,350 | 11.1 | 90.1 |
| 35 to 44 years | 18,921 | | 14.8 | \$100,000 - 124,999 | 2,403 | 5.0 | 95.1 |
| 45 to 54 years | 15,524 | | 12.2 | \$125,000 - 149,999 | 1,037 | 2.2 | 97.3 |
| 55 to 64 years | 10,206 | | 8.0 | \$150,000 - 199,999 | 546 | 1.1 | 98.4 |
| 65 to 74 years | 7,266 | | 5.7 | \$200,000 and over | 452 | 0.9 | 99.4 |
| 75 years and over | 6,775 | | 5.3 | | | | |
| Median age | 34.7 | male 33.7 | female 35.6 | | | | |
| Race | | | % | | | | |
| white | 114,161 | | 89.4 | | | | |
| black | 4,895 | | 3.8 | | | | |
| American Indian | 292 | | 0.2 | | | | |
| Asian, Pacific Islander | 2,655 | | 2.1 | | | | |
| other, multi-racial | 5,646 | | 4.4 | | | | |
| Hispanic | 8454 | | 6.6 | | | | |
| Education (pers. 25+) | | | % | | | | |
| no high school diploma | 11,854 | | 15.6 | | | | |
| high school graduate | 24,592 | | 32.3 | | | | |
| some college | 22,752 | | 29.9 | | | | |
| college degree | 10,290 | | 13.5 | | | | |
| graduate/professional | 6,536 | | 8.6 | | | | |
| Employment (pers. 16+) | | | % | | | | |
| in civilian labor force | 68,283 | | 68.2 | | | | |
| employed | 64,802 | | 94.9 | | | | |
| unemployed | 3,481 | | 5.1 | | | | |
| in Armed Forces | 50 | | 0.0 | | | | |
| not in labor force | 31,845 | | 31.8 | | | | |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$44,108 | \$52,093 |
| Family income | \$54,081 | \$62,149 |
| Non-family income | \$27,219 | \$32,963 |

| Vehicles available | | % |
|-----------------------|--------|------|
| without vehicle | 2,656 | 5.5 |
| 1 vehicle available | 15,659 | 32.6 |
| 2 vehicles available | 19,991 | 41.6 |
| 3+ vehicles available | 9,713 | 20.2 |
| vehicles/household | 1.86 | |

| Density | |
|----------------------------------|--------|
| households per sq.mile | 43.92 |
| household population per sq.mile | 111.48 |

| Housing units | 50,525 | % |
|-----------------|--------|------|
| owner occupied | 30,788 | 60.9 |
| renter occupied | 17,211 | 34.1 |
| vacant units | 2,526 | 5.0 |

2000 Demographics in brief

Rochelle, Illinois

Page 1 of 1

Rochelle, IL
(Place 17-64746)

Site located at
41.94219, 89.08496

| Population | | | | Households | | | |
|-------------------------|------|-------|------|----------------------------------|------|-------------|----------|
| | | 9,670 | % | | | 3,784 | % |
| in households | | 9,544 | 98.7 | families | | 2,488 | 65.8 |
| in families | | 7,765 | 80.3 | non-families | | 1,296 | 34.2 |
| in non-families | | 1,779 | 18.4 | with persons under 18 | | 1,357 | 35.9 |
| in group quarters | | 126 | 1.3 | 1 person households | | 1,099 | 29.0 |
| noninstitutional GQ | | 11 | 0.1 | 2 person households | | 1,201 | 31.7 |
| under age 18 | | 2,620 | 27.1 | 3-4 person households | | 1,069 | 28.3 |
| male | | 4,756 | 49.2 | 5+ person households | | 415 | 11.0 |
| female | | 4,914 | 50.8 | Household size | 2.52 | Family size | 3.12 |
| Age | | | | Household income | | | |
| | | | % | | | % | cum % |
| under 5 years | | 735 | 7.6 | under \$15,000 | | 623 | 16.5 |
| 5 to 9 years | | 746 | 7.7 | \$15,000 - 24,999 | | 431 | 11.4 |
| 10 to 14 years | | 687 | 7.1 | \$25,000 - 34,999 | | 550 | 14.5 |
| 15 to 19 years | | 746 | 7.7 | \$35,000 - 49,999 | | 738 | 19.5 |
| 20 to 24 years | | 665 | 6.9 | \$50,000 - 74,999 | | 849 | 22.4 |
| 25 to 34 years | | 1,379 | 14.3 | \$75,000 - 99,999 | | 392 | 10.4 |
| 35 to 44 years | | 1,412 | 14.6 | \$100,000 - 124,999 | | 117 | 3.1 |
| 45 to 54 years | | 1,111 | 11.5 | \$125,000 - 149,999 | | 39 | 1.0 |
| 55 to 64 years | | 794 | 8.2 | \$150,000 - 199,999 | | 28 | 0.7 |
| 65 to 74 years | | 688 | 7.1 | \$200,000 and over | | 17 | 0.4 |
| 75 years and over | | 706 | 7.3 | | | | |
| Median age | 34.0 | male | 32.2 | female | 36.0 | | |
| Race | | | | Median | | | |
| | | | % | | | Average | |
| white | | 8,423 | 87.1 | Household income | | \$40,019 | \$46,786 |
| black | | 108 | 1.1 | Family income | | \$47,849 | \$54,189 |
| American Indian | | 46 | 0.5 | Non-family income | | \$28,035 | \$32,574 |
| Asian, Pacific Islander | | 89 | 0.9 | Vehicles available | | | |
| other, multi-racial | | 1,004 | 10.4 | | | % | |
| Hispanic | | 1818 | 18.8 | without vehicle | | 304 | 8.0 |
| | | | | 1 vehicle available | | 1,616 | 42.7 |
| | | | | 2 vehicles available | | 1,416 | 37.4 |
| | | | | 3+ vehicles available | | 449 | 11.9 |
| | | | | vehicles/household | | 1.58 | |
| Education (pers. 25+) | | | | Density | | | |
| | | | % | | | | |
| no high school diploma | | 1,634 | 26.8 | households per sq.mile | | | 291.08 |
| high school graduate | | 1,913 | 31.4 | household population per sq.mile | | | 734.15 |
| some college | | 1,596 | 26.2 | Housing units | | | |
| college degree | | 626 | 10.3 | | | 3,994 | % |
| graduate/professional | | 322 | 5.3 | owner occupied | | 2,219 | 55.6 |
| | | | | renter occupied | | 1,565 | 39.2 |
| | | | | vacant units | | 210 | 5.3 |
| Employment (pers. 16+) | | | | | | | |
| | | | % | | | | |
| in civilian labor force | | 4,697 | 63.8 | | | | |
| employed | | 4,419 | 94.1 | | | | |
| unemployed | | 278 | 5.9 | | | | |
| in Armed Forces | | 0 | 0.0 | | | | |
| not in labor force | | 2,667 | 36.2 | | | | |

2000 Demographics in brief

Ogle County, Illinois

Ogle, IL
(County 17141)

Page 1 of 1

Site located at
41.94219, 89.08496

| Population | 51,032 | % |
|---------------------|--------|------|
| in households | 50,418 | 98.8 |
| in families | 43,527 | 85.3 |
| in non-families | 6,891 | 13.5 |
| in group quarters | 614 | 1.2 |
| noninstitutional GQ | 49 | 0.1 |
| under age 18 | 14,023 | 27.5 |
| male | 25,310 | 49.6 |
| female | 25,722 | 50.4 |

| Households | 19,278 | % |
|-----------------------|--------|------------------|
| families | 14,168 | 73.5 |
| non-families | 5,110 | 26.5 |
| with persons under 18 | 7,281 | 37.8 |
| 1 person households | 4,341 | 22.5 |
| 2 person households | 6,838 | 35.5 |
| 3-4 person households | 6,078 | 31.5 |
| 5+ person households | 2,021 | 10.5 |
| Household size | 2.62 | Family size 3.07 |

| Age | | % |
|-------------------|-------|-----------------------|
| under 5 years | 3,233 | 6.3 |
| 5 to 9 years | 3,977 | 7.8 |
| 10 to 14 years | 4,259 | 8.3 |
| 15 to 19 years | 3,836 | 7.5 |
| 20 to 24 years | 2,396 | 4.7 |
| 25 to 34 years | 6,103 | 12.0 |
| 35 to 44 years | 8,572 | 16.8 |
| 45 to 54 years | 6,965 | 13.6 |
| 55 to 64 years | 4,836 | 9.5 |
| 65 to 74 years | 3,532 | 6.9 |
| 75 years and over | 3,323 | 6.5 |
| Median age | 36.9 | male 36.2 female 37.7 |

| Household income | % | cum % |
|---------------------|-------|-------|
| under \$15,000 | 2,516 | 13.1 |
| \$15,000 - 24,999 | 1,949 | 10.1 |
| \$25,000 - 34,999 | 2,586 | 13.4 |
| \$35,000 - 49,999 | 3,616 | 18.8 |
| \$50,000 - 74,999 | 4,437 | 23.0 |
| \$75,000 - 99,999 | 2,252 | 11.7 |
| \$100,000 - 124,999 | 1,049 | 5.4 |
| \$125,000 - 149,999 | 407 | 2.1 |
| \$150,000 - 199,999 | 250 | 1.3 |
| \$200,000 and over | 216 | 1.1 |

| Race | | % |
|-------------------------|--------|------|
| white | 48,659 | 95.3 |
| black | 224 | 0.4 |
| American Indian | 123 | 0.2 |
| Asian, Pacific Islander | 233 | 0.5 |
| other, multi-racial | 1,793 | 3.5 |
| Hispanic | 3066 | 6.0 |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$45,413 | \$54,157 |
| Family income | \$52,692 | \$60,850 |
| Non-family income | \$28,275 | \$35,600 |

| Education (pers. 25+) | | % |
|------------------------|--------|------|
| no high school diploma | 5,645 | 16.9 |
| high school graduate | 12,117 | 36.4 |
| some college | 9,902 | 29.7 |
| college degree | 3,737 | 11.2 |
| graduate/professional | 1,930 | 5.8 |

| Vehicles available | | % |
|-----------------------|-------|------|
| without vehicle | 885 | 4.6 |
| 1 vehicle available | 5,513 | 28.6 |
| 2 vehicles available | 8,582 | 44.5 |
| 3+ vehicles available | 4,298 | 22.3 |
| vehicles/household | 1.95 | |

| Employment (pers. 16+) | | % |
|-------------------------|--------|------|
| in civilian labor force | 25,999 | 67.2 |
| employed | 24,799 | 95.4 |
| unemployed | 1,200 | 4.6 |
| in Armed Forces | 11 | 0.0 |
| not in labor force | 12,677 | 32.8 |

| Density | |
|----------------------------------|-------|
| households per sq.mile | 25.41 |
| household population per sq.mile | 66.46 |

| Housing units | 20,420 | % |
|-----------------|--------|------|
| owner occupied | 14,369 | 70.4 |
| renter occupied | 4,909 | 24.0 |
| vacant units | 1,142 | 5.6 |

2010 Demographics in brief

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Population | | | | Households | | | |
|-------------------------|------|---------|------|----------------------------------|------|----------|-------------|
| | | 142,476 | % | | | 53,868 | % |
| in households | | 135,437 | 95.1 | families | | 34,089 | 63.3 |
| in families | | 107,231 | 75.3 | non-families | | 19,779 | 36.7 |
| in non-families | | 28,206 | 19.8 | with persons under 18 | | 16,674 | 31.0 |
| in group quarters | | 7,039 | 4.9 | 1 person households | | 14,269 | 26.5 |
| noninstitutional GQ | | 6,018 | 4.2 | 2 person households | | 18,815 | 34.9 |
| under age 18 | | 31,842 | 22.3 | 3-4 person households | | 15,499 | 28.8 |
| male | | 71,180 | 50.0 | 5+ person households | | 5,332 | 9.9 |
| female | | 71,313 | 50.1 | Household size | | 2.51 | Family size |
| | | | | | | | 3.15 |
| Age | | | | Household income | | | |
| | | | % | | | % | cum % |
| under 5 years | | 8,700 | 6.1 | under \$15,000 | | 7,703 | 14.3 |
| 5 to 9 years | | 8,605 | 6.0 | \$15,000 - 24,999 | | 6,428 | 11.9 |
| 10 to 14 years | | 8,783 | 6.2 | \$25,000 - 34,999 | | 5,711 | 10.6 |
| 15 to 19 years | | 12,549 | 8.8 | \$35,000 - 49,999 | | 7,902 | 14.7 |
| 20 to 24 years | | 17,981 | 12.6 | \$50,000 - 74,999 | | 10,620 | 19.7 |
| 25 to 34 years | | 17,875 | 12.5 | \$75,000 - 99,999 | | 7,024 | 13.0 |
| 35 to 44 years | | 16,332 | 11.5 | \$100,000 - 124,999 | | 3,967 | 7.4 |
| 45 to 54 years | | 19,408 | 13.6 | \$125,000 - 149,999 | | 1,943 | 3.6 |
| 55 to 64 years | | 15,232 | 10.7 | \$150,000 - 199,999 | | 1,335 | 2.5 |
| 65 to 74 years | | 9,161 | 6.4 | \$200,000 and over | | 1,025 | 1.9 |
| 75 years and over | | 7,669 | 5.4 | | | | |
| Median age | 36.7 | male | 35.8 | female | 37.4 | | |
| Race | | | | Median | | | |
| | | | % | | | Average | |
| white | | 120,553 | 84.6 | Household income | | \$50,314 | \$58,597 |
| black | | 8,912 | 6.3 | Family income | | \$64,000 | \$72,042 |
| American Indian | | 384 | 0.3 | Non-family income | | \$30,026 | \$35,425 |
| Asian, Pacific Islander | | 3,169 | 2.2 | | | | |
| other, multi-racial | | 9,436 | 6.6 | Vehicles available | | | |
| | | | | | | % | |
| Hispanic | | 15,273 | 10.7 | without vehicle | | 3,320 | 6.2 |
| | | | | 1 vehicle available | | 16,895 | 31.4 |
| | | | | 2 vehicles available | | 20,801 | 38.6 |
| | | | | 3+ vehicles available | | 12,874 | 23.9 |
| | | | | vehicles/household | | 1.92 | |
| Education (pers. 25+) | | | | Density | | | |
| | | | % | | | | |
| no high school diploma | | 10,099 | 11.8 | households per sq.mile | | 49.17 | |
| high school graduate | | 28,469 | 33.2 | household population per sq.mile | | 123.62 | |
| some college | | 27,824 | 32.4 | | | | |
| college degree | | 12,540 | 14.6 | Housing units | | | |
| graduate/professional | | 6,914 | 8.1 | | | 57,933 | % |
| Employment (pers. 16+) | | | | | | | |
| | | | % | | | | |
| in civilian labor force | | 77,980 | 68.1 | owner occupied | | 34,767 | 60.0 |
| employed | | 68,260 | 87.5 | renter occupied | | 19,101 | 33.0 |
| unemployed | | 9,720 | 12.5 | vacant units | | 4,065 | 7.0 |
| In Armed Forces | | 14 | 0.0 | | | | |
| not in labor force | | 36,536 | 31.9 | | | | |

2010 Demographics in brief

Rochelle, IL
(Place 17-64746)

Page 1 of 1
Site located at
41.94219, 89.08496

| Population | | 9,596 | % |
|-------------------------------|------|-----------|-------------|
| in households | | 9,513 | 99.1 |
| in families | | 7,768 | 81.0 |
| in non-families | | 1,745 | 18.2 |
| in group quarters | | 83 | 0.9 |
| noninstitutional GQ | | 10 | 0.1 |
| under age 18 | | 2,508 | 26.1 |
| male | | 4,694 | 48.9 |
| female | | 4,902 | 51.1 |
| Age | | | % |
| under 5 years | | 723 | 7.5 |
| 5 to 9 years | | 685 | 7.1 |
| 10 to 14 years | | 649 | 6.8 |
| 15 to 19 years | | 699 | 7.3 |
| 20 to 24 years | | 683 | 7.1 |
| 25 to 34 years | | 1,228 | 12.8 |
| 35 to 44 years | | 1,246 | 13.0 |
| 45 to 54 years | | 1,315 | 13.7 |
| 55 to 64 years | | 973 | 10.1 |
| 65 to 74 years | | 677 | 7.1 |
| 75 years and over | | 718 | 7.5 |
| Median age | 36.0 | male 34.5 | female 37.5 |
| Race | | | % |
| white | | 8,156 | 85.0 |
| black | | 217 | 2.3 |
| American Indian | | 30 | 0.3 |
| Asian, Pacific Islander | | 77 | 0.8 |
| other, multi-racial | | 1,116 | 11.6 |
| Hispanic | | 2,255 | 23.5 |
| Education (pers. 25+) | | | % |
| no high school diploma | | 1,135 | 18.4 |
| high school graduate | | 2,159 | 35.1 |
| some college | | 1,875 | 30.5 |
| college degree | | 690 | 11.2 |
| graduate/professional | | 298 | 4.8 |
| Employment (pers. 16+) | | | % |
| in civilian labor force | | 5,036 | 68.1 |
| employed | | 4,416 | 87.7 |
| unemployed | | 620 | 12.3 |
| in Armed Forces | | 0 | 0.0 |
| not in labor force | | 2,360 | 31.9 |

| Households | | 3,845 | % |
|-----------------------|------|-------------|------|
| families | | 2,403 | 62.5 |
| non-families | | 1,442 | 37.5 |
| with persons under 18 | | 1,285 | 33.4 |
| 1 person households | | 1,197 | 31.1 |
| 2 person households | | 1,203 | 31.3 |
| 3-4 person households | | 1,046 | 27.2 |
| 5+ person households | | 399 | 10.4 |
| Household size | 2.47 | Family size | 3.23 |

| Household income | % | cum % |
|---------------------|-----|-------|
| under \$15,000 | 421 | 10.9 |
| \$15,000 - 24,999 | 395 | 10.3 |
| \$25,000 - 34,999 | 551 | 14.3 |
| \$35,000 - 49,999 | 755 | 19.6 |
| \$50,000 - 74,999 | 830 | 21.6 |
| \$75,000 - 99,999 | 448 | 11.7 |
| \$100,000 - 124,999 | 232 | 6.0 |
| \$125,000 - 149,999 | 115 | 3.0 |
| \$150,000 - 199,999 | 70 | 1.8 |
| \$200,000 and over | 28 | 0.7 |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$46,333 | \$51,943 |
| Family income | \$57,713 | \$62,184 |
| Non-family income | \$31,363 | \$34,877 |

| Vehicles available | % |
|-----------------------|-------|
| without vehicle | 342 |
| 1 vehicle available | 1,539 |
| 2 vehicles available | 1,257 |
| 3+ vehicles available | 707 |
| vehicles/household | 1.68 |

| Density | |
|----------------------------------|--------|
| households per sq.mile | 295.77 |
| household population per sq.mile | 731.77 |

| Housing units | 4,154 | % |
|-----------------|-------|------|
| owner occupied | 2,238 | 53.9 |
| renter occupied | 1,607 | 38.7 |
| vacant units | 309 | 7.4 |

2010 Demographics in brief

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

| Population | | | Households | | | |
|-------------------------------|--------|-----------|-------------------------|--------|-------------|-------|
| | 53,497 | % | | 20,856 | % | |
| in households | 52,972 | 99.0 | families | 14,711 | 70.5 | |
| in families | 45,542 | 85.1 | non-families | 6,145 | 29.5 | |
| in non-families | 7,430 | 13.9 | with persons under 18 | 6,905 | 33.1 | |
| in group quarters | 525 | 1.0 | 1 person households | 5,113 | 24.5 | |
| noninstitutional GQ | 47 | 0.1 | 2 person households | 7,573 | 36.3 | |
| under age 18 | 13,244 | 24.8 | 3-4 person households | 6,098 | 29.2 | |
| male | 26,523 | 49.6 | 5+ person households | 2,072 | 9.9 | |
| female | 26,974 | 50.4 | Household size | 2.54 | Family size | 3.10 |
| Age | | % | Household income | | % | cum % |
| under 5 years | 3,179 | 5.9 | under \$15,000 | 2,049 | 9.8 | 9.8 |
| 5 to 9 years | 3,591 | 6.7 | \$15,000 - 24,999 | 2,109 | 10.1 | 19.9 |
| 10 to 14 years | 3,909 | 7.3 | \$25,000 - 34,999 | 2,285 | 11.0 | 30.9 |
| 15 to 19 years | 3,955 | 7.4 | \$35,000 - 49,999 | 3,107 | 14.9 | 45.8 |
| 20 to 24 years | 2,728 | 5.1 | \$50,000 - 74,999 | 4,782 | 22.9 | 68.7 |
| 25 to 34 years | 5,603 | 10.5 | \$75,000 - 99,999 | 2,993 | 14.4 | 83.1 |
| 35 to 44 years | 7,019 | 13.1 | \$100,000 - 124,999 | 1,646 | 7.9 | 91.0 |
| 45 to 54 years | 8,696 | 16.3 | \$125,000 - 149,999 | 885 | 4.2 | 95.2 |
| 55 to 64 years | 6,695 | 12.5 | \$150,000 - 199,999 | 694 | 3.3 | 98.5 |
| 65 to 74 years | 4,466 | 8.3 | \$200,000 and over | 306 | 1.5 | 100.0 |
| 75 years and over | 3,656 | 6.8 | | | | |
| Median age | 40.3 | male 39.6 | female | 41.1 | | |
| Race | | % | | | | |
| white | 49,867 | 93.2 | | | | |
| black | 483 | 0.9 | | | | |
| American Indian | 111 | 0.2 | | | | |
| Asian, Pacific Islander | 264 | 0.5 | | | | |
| other, multi-racial | 2,772 | 5.2 | | | | |
| Hispanic | 4,741 | 8.9 | | | | |
| Education (pers. 25+) | | % | | | | |
| no high school diploma | 4,202 | 11.6 | | | | |
| high school graduate | 13,092 | 36.2 | | | | |
| some college | 11,957 | 33.1 | | | | |
| college degree | 4,464 | 12.4 | | | | |
| graduate/professional | 2,420 | 6.7 | | | | |
| Employment (pers. 16+) | | % | | | | |
| in civilian labor force | 28,329 | 67.4 | | | | |
| employed | 24,865 | 87.8 | | | | |
| unemployed | 3,464 | 12.2 | | | | |
| in Armed Forces | 8 | 0.0 | | | | |
| not in labor force | 13,676 | 32.6 | | | | |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$53,870 | \$62,436 |
| Family income | \$64,832 | \$71,588 |
| Non-family income | \$30,570 | \$40,526 |

| | | % |
|---------------------------|-------|------|
| Vehicles available | | |
| without vehicle | 882 | 4.2 |
| 1 vehicle available | 5,810 | 27.9 |
| 2 vehicles available | 8,423 | 40.4 |
| 3+ vehicles available | 5,741 | 27.5 |
| vehicles/household | 2.02 | |

| Density | |
|-----------------------------------|-------|
| households per sq. mile | 27.49 |
| household population per sq. mile | 69.83 |

| | 22,561 | % |
|----------------------|--------|------|
| Housing units | | |
| owner occupied | 15,922 | 70.6 |
| renter occupied | 4,934 | 21.9 |
| vacant units | 1,705 | 7.6 |

2010 Demographics in brief

DeKalb, IL
(County 17037)

Site located at
41.94219, 89.08496

| Population | 105,160 | % |
|---------------------|---------|------|
| in households | 98,487 | 93.7 |
| in families | 76,349 | 72.6 |
| in non-families | 22,138 | 21.1 |
| in group quarters | 6,673 | 6.3 |
| noninstitutional GQ | 5,985 | 5.7 |
| under age 18 | 23,490 | 22.3 |
| male | 52,530 | 50.0 |
| female | 52,630 | 50.0 |

| Households | 38,484 | % |
|-----------------------|--------|------------------|
| families | 23,781 | 61.8 |
| non-families | 14,703 | 38.2 |
| with persons under 18 | 12,285 | 31.9 |
| 1 person households | 9,934 | 25.8 |
| 2 person households | 12,914 | 33.6 |
| 3-4 person households | 11,625 | 30.2 |
| 5+ person households | 4,011 | 10.4 |
| Household size | 2.56 | Family size 3.21 |

| Age | | % |
|-------------------|--------|------|
| under 5 years | 6,645 | 6.3 |
| 5 to 9 years | 6,655 | 6.3 |
| 10 to 14 years | 6,351 | 6.0 |
| 15 to 19 years | 9,755 | 9.3 |
| 20 to 24 years | 15,901 | 15.1 |
| 25 to 34 years | 14,767 | 14.0 |
| 35 to 44 years | 11,956 | 11.4 |
| 45 to 54 years | 13,051 | 12.4 |
| 55 to 64 years | 9,742 | 9.3 |
| 65 to 74 years | 5,395 | 5.1 |
| 75 years and over | 4,942 | 4.7 |

| Household income | % | cum % |
|---------------------|-------|-------|
| under \$15,000 | 5,407 | 14.0 |
| \$15,000 - 24,999 | 4,297 | 25.2 |
| \$25,000 - 34,999 | 3,681 | 34.8 |
| \$35,000 - 49,999 | 5,146 | 48.2 |
| \$50,000 - 74,999 | 7,720 | 68.2 |
| \$75,000 - 99,999 | 4,934 | 81.0 |
| \$100,000 - 124,999 | 3,485 | 90.1 |
| \$125,000 - 149,999 | 1,680 | 94.5 |
| \$150,000 - 199,999 | 1,235 | 97.7 |
| \$200,000 and over | 899 | 100.0 |

Median age 29.9 male 29.1 female 30.7

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$51,657 | \$62,985 |
| Family income | \$68,457 | \$79,848 |
| Non-family income | \$28,781 | \$35,710 |

| Race | | % |
|-------------------------|--------|------|
| white | 89,453 | 85.1 |
| black | 6,732 | 6.4 |
| American Indian | 267 | 0.3 |
| Asian, Pacific Islander | 2,461 | 2.3 |
| other, multi-racial | 6,247 | 5.9 |

| Vehicles available | % |
|-----------------------|-------------|
| without vehicle | 2,418 6.3 |
| 1 vehicle available | 11,705 30.4 |
| 2 vehicles available | 15,328 39.8 |
| 3+ vehicles available | 9,033 23.5 |
| vehicles/household | 1.90 |

| Hispanic | 10,647 | 10.1 |
|------------------------------|--------|------|
| Education (pers. 25+) | 59,853 | % |
| no high school diploma | 5,109 | 8.5 |
| high school graduate | 17,498 | 29.2 |
| some college | 20,359 | 34.0 |
| college degree | 10,877 | 18.2 |
| graduate/professional | 6,010 | 10.0 |

| Density | |
|----------------------------------|--------|
| households per sq.mile | 60.96 |
| household population per sq.mile | 156.00 |

| Employment | (pers. 16+) | 84,187 | % |
|-------------------------|-------------|--------|---|
| in civilian labor force | 58,867 | 69.9 | |
| employed | 51,790 | 88.0 | |
| unemployed | 7,077 | 12.0 | |
| in Armed Forces | 1 | 0.0 | |
| not in labor force | 25,319 | 30.1 | |

| Housing units | 41,079 | % |
|-----------------|--------|------|
| owner occupied | 23,547 | 57.3 |
| renter occupied | 14,937 | 36.4 |
| vacant units | 2,595 | 6.3 |

2010 Demographics in brief

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

| Population | 36,031 | % |
|---------------------|--------|------|
| in households | 33,159 | 92.0 |
| in families | 27,533 | 76.4 |
| in non-families | 5,626 | 15.6 |
| in group quarters | 2,872 | 8.0 |
| noninstitutional GQ | 208 | 0.6 |
| under age 18 | 7,734 | 21.5 |
| male | 18,910 | 52.5 |
| female | 17,121 | 47.5 |

| Households | 13,758 | % |
|-----------------------|--------|------------------|
| families | 9,064 | 65.9 |
| non-families | 4,694 | 34.1 |
| with persons under 18 | 4,132 | 30.0 |
| 1 person households | 3,962 | 28.8 |
| 2 person households | 4,964 | 36.1 |
| 3-4 person households | 3,626 | 26.4 |
| 5+ person households | 1,206 | 8.8 |
| Household size | 2.41 | Family size 3.04 |

| Age | | % |
|-------------------|-------|------|
| under 5 years | 2,048 | 5.7 |
| 5 to 9 years | 2,062 | 5.7 |
| 10 to 14 years | 2,126 | 5.9 |
| 15 to 19 years | 2,414 | 6.7 |
| 20 to 24 years | 2,000 | 5.6 |
| 25 to 34 years | 4,232 | 11.7 |
| 35 to 44 years | 4,696 | 13.0 |
| 45 to 54 years | 5,985 | 16.6 |
| 55 to 64 years | 4,824 | 13.4 |
| 65 to 74 years | 2,932 | 8.1 |
| 75 years and over | 2,712 | 7.5 |

| Household income | | % | cum % |
|---------------------|-------|------|-------|
| under \$15,000 | 1,693 | 12.3 | 12.3 |
| \$15,000 - 24,999 | 1,580 | 11.5 | 23.8 |
| \$25,000 - 34,999 | 1,766 | 12.8 | 36.6 |
| \$35,000 - 49,999 | 2,221 | 16.1 | 52.8 |
| \$50,000 - 74,999 | 2,696 | 19.6 | 72.4 |
| \$75,000 - 99,999 | 1,885 | 13.7 | 86.1 |
| \$100,000 - 124,999 | 973 | 7.1 | 93.1 |
| \$125,000 - 149,999 | 287 | 2.1 | 95.2 |
| \$150,000 - 199,999 | 322 | 2.3 | 97.6 |
| \$200,000 and over | 335 | 2.4 | 100.0 |

Median age 41.6 male 40.7 female 42.8

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$46,913 | \$60,122 |
| Family income | \$61,179 | \$73,569 |
| Non-family income | \$30,728 | \$34,156 |

| Race | | % |
|-------------------------|--------|------|
| white | 32,745 | 90.9 |
| black | 1,735 | 4.8 |
| American Indian | 74 | 0.2 |
| Asian, Pacific Islander | 256 | 0.7 |
| other, multi-racial | 1,221 | 3.4 |
| Hispanic | 1,802 | 5.0 |

| Vehicles available | | % |
|-----------------------|-------|------|
| without vehicle | 925 | 6.7 |
| 1 vehicle available | 4,267 | 31.0 |
| 2 vehicles available | 5,340 | 38.8 |
| 3+ vehicles available | 3,226 | 23.4 |
| vehicles/household | 1.90 | |

| Education (pers. 25+) | | % |
|------------------------|-------|------|
| no high school diploma | 3,478 | 13.7 |
| high school graduate | 9,340 | 36.8 |
| some college | 8,647 | 34.1 |
| college degree | 2,858 | 11.3 |
| graduate/professional | 1,058 | 4.2 |

| Density | |
|----------------------------------|-------|
| households per sq.mile | 18.98 |
| household population per sq.mile | 45.74 |

| Employment (pers. 16+) | | % |
|-------------------------|--------|------|
| in civilian labor force | 18,343 | 62.7 |
| employed | 16,380 | 89.3 |
| unemployed | 1,963 | 10.7 |
| in Armed Forces | 3 | 0.0 |
| not in labor force | 10,926 | 37.3 |

| Housing units | 15,049 | % |
|-----------------|--------|------|
| owner occupied | 10,213 | 67.9 |
| renter occupied | 3,545 | 23.6 |
| vacant units | 1,291 | 8.6 |

2017 Demographics in brief

Rochelle 20 Mile Market Area

Page 1 of 1

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Population | | | | Households | | | |
|-------------------------------|------|-----------|-------------|-------------------------|--------|-------------|-------|
| | | 137,501 | % | | | 54,216 | % |
| in households | | 131,044 | 95.3 | families | | 33,532 | 61.8 |
| in families | | 102,154 | 74.3 | non-families | | 20,684 | 38.2 |
| in non-families | | 28,890 | 21.0 | with persons under 18 | | 15,603 | 28.8 |
| in group quarters | | 6,457 | 4.7 | 1 person households | | 15,393 | 28.4 |
| noninstitutional GQ | | 5,469 | 4.0 | 2 person households | | 19,409 | 35.8 |
| under age 18 | | 28,539 | 20.8 | 3-4 person households | | 14,548 | 26.8 |
| male | | 68,377 | 49.7 | 5+ person households | | 4,866 | 9.0 |
| female | | 69,124 | 50.3 | Household size | 2.42 | Family size | 3.05 |
| Age | | | % | Household income | | % | cum % |
| under 5 years | | 7,600 | 5.5 | under \$15,000 | 6,996 | 12.9 | 12.9 |
| 5 to 9 years | | 7,916 | 5.8 | \$15,000 - 24,999 | 5,695 | 10.5 | 23.4 |
| 10 to 14 years | | 8,454 | 6.1 | \$25,000 - 34,999 | 5,617 | 10.4 | 33.8 |
| 15 to 19 years | | 11,606 | 8.4 | \$35,000 - 49,999 | 7,725 | 14.2 | 48.0 |
| 20 to 24 years | | 16,166 | 11.8 | \$50,000 - 74,999 | 10,116 | 18.7 | 66.7 |
| 25 to 34 years | | 18,418 | 13.4 | \$75,000 - 99,999 | 6,924 | 12.8 | 79.4 |
| 35 to 44 years | | 14,671 | 10.7 | \$100,000 - 124,999 | 4,394 | 8.1 | 87.6 |
| 45 to 54 years | | 16,455 | 12.0 | \$125,000 - 149,999 | 2,965 | 5.5 | 93.0 |
| 55 to 64 years | | 16,575 | 12.1 | \$150,000 - 199,999 | 2,517 | 4.6 | 97.7 |
| 65 to 74 years | | 11,209 | 8.2 | \$200,000 and over | 1,266 | 2.3 | 100.0 |
| 75 years and over | | 8,431 | 6.1 | | | | |
| Median age | 42.6 | male 42.3 | female 43.2 | | | | |
| Race | | | % | | | | |
| white | | 113,398 | 82.5 | | | | |
| black | | 10,249 | 7.5 | | | | |
| American Indian | | 330 | 0.2 | | | | |
| Asian, Pacific Islander | | 3,770 | 2.7 | | | | |
| other, multi-racial | | 9,753 | 7.1 | | | | |
| Hispanic | | 16,124 | 11.7 | | | | |
| Education (pers. 25+) | | 86,343 | % | | | | |
| no high school diploma | | 8,604 | 10.0 | | | | |
| high school graduate | | 26,705 | 30.9 | | | | |
| some college | | 29,169 | 33.8 | | | | |
| college degree | | 13,680 | 15.8 | | | | |
| graduate/professional | | 8,185 | 9.5 | | | | |
| Employment (pers. 16+) | | 112,489 | % | | | | |
| in civilian labor force | | 73,592 | 65.4 | | | | |
| employed | | 69,461 | 94.4 | | | | |
| unemployed | | 4,131 | 5.6 | | | | |
| In Armed Forces | | 40 | 0.0 | | | | |
| not in labor force | | 38,857 | 34.5 | | | | |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$54,233 | \$69,133 |
| Family income | \$69,688 | \$85,703 |
| Non-family income | \$29,453 | \$42,270 |

| Vehicles available | | % |
|-----------------------|--------|------|
| without vehicle | 3,363 | 6.2 |
| 1 vehicle available | 18,266 | 33.7 |
| 2 vehicles available | 20,753 | 38.3 |
| 3+ vehicles available | 11,835 | 21.8 |
| vehicles/household | 1.87 | |

| Density | |
|----------------------------------|-----|
| households per sq.mile | 49 |
| household population per sq.mile | 120 |

| Housing units | 57,672 | % |
|-----------------|--------|------|
| owner occupied | 34,893 | 60.5 |
| renter occupied | 19,323 | 33.5 |
| vacant units | 3,456 | 6.0 |

2017 Demographics in brief

Ogle County, Illinois

Page 1 of 1

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

| Population | | | Households | | | |
|-------------------------------|--------|-----------|-----------------------------------|---------------|----------------|-------|
| | 51,057 | % | | 20,786 | % | |
| in households | 50,532 | 99.0 | families | 14,349 | 69.0 | |
| in families | 42,863 | 84.0 | non-families | 6,437 | 31.0 | |
| in non-families | 7,669 | 15.0 | with persons under 18 | 6,315 | 30.4 | |
| in group quarters | 525 | 1.0 | 1 person households | 5,438 | 26.2 | |
| noninstitutional GQ | 47 | 0.1 | 2 person households | 7,797 | 37.5 | |
| under age 18 | 11,282 | 22.1 | 3-4 person households | 5,642 | 27.1 | |
| male | 25,317 | 49.6 | 5+ person households | 1,909 | 9.2 | |
| female | 25,740 | 50.4 | Household size | 2.43 | Family size | 2.99 |
| Age | | % | Household income | | % | cum % |
| under 5 years | 2,576 | 5.0 | under \$15,000 | 1,797 | 8.6 | 8.6 |
| 5 to 9 years | 3,019 | 5.9 | \$15,000 - 24,999 | 1,922 | 9.2 | 17.9 |
| 10 to 14 years | 3,445 | 6.7 | \$25,000 - 34,999 | 2,031 | 9.8 | 27.7 |
| 15 to 19 years | 3,485 | 6.8 | \$35,000 - 49,999 | 2,893 | 13.9 | 41.6 |
| 20 to 24 years | 3,124 | 6.1 | \$50,000 - 74,999 | 4,027 | 19.4 | 61.0 |
| 25 to 34 years | 5,521 | 10.8 | \$75,000 - 99,999 | 2,826 | 13.6 | 74.6 |
| 35 to 44 years | 5,883 | 11.5 | \$100,000 - 124,999 | 1,971 | 9.5 | 84.0 |
| 45 to 54 years | 7,199 | 14.1 | \$125,000 - 149,999 | 1,484 | 7.1 | 91.2 |
| 55 to 64 years | 7,350 | 14.4 | \$150,000 - 199,999 | 1,189 | 5.7 | 96.9 |
| 65 to 74 years | 5,207 | 10.2 | \$200,000 and over | 646 | 3.1 | 100.0 |
| 75 years and over | 4,248 | 8.3 | | | | |
| Median age | 42.4 | male 41.4 | female 43.3 | | | |
| | | | | Median | Average | |
| Race | | % | Household income | \$59,108 | \$79,296 | |
| white | 47,053 | 92.2 | Family income | \$73,992 | \$90,149 | |
| black | 580 | 1.1 | Non-family income | \$33,172 | \$55,103 | |
| American Indian | 114 | 0.2 | Vehicles available | | % | |
| Asian, Pacific Islander | 332 | 0.7 | without vehicle | 945 | 4.5 | |
| other, multi-racial | 2,978 | 5.8 | 1 vehicle available | 5,926 | 28.5 | |
| Hispanic | 5,053 | 9.9 | 2 vehicles available | 8,629 | 41.5 | |
| | | | 3+ vehicles available | 5,286 | 25.4 | |
| Education (pers. 25+) | 35,408 | % | vehicles/household | 1.98 | | |
| no high school diploma | 3,926 | 11.1 | Density | | | |
| high school graduate | 11,932 | 33.7 | households per sq. mile | | 27 | |
| some college | 12,298 | 34.7 | household population per sq. mile | | 67 | |
| college degree | 4,667 | 13.2 | | | | |
| graduate/professional | 2,585 | 7.3 | | | | |
| Employment (pers. 16+) | 41,308 | % | Housing units | 22,501 | % | |
| in civilian labor force | 26,616 | 64.4 | owner occupied | 15,837 | 70.4 | |
| employed | 25,189 | 94.6 | renter occupied | 4,949 | 22.0 | |
| unemployed | 1,427 | 5.4 | vacant units | 1,715 | 7.6 | |
| in Armed Forces | 15 | 0.0 | | | | |
| not in labor force | 14,677 | 35.5 | | | | |

2017 Demographics in brief

Lee County, Illinois

Page 1 of 1

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

| Population | 34,150 | % |
|---------------------|--------|------|
| in households | 31,098 | 91.1 |
| in families | 25,393 | 74.4 |
| in non-families | 5,705 | 16.7 |
| in group quarters | 3,052 | 8.9 |
| noninstitutional GQ | 200 | 0.6 |
| under age 18 | 6,730 | 19.7 |
| male | 18,142 | 53.1 |
| female | 16,008 | 46.9 |

| Households | 13,379 | % | |
|-----------------------|--------|-------------|------|
| families | 8,631 | 64.5 | |
| non-families | 4,748 | 35.5 | |
| with persons under 18 | 3,707 | 27.7 | |
| 1 person households | 4,060 | 30.3 | |
| 2 person households | 4,897 | 36.6 | |
| 3-4 person households | 3,322 | 24.8 | |
| 5+ person households | 1,100 | 8.2 | |
| Household size | 2.32 | Family size | 2.94 |

| Age | | % |
|-------------------|-------|-----------------------|
| under 5 years | 1,759 | 5.2 |
| 5 to 9 years | 1,882 | 5.5 |
| 10 to 14 years | 1,940 | 5.7 |
| 15 to 19 years | 1,962 | 5.7 |
| 20 to 24 years | 2,080 | 6.1 |
| 25 to 34 years | 4,216 | 12.3 |
| 35 to 44 years | 4,093 | 12.0 |
| 45 to 54 years | 4,749 | 13.9 |
| 55 to 64 years | 5,112 | 15.0 |
| 65 to 74 years | 3,537 | 10.4 |
| 75 years and over | 2,820 | 8.3 |
| Median age | 42.9 | male 41.5 female 44.6 |

| Household income | | % | cum % |
|---------------------|-------|------|-------|
| under \$15,000 | 1,241 | 9.3 | 9.3 |
| \$15,000 - 24,999 | 1,350 | 10.1 | 19.4 |
| \$25,000 - 34,999 | 1,363 | 10.2 | 29.6 |
| \$35,000 - 49,999 | 1,866 | 13.9 | 43.5 |
| \$50,000 - 74,999 | 2,901 | 21.7 | 65.2 |
| \$75,000 - 99,999 | 1,930 | 14.4 | 79.6 |
| \$100,000 - 124,999 | 1,137 | 8.5 | 88.1 |
| \$125,000 - 149,999 | 559 | 4.2 | 92.3 |
| \$150,000 - 199,999 | 596 | 4.5 | 96.7 |
| \$200,000 and over | 436 | 3.3 | 100.0 |

| | Median | Average |
|-------------------|----------|----------|
| Household income | \$56,819 | \$75,638 |
| Family income | \$71,666 | \$92,674 |
| Non-family income | \$32,494 | \$44,670 |

| Race | | % |
|-------------------------|--------|------|
| white | 30,459 | 89.2 |
| black | 1,937 | 5.7 |
| American Indian | 77 | 0.2 |
| Asian, Pacific Islander | 320 | 0.9 |
| other, multi-racial | 1,357 | 4.0 |
| Hispanic | 2,049 | 6.0 |

| Vehicles available | | % |
|-----------------------|-------|------|
| without vehicle | 713 | 5.3 |
| 1 vehicle available | 4,123 | 30.8 |
| 2 vehicles available | 5,371 | 40.1 |
| 3+ vehicles available | 3,172 | 23.7 |
| vehicles/household | 1.90 | |

| Education (pers. 25+) | | % |
|------------------------|-------|------|
| no high school diploma | 2,823 | 11.5 |
| high school graduate | 9,213 | 37.6 |
| some college | 8,107 | 33.1 |
| college degree | 2,733 | 11.1 |
| graduate/professional | 1,651 | 6.7 |

| Density | |
|----------------------------------|----|
| households per sq.mile | 18 |
| household population per sq.mile | 43 |

| Employment (pers. 16+) | | % |
|-------------------------|--------|------|
| in civilian labor force | 16,247 | 57.7 |
| employed | 15,498 | 95.4 |
| unemployed | 749 | 4.6 |
| in Armed Forces | 10 | 0.0 |
| not in labor force | 11,907 | 42.3 |

| Housing units | 14,947 | % |
|-----------------|--------|------|
| owner occupied | 9,917 | 66.3 |
| renter occupied | 3,462 | 23.2 |
| vacant units | 1,568 | 10.5 |

2022 Demographics in brief

Rochelle 20 Mile Market Area

Page 1 of 1

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Population | 134,053 | % |
|---------------------|---------|------|
| in households | 127,592 | 95.2 |
| in families | 97,798 | 73.0 |
| in non-families | 29,794 | 22.2 |
| in group quarters | 6,461 | 4.8 |
| noninstitutional GQ | 5,469 | 4.1 |
| under age 18 | 26,698 | 19.9 |
| male | 66,532 | 49.6 |
| female | 67,522 | 50.4 |

| Households | 55,421 | % |
|-----------------------|--------|------------------|
| families | 32,852 | 59.3 |
| non-families | 22,569 | 40.7 |
| with persons under 18 | 14,913 | 26.9 |
| 1 person households | 18,146 | 32.7 |
| 2 person households | 20,455 | 36.9 |
| 3-4 person households | 12,653 | 22.8 |
| 5+ person households | 4,168 | 7.5 |
| Household size | 2.30 | Family size 2.98 |

| Age | | % |
|-------------------|--------|-----------------------|
| under 5 years | 7,452 | 5.6 |
| 5 to 9 years | 7,282 | 5.4 |
| 10 to 14 years | 7,661 | 5.7 |
| 15 to 19 years | 11,220 | 8.4 |
| 20 to 24 years | 13,341 | 10.0 |
| 25 to 34 years | 19,449 | 14.5 |
| 35 to 44 years | 15,006 | 11.2 |
| 45 to 54 years | 14,715 | 11.0 |
| 55 to 64 years | 15,599 | 11.6 |
| 65 to 74 years | 12,300 | 9.2 |
| 75 years and over | 10,027 | 7.5 |
| Median age | 43.2 | male 42.6 female 44.1 |

| Household income | | % | cum % |
|---------------------|-------|------|-------|
| under \$15,000 | 5,951 | 10.7 | 10.7 |
| \$15,000 - 24,999 | 4,636 | 8.4 | 19.1 |
| \$25,000 - 34,999 | 5,100 | 9.2 | 28.3 |
| \$35,000 - 49,999 | 7,133 | 12.9 | 41.2 |
| \$50,000 - 74,999 | 9,866 | 17.8 | 59.0 |
| \$75,000 - 99,999 | 7,284 | 13.1 | 72.1 |
| \$100,000 - 124,999 | 5,383 | 9.7 | 81.8 |
| \$125,000 - 149,999 | 3,457 | 6.2 | 88.1 |
| \$150,000 - 199,999 | 4,188 | 7.6 | 95.6 |
| \$200,000 and over | 2,424 | 4.4 | 100.0 |

| | Median | Average |
|-------------------|----------|-----------|
| Household income | \$62,675 | \$76,285 |
| Family income | \$82,125 | \$100,883 |
| Non-family income | \$31,919 | \$40,480 |

| Race | | % |
|-------------------------|---------|------|
| white | 109,090 | 81.4 |
| black | 10,504 | 7.8 |
| American Indian | 346 | 0.3 |
| Asian, Pacific Islander | 4,030 | 3.0 |
| other, multi-racial | 10,083 | 7.5 |
| Hispanic | 16,903 | 12.6 |

| Vehicles available | | % |
|-----------------------|--------|------|
| without vehicle | 3,405 | 6.1 |
| 1 vehicle available | 18,639 | 33.6 |
| 2 vehicles available | 21,403 | 38.6 |
| 3+ vehicles available | 11,970 | 21.6 |
| vehicles/household | 1.85 | |

| Education (pers. 25+) | | % |
|------------------------|--------|------|
| no high school diploma | 8,757 | 10.0 |
| high school graduate | 26,794 | 30.6 |
| some college | 29,542 | 33.7 |
| college degree | 14,190 | 16.2 |
| graduate/professional | 8,358 | 9.5 |

| Density | |
|----------------------------------|-----|
| households per sq.mile | 51 |
| household population per sq.mile | 116 |

| Employment (pers. 16+) | | % |
|-------------------------|--------|------|
| in civilian labor force | 57,344 | 66.4 |
| employed | 53,844 | 93.9 |
| unemployed | 3,500 | 6.1 |
| in Armed Forces | 35 | 0.0 |
| not in labor force | 28,925 | 33.5 |

| Housing units | 59,012 | % |
|-----------------|--------|------|
| owner occupied | 36,150 | 61.3 |
| renter occupied | 19,271 | 32.7 |
| vacant units | 3,590 | 6.1 |

2022 Demographics in brief

Ogle County, Illinois

Page 1 of 1

Ogle, IL
(County 17141)

Site located at
41.94219, 89.08496

| Population | | | | Households | | | |
|-------------------------------|--------|-----------|-------------|----------------------------------|---------------|---------------|----------------|
| | 49,253 | % | | | 21,256 | % | |
| in households | 48,728 | 98.9 | | families | 13,706 | 64.5 | |
| in families | 39,877 | 81.0 | | non-families | 7,550 | 35.5 | |
| in non-families | 8,851 | 18.0 | | with persons under 18 | 5,868 | 27.6 | |
| in group quarters | 525 | 1.1 | | 1 person households | 6,707 | 31.6 | |
| noninstitutional GQ | 47 | 0.1 | | 2 person households | 8,269 | 38.9 | |
| under age 18 | 10,101 | 20.5 | | 3-4 person households | 4,712 | 22.2 | |
| male | 24,351 | 49.4 | | 5+ person households | 1,568 | 7.4 | |
| female | 24,902 | 50.6 | | Household size | 2.29 | Family size | 2.91 |
| Age | | % | | Household income | | % | cum % |
| under 5 years | 2,508 | 5.1 | | under \$15,000 | 1,448 | 6.8 | 6.8 |
| 5 to 9 years | 2,615 | 5.3 | | \$15,000 - 24,999 | 1,560 | 7.3 | 14.2 |
| 10 to 14 years | 2,927 | 5.9 | | \$25,000 - 34,999 | 1,801 | 8.5 | 22.6 |
| 15 to 19 years | 3,201 | 6.5 | | \$35,000 - 49,999 | 2,525 | 11.9 | 34.5 |
| 20 to 24 years | 3,207 | 6.5 | | \$50,000 - 74,999 | 4,007 | 18.9 | 53.4 |
| 25 to 34 years | 5,733 | 11.6 | | \$75,000 - 99,999 | 2,885 | 13.6 | 66.9 |
| 35 to 44 years | 5,468 | 11.1 | | \$100,000 - 124,999 | 2,176 | 10.2 | 77.2 |
| 45 to 54 years | 6,133 | 12.5 | | \$125,000 - 149,999 | 1,610 | 7.6 | 84.7 |
| 55 to 64 years | 6,884 | 14.0 | | \$150,000 - 199,999 | 2,047 | 9.6 | 94.4 |
| 65 to 74 years | 5,598 | 11.4 | | \$200,000 and over | 1,197 | 5.6 | 100.0 |
| 75 years and over | 4,979 | 10.1 | | | | | |
| Median age | 43.1 | male 41.8 | female 44.3 | | | | |
| Race | | % | | | | | |
| white | 45,119 | 91.6 | | | | | |
| black | 596 | 1.2 | | | | | |
| American Indian | 118 | 0.2 | | | | | |
| Asian, Pacific Islander | 341 | 0.7 | | | | | |
| other, multi-racial | 3,079 | 6.3 | | | | | |
| Hispanic | 5,260 | 10.7 | | | | | |
| Education (pers. 25+) | 34,795 | % | | | | | |
| no high school diploma | 3,859 | 11.1 | | | | | |
| high school graduate | 11,721 | 33.7 | | | | | |
| some college | 12,087 | 34.7 | | | | | |
| college degree | 4,588 | 13.2 | | | | | |
| graduate/professional | 2,540 | 7.3 | | | | | |
| Employment (pers. 16+) | 40,534 | % | | | | | |
| in civilian labor force | 26,109 | 64.4 | | | | | |
| employed | 24,710 | 94.6 | | | | | |
| unemployed | 1,399 | 5.4 | | | | | |
| in Armed Forces | 15 | 0.0 | | | | | |
| not in labor force | 14,410 | 35.6 | | | | | |
| | | | | Household income | | Median | Average |
| | | | | Household income | \$69,364 | \$89,468 | |
| | | | | Family income | \$88,681 | \$111,295 | |
| | | | | Non-family income | \$41,889 | \$49,844 | |
| | | | | Vehicles available | | | % |
| | | | | without vehicle | 969 | 4.6 | |
| | | | | 1 vehicle available | 6,068 | 28.5 | |
| | | | | 2 vehicles available | 8,820 | 41.5 | |
| | | | | 3+ vehicles available | 5,399 | 25.4 | |
| | | | | vehicles/household | 1.98 | | |
| | | | | Density | | | |
| | | | | households per sq.mile | | | 28 |
| | | | | household population per sq.mile | | | 64 |
| | | | | Housing units | 23,050 | % | |
| | | | | owner occupied | 16,166 | 70.1 | |
| | | | | renter occupied | 5,090 | 22.1 | |
| | | | | vacant units | 1,794 | 7.8 | |

2022 Demographics in brief

Lee County, Illinois

Page 1 of 1

Lee, IL
(County 17103)

Site located at
41.94219, 89.08496

| Population | 32,702 | % |
|---------------------|--------|------|
| in households | 29,650 | 90.7 |
| in families | 23,099 | 70.6 |
| in non-families | 6,551 | 20.0 |
| in group quarters | 3,052 | 9.3 |
| noninstitutional GQ | 200 | 0.6 |
| under age 18 | 6,369 | 19.5 |
| male | 17,376 | 53.1 |
| female | 15,326 | 46.9 |

| Households | 13,607 | % | |
|-----------------------|--------|-------------|------|
| families | 8,104 | 59.6 | |
| non-families | 5,503 | 40.4 | |
| with persons under 18 | 3,427 | 25.2 | |
| 1 person households | 4,931 | 36.2 | |
| 2 person households | 5,061 | 37.2 | |
| 3-4 person households | 2,742 | 20.2 | |
| 5+ person households | 873 | 6.4 | |
| Household size | 2.18 | Family size | 2.85 |

| Age | | % |
|-------------------|-------|-----------------------|
| under 5 years | 1,737 | 5.3 |
| 5 to 9 years | 1,732 | 5.3 |
| 10 to 14 years | 1,787 | 5.5 |
| 15 to 19 years | 1,904 | 5.8 |
| 20 to 24 years | 2,002 | 6.1 |
| 25 to 34 years | 4,150 | 12.7 |
| 35 to 44 years | 3,950 | 12.1 |
| 45 to 54 years | 4,056 | 12.4 |
| 55 to 64 years | 4,547 | 13.9 |
| 65 to 74 years | 3,718 | 11.4 |
| 75 years and over | 3,119 | 9.5 |
| Median age | 42.6 | male 41.2 female 44.5 |

| Household income | | % | cum % |
|---------------------|-------|------|-------|
| under \$15,000 | 983 | 7.2 | 7.2 |
| \$15,000 - 24,999 | 1,104 | 8.1 | 15.3 |
| \$25,000 - 34,999 | 1,164 | 8.6 | 23.9 |
| \$35,000 - 49,999 | 1,723 | 12.7 | 36.6 |
| \$50,000 - 74,999 | 2,629 | 19.3 | 55.9 |
| \$75,000 - 99,999 | 2,170 | 15.9 | 71.8 |
| \$100,000 - 124,999 | 1,406 | 10.3 | 82.2 |
| \$125,000 - 149,999 | 896 | 6.6 | 88.7 |
| \$150,000 - 199,999 | 792 | 5.8 | 94.6 |
| \$200,000 and over | 740 | 5.4 | 100.0 |

| | Median | Average |
|-------------------|----------|-----------|
| Household income | \$66,706 | \$87,062 |
| Family income | \$85,867 | \$119,382 |
| Non-family income | \$37,233 | \$39,466 |

| Race | | % |
|-------------------------|--------|------|
| white | 28,973 | 88.6 |
| black | 1,934 | 5.9 |
| American Indian | 79 | 0.2 |
| Asian, Pacific Islander | 317 | 1.0 |
| other, multi-racial | 1,399 | 4.3 |
| Hispanic | 2,129 | 6.5 |

| Vehicles available | | % |
|-----------------------|-------|------|
| without vehicle | 727 | 5.3 |
| 1 vehicle available | 4,197 | 30.8 |
| 2 vehicles available | 5,460 | 40.1 |
| 3+ vehicles available | 3,223 | 23.7 |
| vehicles/household | 1.90 | |

| Education (pers. 25+) | 23,540 | % |
|------------------------|--------|------|
| no high school diploma | 2,708 | 11.5 |
| high school graduate | 8,842 | 37.6 |
| some college | 7,782 | 33.1 |
| college degree | 2,623 | 11.1 |
| graduate/professional | 1,585 | 6.7 |

| Density | |
|-----------------------------------|----|
| households per sq. mile | 19 |
| household population per sq. mile | 41 |

| Employment (pers. 16+) | 26,950 | % |
|-------------------------|--------|------|
| in civilian labor force | 15,547 | 57.7 |
| employed | 14,831 | 95.4 |
| unemployed | 716 | 4.6 |
| in Armed Forces | 10 | 0.0 |
| not in labor force | 11,393 | 42.3 |

| Housing units | 15,344 | % |
|-----------------|--------|------|
| owner occupied | 10,066 | 65.6 |
| renter occupied | 3,541 | 23.1 |
| vacant units | 1,737 | 11.3 |

2017 Income by age of householder

households **1**

20 Mile Market Area

Page 1 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Households | 54,001 | % | Median income | Percent of households with income above... | | | | | |
|---------------------------|--------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 4,860 | 9.0 | \$34,145 | 26.1 | 15.7 | 8.5 | 4.9 | 2.6 | |
| 25 to 34 years | 8,957 | 16.6 | \$51,976 | 48.6 | 27.7 | 15.6 | 8.4 | 4.3 | |
| 35 to 44 years | 8,115 | 15.0 | \$76,070 | 62.8 | 48.1 | 34.8 | 23.0 | 13.3 | |
| 45 to 54 years | 9,414 | 17.4 | \$73,068 | 65.8 | 44.8 | 29.3 | 18.0 | 10.0 | |
| 55 to 64 years | 9,820 | 18.2 | \$50,439 | 45.0 | 27.8 | 14.7 | 8.2 | 4.7 | |
| 65 to 74 years | 7,016 | 13.0 | \$70,955 | 67.5 | 41.2 | 23.8 | 14.7 | 8.5 | |
| 75 years and over | 5,819 | 10.8 | \$46,602 | 41.2 | 21.9 | 10.2 | 6.3 | 3.9 | |

Income by age of householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 54,001 | % | 4,860 | % | 8,957 | % | 8,115 | % |
| under \$10,000 | 4,468 | 8.3 | 1,047 | 21.5 | 1,046 | 11.7 | 718 | 8.8 |
| \$10,000 - 19,999 | 5,171 | 9.6 | 782 | 16.1 | 776 | 8.7 | 711 | 8.8 |
| \$20,000 - 29,999 | 5,707 | 10.6 | 701 | 14.4 | 944 | 10.5 | 619 | 7.6 |
| \$30,000 - 39,999 | 5,439 | 10.1 | 594 | 12.2 | 959 | 10.7 | 533 | 6.6 |
| \$40,000 - 49,999 | 4,757 | 8.8 | 468 | 9.6 | 883 | 9.9 | 437 | 5.4 |
| \$50,000 - 59,999 | 4,673 | 8.7 | 256 | 5.3 | 935 | 10.4 | 496 | 6.1 |
| \$60,000 - 74,999 | 5,524 | 10.2 | 251 | 5.2 | 938 | 10.5 | 695 | 8.6 |
| \$75,000 - 99,999 | 7,157 | 13.3 | 350 | 7.2 | 1,082 | 12.1 | 1,080 | 13.3 |
| \$100,000 - 124,999 | 4,344 | 8.0 | 173 | 3.6 | 645 | 7.2 | 959 | 11.8 |
| \$125,000 - 150,000 | 2,943 | 5.4 | 111 | 2.3 | 363 | 4.1 | 787 | 9.7 |
| \$150,000 - 199,999 | 2,486 | 4.6 | 78 | 1.6 | 272 | 3.0 | 767 | 9.5 |
| \$200,000 and over | 1,330 | 2.5 | 49 | 1.0 | 115 | 1.3 | 314 | 3.9 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 9,414 | % | 9,820 | % | 7,016 | % | 5,819 | % |
| under \$10,000 | 409 | 4.3 | 596 | 6.1 | 305 | 4.3 | 347 | 6.0 |
| \$10,000 - 19,999 | 512 | 5.4 | 1,223 | 12.5 | 322 | 4.6 | 847 | 14.6 |
| \$20,000 - 29,999 | 618 | 6.6 | 1,174 | 12.0 | 570 | 8.1 | 1,082 | 18.6 |
| \$30,000 - 39,999 | 889 | 9.4 | 1,492 | 15.2 | 406 | 5.8 | 566 | 9.7 |
| \$40,000 - 49,999 | 795 | 8.4 | 919 | 9.4 | 676 | 9.6 | 580 | 10.0 |
| \$50,000 - 59,999 | 869 | 9.2 | 798 | 8.1 | 752 | 10.7 | 567 | 9.7 |
| \$60,000 - 74,999 | 1,104 | 11.7 | 889 | 9.1 | 1,092 | 15.6 | 555 | 9.5 |
| \$75,000 - 99,999 | 1,458 | 15.5 | 1,282 | 13.1 | 1,223 | 17.4 | 682 | 11.7 |
| \$100,000 - 124,999 | 1,066 | 11.3 | 637 | 6.5 | 638 | 9.1 | 226 | 3.9 |
| \$125,000 - 150,000 | 758 | 8.1 | 346 | 3.5 | 435 | 6.2 | 144 | 2.5 |
| \$150,000 - 199,999 | 627 | 6.7 | 234 | 2.4 | 415 | 5.9 | 94 | 1.6 |
| \$200,000 and over | 310 | 3.3 | 230 | 2.3 | 181 | 2.6 | 131 | 2.3 |

2017 Income by age of householder

owners

2

20 Mile Market Area

Page 2 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Owner households | 34,850 | % | | Percent of households with income above... | | | | |
|--------------------|--------|------|---------------|--|----------|-----------|-----------|-----------|
| Age of householder | | | Median income | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |
| under 25 years | 706 | 2.0 | \$67,727 | 48.7 | 35.6 | 21.5 | 14.2 | 7.5 |
| 25 to 34 years | 3,985 | 11.4 | \$71,096 | 67.8 | 42.5 | 23.9 | 12.6 | 6.1 |
| 35 to 44 years | 5,268 | 15.1 | \$95,022 | 75.2 | 61.8 | 46.1 | 31.1 | 18.3 |
| 45 to 54 years | 6,952 | 19.9 | \$86,813 | 77.1 | 55.2 | 37.1 | 23.0 | 12.8 |
| 55 to 64 years | 7,757 | 22.3 | \$56,745 | 50.6 | 32.3 | 17.4 | 9.7 | 5.5 |
| 65 to 74 years | 5,752 | 16.5 | \$78,122 | 74.4 | 46.7 | 27.5 | 17.2 | 10.0 |
| 75 years and over | 4,430 | 12.7 | \$50,807 | 44.9 | 23.9 | 11.0 | 6.7 | 4.2 |

Income by age of owner householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 34,850 | % | 706 | % | 3,985 | % | 5,268 | % |
| under \$10,000 | 1,265 | 3.6 | 50 | 7.1 | 161 | 4.0 | 265 | 5.0 |
| \$10,000 - 19,999 | 2,280 | 6.5 | 67 | 9.5 | 138 | 3.5 | 312 | 5.9 |
| \$20,000 - 29,999 | 2,870 | 8.2 | 74 | 10.5 | 250 | 6.3 | 284 | 5.4 |
| \$30,000 - 39,999 | 2,966 | 8.5 | 88 | 12.5 | 321 | 8.1 | 260 | 4.9 |
| \$40,000 - 49,999 | 2,911 | 8.4 | 84 | 11.9 | 410 | 10.3 | 188 | 3.6 |
| \$50,000 - 59,999 | 3,108 | 8.9 | 42 | 5.9 | 461 | 11.6 | 246 | 4.7 |
| \$60,000 - 74,999 | 4,162 | 11.9 | 51 | 7.2 | 547 | 13.7 | 460 | 8.7 |
| \$75,000 - 99,999 | 5,756 | 16.5 | 99 | 14.0 | 744 | 18.7 | 824 | 15.6 |
| \$100,000 - 124,999 | 3,647 | 10.5 | 52 | 7.4 | 448 | 11.2 | 790 | 15.0 |
| \$125,000 - 150,000 | 2,549 | 7.3 | 47 | 6.7 | 258 | 6.5 | 677 | 12.9 |
| \$150,000 - 199,999 | 2,197 | 6.3 | 34 | 4.8 | 174 | 4.4 | 685 | 13.0 |
| \$200,000 and over | 1,142 | 3.3 | 19 | 2.7 | 71 | 1.8 | 278 | 5.3 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 6,952 | % | 7,757 | % | 5,752 | % | 4,430 | % |
| under \$10,000 | 142 | 2.0 | 306 | 3.9 | 137 | 2.4 | 204 | 4.6 |
| \$10,000 - 19,999 | 215 | 3.1 | 790 | 10.2 | 170 | 3.0 | 588 | 13.3 |
| \$20,000 - 29,999 | 274 | 3.9 | 808 | 10.4 | 392 | 6.8 | 788 | 17.8 |
| \$30,000 - 39,999 | 478 | 6.9 | 1,158 | 14.9 | 260 | 4.5 | 401 | 9.1 |
| \$40,000 - 49,999 | 484 | 7.0 | 770 | 9.9 | 512 | 8.9 | 463 | 10.5 |
| \$50,000 - 59,999 | 619 | 8.9 | 648 | 8.4 | 621 | 10.8 | 471 | 10.6 |
| \$60,000 - 74,999 | 903 | 13.0 | 772 | 10.0 | 973 | 16.9 | 456 | 10.3 |
| \$75,000 - 99,999 | 1,258 | 18.1 | 1,155 | 14.9 | 1,104 | 19.2 | 572 | 12.9 |
| \$100,000 - 124,999 | 978 | 14.1 | 597 | 7.7 | 592 | 10.3 | 190 | 4.3 |
| \$125,000 - 150,000 | 713 | 10.3 | 325 | 4.2 | 418 | 7.3 | 111 | 2.5 |
| \$150,000 - 199,999 | 606 | 8.7 | 218 | 2.8 | 400 | 7.0 | 80 | 1.8 |
| \$200,000 and over | 283 | 4.1 | 210 | 2.7 | 174 | 3.0 | 107 | 2.4 |

2017 Income by age of householder

renters **3**

20 Mile Market Area

Page 3 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Renter households | 19,151 | % | Median income | Percent of households with income above... | | | | | |
|---------------------------|--------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 4,154 | 21.7 | \$29,751 | 22.2 | 12.3 | 6.2 | 3.3 | 1.8 | |
| 25 to 34 years | 4,972 | 26.0 | \$38,546 | 33.1 | 15.7 | 8.9 | 5.0 | 2.9 | |
| 35 to 44 years | 2,847 | 14.9 | \$44,856 | 40.0 | 22.9 | 13.9 | 8.0 | 4.1 | |
| 45 to 54 years | 2,462 | 12.9 | \$40,786 | 33.8 | 15.4 | 7.3 | 3.7 | 1.9 | |
| 55 to 64 years | 2,063 | 10.8 | \$33,940 | 23.8 | 10.9 | 4.8 | 2.8 | 1.7 | |
| 65 to 74 years | 1,263 | 6.6 | \$42,616 | 36.0 | 16.1 | 6.7 | 3.0 | 1.7 | |
| 75 years and over | 1,389 | 7.3 | \$37,992 | 29.7 | 15.7 | 7.8 | 5.2 | 2.8 | |

Income by age of renter householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 19,151 | % | 4,154 | % | 4,972 | % | 2,847 | % |
| under \$10,000 | 3,203 | 16.7 | 996 | 24.0 | 885 | 17.8 | 453 | 15.9 |
| \$10,000 - 19,999 | 2,892 | 15.1 | 715 | 17.2 | 638 | 12.8 | 399 | 14.0 |
| \$20,000 - 29,999 | 2,838 | 14.8 | 627 | 15.1 | 693 | 13.9 | 335 | 11.8 |
| \$30,000 - 39,999 | 2,473 | 12.9 | 507 | 12.2 | 638 | 12.8 | 273 | 9.6 |
| \$40,000 - 49,999 | 1,845 | 9.6 | 384 | 9.2 | 472 | 9.5 | 249 | 8.7 |
| \$50,000 - 59,999 | 1,566 | 8.2 | 214 | 5.2 | 474 | 9.5 | 249 | 8.7 |
| \$60,000 - 74,999 | 1,363 | 7.1 | 200 | 4.8 | 391 | 7.9 | 236 | 8.3 |
| \$75,000 - 99,999 | 1,401 | 7.3 | 251 | 6.0 | 338 | 6.8 | 256 | 9.0 |
| \$100,000 - 124,999 | 698 | 3.6 | 121 | 2.9 | 197 | 4.0 | 169 | 5.9 |
| \$125,000 - 150,000 | 395 | 2.1 | 64 | 1.5 | 105 | 2.1 | 110 | 3.9 |
| \$150,000 - 199,999 | 290 | 1.5 | 44 | 1.1 | 98 | 2.0 | 82 | 2.9 |
| \$200,000 and over | 187 | 1.0 | 30 | 0.7 | 44 | 0.9 | 36 | 1.3 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 2,462 | % | 2,063 | % | 1,263 | % | 1,389 | % |
| under \$10,000 | 268 | 10.9 | 290 | 14.1 | 168 | 13.3 | 143 | 10.3 |
| \$10,000 - 19,999 | 297 | 12.1 | 433 | 21.0 | 151 | 12.0 | 259 | 18.6 |
| \$20,000 - 29,999 | 345 | 14.0 | 366 | 17.7 | 178 | 14.1 | 294 | 21.2 |
| \$30,000 - 39,999 | 411 | 16.7 | 334 | 16.2 | 146 | 11.6 | 164 | 11.8 |
| \$40,000 - 49,999 | 310 | 12.6 | 149 | 7.2 | 164 | 13.0 | 117 | 8.4 |
| \$50,000 - 59,999 | 251 | 10.2 | 150 | 7.3 | 132 | 10.5 | 96 | 6.9 |
| \$60,000 - 74,999 | 201 | 8.2 | 117 | 5.7 | 120 | 9.5 | 98 | 7.1 |
| \$75,000 - 99,999 | 200 | 8.1 | 127 | 6.2 | 119 | 9.4 | 110 | 7.9 |
| \$100,000 - 124,999 | 88 | 3.6 | 41 | 2.0 | 46 | 3.6 | 36 | 2.6 |
| \$125,000 - 150,000 | 45 | 1.8 | 21 | 1.0 | 17 | 1.3 | 33 | 2.4 |
| \$150,000 - 199,999 | 21 | 0.9 | 16 | 0.8 | 15 | 1.2 | 14 | 1.0 |
| \$200,000 and over | 26 | 1.1 | 20 | 1.0 | 6 | 0.5 | 25 | 1.8 |

2022 Income by age of householder

households **1**

20 Mile Market Area

Page 1 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Households | 55,202 % | | Median income | Percent of households with income above... | | | | | |
|---------------------------|----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 3,824 | 6.9 | \$42,869 | 35.2 | 21.8 | 13.3 | 8.7 | 4.7 | |
| 25 to 34 years | 9,770 | 17.7 | \$59,152 | 53.1 | 34.2 | 22.2 | 13.1 | 8.4 | |
| 35 to 44 years | 8,515 | 15.4 | \$91,122 | 69.7 | 56.8 | 44.9 | 31.7 | 21.7 | |
| 45 to 54 years | 8,659 | 15.7 | \$81,969 | 69.3 | 50.9 | 36.2 | 23.8 | 14.8 | |
| 55 to 64 years | 9,459 | 17.1 | \$58,645 | 51.2 | 34.2 | 21.1 | 13.4 | 9.3 | |
| 65 to 74 years | 7,890 | 14.3 | \$82,519 | 74.1 | 52.4 | 34.0 | 21.9 | 13.9 | |
| 75 years and over | 7,085 | 12.8 | \$54,630 | 50.9 | 30.0 | 15.7 | 10.0 | 7.1 | |

Income by age of householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 55,202 | % | 3,824 | % | 9,770 | % | 8,515 | % |
| under \$10,000 | 3,955 | 7.2 | 677 | 17.7 | 1,049 | 10.7 | 639 | 7.5 |
| \$10,000 - 19,999 | 4,202 | 7.6 | 475 | 12.4 | 743 | 7.6 | 572 | 6.7 |
| \$20,000 - 29,999 | 4,955 | 9.0 | 499 | 13.0 | 925 | 9.5 | 495 | 5.8 |
| \$30,000 - 39,999 | 4,721 | 8.6 | 450 | 11.8 | 911 | 9.3 | 420 | 4.9 |
| \$40,000 - 49,999 | 4,602 | 8.3 | 376 | 9.8 | 950 | 9.7 | 454 | 5.3 |
| \$50,000 - 59,999 | 4,080 | 7.4 | 264 | 6.9 | 794 | 8.1 | 440 | 5.2 |
| \$60,000 - 74,999 | 5,776 | 10.5 | 250 | 6.5 | 1,052 | 10.8 | 659 | 7.7 |
| \$75,000 - 99,999 | 7,481 | 13.6 | 325 | 8.5 | 1,177 | 12.0 | 1,015 | 11.9 |
| \$100,000 - 124,999 | 5,365 | 9.7 | 177 | 4.6 | 890 | 9.1 | 1,121 | 13.2 |
| \$125,000 - 150,000 | 3,455 | 6.3 | 153 | 4.0 | 457 | 4.7 | 855 | 10.0 |
| \$150,000 - 199,999 | 4,106 | 7.4 | 100 | 2.6 | 543 | 5.6 | 1,191 | 14.0 |
| \$200,000 and over | 2,503 | 4.5 | 78 | 2.0 | 279 | 2.9 | 654 | 7.7 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 8,659 | % | 9,459 | % | 7,890 | % | 7,085 | % |
| under \$10,000 | 352 | 4.1 | 530 | 5.6 | 306 | 3.9 | 402 | 5.7 |
| \$10,000 - 19,999 | 411 | 4.7 | 1,006 | 10.6 | 269 | 3.4 | 726 | 10.2 |
| \$20,000 - 29,999 | 487 | 5.6 | 934 | 9.9 | 487 | 6.2 | 1,128 | 15.9 |
| \$30,000 - 39,999 | 687 | 7.9 | 1,242 | 13.1 | 377 | 4.8 | 633 | 8.9 |
| \$40,000 - 49,999 | 721 | 8.3 | 907 | 9.6 | 602 | 7.6 | 592 | 8.4 |
| \$50,000 - 59,999 | 609 | 7.0 | 678 | 7.2 | 644 | 8.2 | 651 | 9.2 |
| \$60,000 - 74,999 | 985 | 11.4 | 930 | 9.8 | 1,072 | 13.6 | 828 | 11.7 |
| \$75,000 - 99,999 | 1,270 | 14.7 | 1,231 | 13.0 | 1,453 | 18.4 | 1,010 | 14.3 |
| \$100,000 - 124,999 | 1,079 | 12.5 | 736 | 7.8 | 956 | 12.1 | 406 | 5.7 |
| \$125,000 - 150,000 | 779 | 9.0 | 381 | 4.0 | 627 | 7.9 | 204 | 2.9 |
| \$150,000 - 199,999 | 817 | 9.4 | 455 | 4.8 | 738 | 9.4 | 263 | 3.7 |
| \$200,000 and over | 462 | 5.3 | 428 | 4.5 | 359 | 4.6 | 242 | 3.4 |

2022 Income by age of householder

owners **2**

20 Mile Market Area

Page 2 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Owner households | 36,099 % | | Median income | Percent of households with income above... | | | | | |
|--------------------|----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 701 | 1.9 | \$75,616 | 54.9 | 41.7 | 24.8 | 18.1 | 11.1 | |
| 25 to 34 years | 4,420 | 12.2 | \$82,340 | 71.9 | 52.8 | 34.8 | 20.1 | 13.0 | |
| 35 to 44 years | 5,419 | 15.0 | \$114,852 | 83.7 | 73.2 | 59.5 | 43.3 | 29.9 | |
| 45 to 54 years | 6,347 | 17.6 | \$97,937 | 80.2 | 63.3 | 46.0 | 30.7 | 19.3 | |
| 55 to 64 years | 7,424 | 20.6 | \$66,907 | 57.4 | 40.2 | 25.3 | 16.0 | 11.3 | |
| 65 to 74 years | 6,395 | 17.7 | \$92,321 | 81.9 | 60.3 | 39.7 | 26.0 | 16.7 | |
| 75 years and over | 5,394 | 14.9 | \$60,399 | 55.8 | 33.5 | 17.7 | 11.2 | 8.0 | |

Income by age of owner householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 36,099 | % | 701 | % | 4,420 | % | 5,419 | % |
| under \$10,000 | 1,088 | 3.0 | 42 | 6.0 | 166 | 3.8 | 190 | 3.5 |
| \$10,000 - 19,999 | 1,808 | 5.0 | 51 | 7.3 | 163 | 3.7 | 191 | 3.5 |
| \$20,000 - 29,999 | 2,424 | 6.7 | 68 | 9.7 | 241 | 5.5 | 170 | 3.1 |
| \$30,000 - 39,999 | 2,400 | 6.6 | 82 | 11.7 | 256 | 5.8 | 156 | 2.9 |
| \$40,000 - 49,999 | 2,675 | 7.4 | 72 | 10.3 | 415 | 9.4 | 177 | 3.3 |
| \$50,000 - 59,999 | 2,531 | 7.0 | 52 | 7.4 | 319 | 7.2 | 214 | 3.9 |
| \$60,000 - 74,999 | 3,911 | 10.8 | 41 | 5.8 | 528 | 11.9 | 353 | 6.5 |
| \$75,000 - 99,999 | 6,036 | 16.7 | 118 | 16.8 | 796 | 18.0 | 742 | 13.7 |
| \$100,000 - 124,999 | 4,462 | 12.4 | 47 | 6.7 | 648 | 14.7 | 880 | 16.2 |
| \$125,000 - 150,000 | 2,926 | 8.1 | 49 | 7.0 | 313 | 7.1 | 724 | 13.4 |
| \$150,000 - 199,999 | 3,636 | 10.1 | 39 | 5.6 | 388 | 8.8 | 1,050 | 19.4 |
| \$200,000 and over | 2,199 | 6.1 | 39 | 5.6 | 187 | 4.2 | 570 | 10.5 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 6,347 | % | 7,424 | % | 6,395 | % | 5,394 | % |
| under \$10,000 | 98 | 1.5 | 255 | 3.4 | 118 | 1.8 | 219 | 4.1 |
| \$10,000 - 19,999 | 170 | 2.7 | 635 | 8.6 | 120 | 1.9 | 478 | 8.9 |
| \$20,000 - 29,999 | 203 | 3.2 | 630 | 8.5 | 297 | 4.6 | 815 | 15.1 |
| \$30,000 - 39,999 | 344 | 5.4 | 913 | 12.3 | 218 | 3.4 | 431 | 8.0 |
| \$40,000 - 49,999 | 438 | 6.9 | 726 | 9.8 | 404 | 6.3 | 443 | 8.2 |
| \$50,000 - 59,999 | 388 | 6.1 | 535 | 7.2 | 501 | 7.8 | 522 | 9.7 |
| \$60,000 - 74,999 | 689 | 10.9 | 741 | 10.0 | 881 | 13.8 | 678 | 12.6 |
| \$75,000 - 99,999 | 1,097 | 17.3 | 1,113 | 15.0 | 1,316 | 20.6 | 854 | 15.8 |
| \$100,000 - 124,999 | 968 | 15.3 | 688 | 9.3 | 880 | 13.8 | 351 | 6.5 |
| \$125,000 - 150,000 | 729 | 11.5 | 349 | 4.7 | 592 | 9.3 | 170 | 3.2 |
| \$150,000 - 199,999 | 786 | 12.4 | 429 | 5.8 | 720 | 11.3 | 224 | 4.2 |
| \$200,000 and over | 436 | 6.9 | 409 | 5.5 | 349 | 5.5 | 209 | 3.9 |

2022 Income by age of householder

renters **3**

20 Mile Market Area

Page 3 of 3

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Renter households | 19,103 | % | Median income | Percent of households with income above... | | | | | |
|--------------------|--------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 3,124 | 16.4 | \$37,309 | 30.7 | 17.3 | 10.6 | 6.5 | 3.2 | |
| 25 to 34 years | 5,350 | 28.0 | \$42,824 | 37.6 | 18.9 | 11.8 | 7.3 | 4.6 | |
| 35 to 44 years | 3,096 | 16.2 | \$52,559 | 45.2 | 28.0 | 19.2 | 11.4 | 7.2 | |
| 45 to 54 years | 2,312 | 12.1 | \$44,790 | 39.2 | 16.9 | 9.4 | 4.6 | 2.5 | |
| 55 to 64 years | 2,036 | 10.7 | \$36,827 | 28.3 | 12.0 | 6.2 | 3.8 | 2.3 | |
| 65 to 74 years | 1,495 | 7.8 | \$46,055 | 40.9 | 18.6 | 9.4 | 4.3 | 1.9 | |
| 75 years and over | 1,691 | 8.9 | \$40,592 | 35.2 | 18.7 | 9.5 | 6.2 | 4.2 | |

Income by age of renter householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 19,103 | % | 3,124 | % | 5,350 | % | 3,096 | % |
| under \$10,000 | 2,865 | 15.0 | 635 | 20.3 | 883 | 16.5 | 449 | 14.5 |
| \$10,000 - 19,999 | 2,395 | 12.5 | 424 | 13.6 | 580 | 10.8 | 381 | 12.3 |
| \$20,000 - 29,999 | 2,531 | 13.2 | 432 | 13.8 | 684 | 12.8 | 325 | 10.5 |
| \$30,000 - 39,999 | 2,322 | 12.2 | 368 | 11.8 | 655 | 12.2 | 264 | 8.5 |
| \$40,000 - 49,999 | 1,927 | 10.1 | 304 | 9.7 | 536 | 10.0 | 277 | 8.9 |
| \$50,000 - 59,999 | 1,548 | 8.1 | 212 | 6.8 | 475 | 8.9 | 225 | 7.3 |
| \$60,000 - 74,999 | 1,864 | 9.8 | 209 | 6.7 | 524 | 9.8 | 306 | 9.9 |
| \$75,000 - 99,999 | 1,446 | 7.6 | 207 | 6.6 | 381 | 7.1 | 273 | 8.8 |
| \$100,000 - 124,999 | 902 | 4.7 | 130 | 4.2 | 241 | 4.5 | 241 | 7.8 |
| \$125,000 - 150,000 | 527 | 2.8 | 103 | 3.3 | 143 | 2.7 | 130 | 4.2 |
| \$150,000 - 199,999 | 469 | 2.5 | 60 | 1.9 | 155 | 2.9 | 140 | 4.5 |
| \$200,000 and over | 304 | 1.6 | 39 | 1.2 | 92 | 1.7 | 84 | 2.7 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 2,312 | % | 2,036 | % | 1,495 | % | 1,691 | % |
| under \$10,000 | 254 | 11.0 | 274 | 13.5 | 188 | 12.6 | 182 | 10.8 |
| \$10,000 - 19,999 | 241 | 10.4 | 372 | 18.3 | 148 | 9.9 | 249 | 14.7 |
| \$20,000 - 29,999 | 284 | 12.3 | 304 | 14.9 | 190 | 12.7 | 312 | 18.5 |
| \$30,000 - 39,999 | 343 | 14.8 | 329 | 16.2 | 160 | 10.7 | 203 | 12.0 |
| \$40,000 - 49,999 | 283 | 12.2 | 180 | 8.8 | 198 | 13.2 | 149 | 8.8 |
| \$50,000 - 59,999 | 221 | 9.6 | 143 | 7.0 | 143 | 9.6 | 129 | 7.6 |
| \$60,000 - 74,999 | 295 | 12.8 | 189 | 9.3 | 191 | 12.8 | 150 | 8.9 |
| \$75,000 - 99,999 | 173 | 7.5 | 118 | 5.8 | 138 | 9.2 | 156 | 9.2 |
| \$100,000 - 124,999 | 111 | 4.8 | 48 | 2.4 | 76 | 5.1 | 55 | 3.3 |
| \$125,000 - 150,000 | 50 | 2.2 | 32 | 1.6 | 35 | 2.3 | 34 | 2.0 |
| \$150,000 - 199,999 | 31 | 1.3 | 26 | 1.3 | 18 | 1.2 | 39 | 2.3 |
| \$200,000 and over | 26 | 1.1 | 20 | 1.0 | 11 | 0.7 | 32 | 1.9 |

Demographics Trends 2010-2017-2022

population
households

1

Rochelle 20 Mile Market Area

Page 1 of 4

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|------------------------------------|----------------|----------|----------------|----------|-----------------|----------|
| Population | 142,476 | % | 137,501 | % | 134,053 | % |
| in households | 135,437 | 95.1 | 131,044 | 95.3 | 127,592 | 95.2 |
| in families | 107,231 | 79.2 | 102,154 | 78.0 | 97,798 | 76.6 |
| in non-families | 28,206 | 20.8 | 28,890 | 22.0 | 29,794 | 23.4 |
| in group quarters | 7,039 | 4.9 | 6,457 | 4.7 | 6,461 | 4.8 |
| in noninstitutional group quarters | 6,018 | 85.5 | 5,469 | 84.7 | 5,469 | 84.6 |
| under age 18 | 31,842 | 22.3 | 28,539 | 20.8 | 26,698 | 19.9 |
| age 55 and over | 32,062 | 22.5 | 36,215 | 26.3 | 37,926 | 28.3 |
| age 65 and over | 16,830 | 11.8 | 19,640 | 14.3 | 22,327 | 16.7 |
| age 75 and over | 7,669 | 5.4 | 8,431 | 6.1 | 10,027 | 7.5 |
| Per capita income | 22,365 | | 27,334 | | 31,616 | |
| Median age | 36.7 | | 42.6 | | 43.2 | |
| male | 35.8 | | 42.3 | | 42.6 | |
| female | 37.4 | | 43.2 | | 44.1 | |
| Race | | | | | | |
| white | 120,553.0 | 84.6 | 113,398.0 | 82.5 | 109,090.0 | 81.4 |
| black | 8,912.0 | 6.3 | 10,249.0 | 7.5 | 10,504.0 | 7.8 |
| American Indian | 384.0 | 0.3 | 330.0 | 0.2 | 346.0 | 0.3 |
| Asian, Pacific Islander | 3,169.0 | 2.2 | 3,770.0 | 2.7 | 4,030.0 | 3.0 |
| other, multi-racial | 9,436.0 | 6.6 | 9,753.0 | 7.1 | 10,083.0 | 7.5 |
| Hispanic | 15,273.0 | 10.7 | 16,124.0 | 11.7 | 16,903.0 | 12.6 |
| Diversity index | 35 | | 42 | | 44 | |
| Households | 53,868 | % | 54,216 | % | 55,421 | % |
| families | 34,089 | 63.3 | 33,532 | 61.8 | 32,852 | 59.3 |
| with person under 18 | 16,478 | 48.3 | 15,425 | 46.0 | 14,737 | 44.9 |
| non-families | 19,779 | 36.7 | 20,684 | 38.2 | 22,569 | 40.7 |
| with person under 18 | 196 | 1.0 | 178 | 0.9 | 176 | 0.8 |
| Median household income | 50,314 | | 54,233 | | 62,675 | |
| median family income | 64,000 | | 69,688 | | 82,125 | |
| median non-family income | 30,026 | | 29,453 | | 31,919 | |
| Household size | 2.51 | | 2.42 | | 2.30 | |
| family size | 3.15 | | 3.05 | | 2.98 | |
| non-family size | 1.43 | | 1.40 | | 1.32 | |
| Housing Units | 57,933 | % | 57,672 | % | 59,012 | % |
| owner-occupied | 34,767 | 60.0 | 34,893 | 60.5 | 36,150 | 61.3 |
| renter-occupied | 19,101 | 33.0 | 19,323 | 33.5 | 19,271 | 32.7 |
| vacant units | 4,065 | 7.0 | 3,456 | 6.0 | 3,590 | 6.1 |

Demographics Trends 2010-2017-2022

income
household size **2**

Rochelle 20 Mile Market Area

Page 2 of 4

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| Household income | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|-------------------------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| | (households) | % | (households) | % | (households) | % |
| under \$10,000 | 4,176 | 7.8 | 4,492 | 8.3 | 3,978 | 7.2 |
| \$10,000 - 14,999 | 3,527 | 6.5 | 2,504 | 4.6 | 1,973 | 3.6 |
| \$15,000 - 19,999 | 2,973 | 5.5 | 2,722 | 5.0 | 2,282 | 4.1 |
| \$20,000 - 24,999 | 3,455 | 6.4 | 2,973 | 5.5 | 2,354 | 4.2 |
| \$25,000 - 29,999 | 2,745 | 5.1 | 2,809 | 5.2 | 2,683 | 4.8 |
| \$30,000 - 34,999 | 2,966 | 5.5 | 2,808 | 5.2 | 2,417 | 4.4 |
| \$35,000 - 39,999 | 2,791 | 5.2 | 2,759 | 5.1 | 2,408 | 4.3 |
| \$40,000 - 44,999 | 2,464 | 4.6 | 2,650 | 4.9 | 2,422 | 4.4 |
| \$45,000 - 49,999 | 2,647 | 4.9 | 2,316 | 4.3 | 2,303 | 4.2 |
| \$50,000 - 59,999 | 4,747 | 8.8 | 4,677 | 8.6 | 4,129 | 7.5 |
| \$60,000 - 74,999 | 5,873 | 10.9 | 5,439 | 10.0 | 5,737 | 10.4 |
| \$75,000 - 99,999 | 7,024 | 13.0 | 6,924 | 12.8 | 7,284 | 13.1 |
| \$100,000 - 124,999 | 3,967 | 7.4 | 4,394 | 8.1 | 5,383 | 9.7 |
| \$125,000 - 149,999 | 1,943 | 3.6 | 2,965 | 5.5 | 3,457 | 6.2 |
| \$150,000 - 199,999 | 1,335 | 2.5 | 2,517 | 4.6 | 4,188 | 7.6 |
| \$200,000 and over | 1,025 | 1.9 | 1,266 | 2.3 | 2,424 | 4.4 |
| Aggregate Income (\$M) | 3,157 | | 3,748 | | 4,228 | |
| Average income | \$58,597 | | \$69,133 | | \$76,285 | |
| Median income | \$50,314 | | \$54,233 | | \$62,675 | |
| Household size | | | | | | |
| | | % | | % | | % |
| All households | 53,868 | | 54,216 | | 55,421 | |
| 1 person | 14,269 | 26.5 | 15,393 | 28.4 | 18,146 | 32.7 |
| 2 persons | 18,815 | 34.9 | 19,409 | 35.8 | 20,455 | 36.9 |
| 3 to 4 persons | 15,499 | 28.8 | 14,548 | 26.8 | 12,653 | 22.8 |
| 5+ persons | 5,332 | 9.9 | 4,866 | 9.0 | 4,168 | 7.5 |
| Owner households | 34,767 | 64.5 | 34,893 | 64.4 | 36,150 | 65.2 |
| 1 person | 7,044 | 20.3 | 7,617 | 21.8 | 8,951 | 24.8 |
| 2 persons | 13,372 | 38.5 | 13,948 | 40.0 | 15,273 | 42.2 |
| 3 to 4 persons | 10,561 | 30.4 | 9,862 | 28.3 | 8,855 | 24.5 |
| 5+ persons | 3,818 | 11.0 | 3,467 | 9.9 | 3,070 | 8.5 |
| Renter households | 19,101 | 35.5 | 19,323 | 35.6 | 19,271 | 34.8 |
| 1 person | 7,225 | 37.8 | 7,776 | 40.2 | 9,195 | 47.7 |
| 2 persons | 5,443 | 28.5 | 5,461 | 28.3 | 5,182 | 26.9 |
| 3 to 4 persons | 4,938 | 25.9 | 4,686 | 24.3 | 3,798 | 19.7 |
| 5+ persons | 1,514 | 7.9 | 1,399 | 7.2 | 1,098 | 5.7 |

Demographics Trends 2010-2017-2022

population by age **3**

Rochelle 20 Mile Market Area

Page 3 of 4

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|-------------------------------|----------------|----------|----------------|----------|-----------------|----------|
| Age, total population | 142,476 | % | 137,501 | % | 134,053 | % |
| under 5 years | 8,700 | 6.1 | 7,600 | 5.5 | 7,452 | 5.6 |
| 5 to 9 years | 8,605 | 6.0 | 7,916 | 5.8 | 7,282 | 5.4 |
| 10 to 14 years | 8,783 | 6.2 | 8,454 | 6.1 | 7,661 | 5.7 |
| 15 to 19 years | 12,549 | 8.8 | 11,606 | 8.4 | 11,220 | 8.4 |
| 20 to 24 years | 17,981 | 12.6 | 16,166 | 11.8 | 13,341 | 10.0 |
| 25 to 34 years | 17,875 | 12.5 | 18,418 | 13.4 | 19,449 | 14.5 |
| 35 to 44 years | 16,332 | 11.5 | 14,671 | 10.7 | 15,006 | 11.2 |
| 45 to 54 years | 19,408 | 13.6 | 16,455 | 12.0 | 14,715 | 11.0 |
| 55 to 64 years | 15,232 | 10.7 | 16,575 | 12.1 | 15,599 | 11.6 |
| 65 to 74 years | 9,161 | 6.4 | 11,209 | 8.2 | 12,300 | 9.2 |
| 75 to 84 years | 5,390 | 3.8 | 5,780 | 4.2 | 6,802 | 5.1 |
| 85 years and over | 2,279 | 1.6 | 2,651 | 1.9 | 3,225 | 2.4 |
| Median age | 36.7 | | 42.6 | | 43.2 | |
| Age, male population | 71,180 | % | 68,377 | % | 66,532 | % |
| under 5 years | 4,501 | 6.3 | 3,934 | 5.8 | 3,841 | 5.8 |
| 5 to 9 years | 4,330 | 6.1 | 3,998 | 5.8 | 3,693 | 5.6 |
| 10 to 14 years | 4,473 | 6.3 | 4,301 | 6.3 | 3,914 | 5.9 |
| 15 to 19 years | 6,264 | 8.8 | 5,780 | 8.5 | 5,582 | 8.4 |
| 20 to 24 years | 9,188 | 12.9 | 8,135 | 11.9 | 6,711 | 10.1 |
| 25 to 34 years | 9,263 | 13.0 | 9,447 | 13.8 | 9,955 | 15.0 |
| 35 to 44 years | 8,249 | 11.6 | 7,437 | 10.9 | 7,582 | 11.4 |
| 45 to 54 years | 9,735 | 13.7 | 8,283 | 12.1 | 7,439 | 11.2 |
| 55 to 64 years | 7,580 | 10.6 | 8,231 | 12.0 | 7,747 | 11.6 |
| 65 to 74 years | 4,438 | 6.2 | 5,435 | 7.9 | 5,961 | 9.0 |
| 75 to 84 years | 2,350 | 3.3 | 2,547 | 3.7 | 3,033 | 4.6 |
| 85 years and over | 721 | 1.0 | 848 | 1.2 | 1,073 | 1.6 |
| Median age | 35.8 | | 42.3 | | 42.6 | |
| Age, female population | 71,313 | % | 69,124 | % | 67,522 | % |
| under 5 years | 4,199 | 5.9 | 3,666 | 5.3 | 3,611 | 5.3 |
| 5 to 9 years | 4,275 | 6.0 | 3,918 | 5.7 | 3,589 | 5.3 |
| 10 to 14 years | 4,310 | 6.0 | 4,153 | 6.0 | 3,747 | 5.5 |
| 15 to 19 years | 6,285 | 8.8 | 5,826 | 8.4 | 5,638 | 8.3 |
| 20 to 24 years | 8,793 | 12.3 | 8,031 | 11.6 | 6,630 | 9.8 |
| 25 to 34 years | 8,612 | 12.1 | 8,971 | 13.0 | 9,494 | 14.1 |
| 35 to 44 years | 8,083 | 11.3 | 7,234 | 10.5 | 7,424 | 11.0 |
| 45 to 54 years | 9,673 | 13.6 | 8,172 | 11.8 | 7,276 | 10.8 |
| 55 to 64 years | 7,652 | 10.7 | 8,344 | 12.1 | 7,852 | 11.6 |
| 65 to 74 years | 4,723 | 6.6 | 5,774 | 8.4 | 6,339 | 9.4 |
| 75 to 84 years | 3,040 | 4.3 | 3,233 | 4.7 | 3,769 | 5.6 |
| 85 years and over | 1,558 | 2.2 | 1,803 | 2.6 | 2,152 | 3.2 |
| Median age | 37.4 | | 43.2 | | 44.1 | |

Demographics Trends 2010-2017-2022

education, labor force
vehicles available, density

4

Rochelle 20 Mile Market Area

Page 4 of 4

Liberty Village:
20 mi ring

Site located at
41.94219, 89.08496

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|---|-------------|------|---------------|------|-----------------|------|
| Education <small>persons age 25+</small> | 85,846 | % | 86,343 | % | 87,641 | % |
| no high school diploma | 10,099 | 11.8 | 8,604 | 10.0 | 8,757 | 10.0 |
| high school graduate | 28,469 | 33.2 | 26,705 | 30.9 | 26,794 | 30.6 |
| some college | 20,674 | 24.1 | 20,560 | 23.8 | 20,693 | 23.6 |
| associate degree | 7,150 | 8.3 | 8,609 | 10.0 | 8,849 | 10.1 |
| college degree | 12,540 | 14.6 | 13,680 | 15.8 | 14,190 | 16.2 |
| graduate/professional degree | 6,914 | 8.1 | 8,185 | 9.5 | 8,358 | 9.5 |
| Labor Force <small>persons age 16+</small> | 114,530 | % | 112,489 | % | 86,304 | % |
| in labor force | 77,980 | 68.1 | 73,592 | 65.4 | 57,344 | 66.4 |
| employed | 68,260 | 87.5 | 69,461 | 94.4 | 53,844 | 93.9 |
| unemployed | 9,720 | 12.5 | 4,131 | 5.6 | 3,500 | 6.1 |
| in Armed Forces | 14 | 0.0 | 40 | 0.0 | 35 | 0.0 |
| not in labor force | 36,536 | 31.9 | 38,857 | 34.5 | 28,925 | 33.5 |
| Vehicles available <small>households</small> | 53,868 | % | 54,216 | % | 55,421 | % |
| without vehicles | 3,320 | 6.2 | 3,363 | 6.2 | 3,405 | 6.1 |
| 1 vehicle available | 16,895 | 31.4 | 18,266 | 33.7 | 18,639 | 33.6 |
| 2 vehicles available | 20,801 | 38.6 | 20,753 | 38.3 | 21,403 | 38.6 |
| 3 or more vehicles available | 12,874 | 23.9 | 11,835 | 21.8 | 11,970 | 21.6 |
| Average vehicles per household | 1.92 | | 1.87 | | 1.85 | |
| Total vehicles available | 103,381 | | 101,365 | | 102,377 | |
| Density | | | | | | |
| Area (sq.miles) | 1,095.56 | | 1,095.56 | | 1,095.56 | |
| Population/sq mile | 130.05 | | 125.51 | | 122.36 | |
| Households/sq mile | 49.17 | | 49.49 | | 50.59 | |
| Household population/sq mile | 123.62 | | 119.61 | | 116.46 | |
| Aggregate income (M)/sq mile | 2.91 | | 3.43 | | 3.87 | |
| Aggregate household income(M)/sq mile | 2.88 | | 3.42 | | 3.86 | |
| Vehicles available/sq mile | 94.36 | | 92.52 | | 93.45 | |

Minor category percent shares are based on the next higher category.

Demographics Trends 2010-2017-2022

population
households

1

Page 1 of 4

ILLINOIS

Illinois
(State 17, IL)

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|------------------------------------|------------------|----------|------------------|----------|------------------|----------|
| | 12,830,632 | % | 12,836,529 | % | 12,768,571 | % |
| Population | | | | | | |
| in households | 12,528,859 | 97.6 | 12,536,904 | 97.7 | 12,468,946 | 97.7 |
| in families | 10,477,237 | 83.6 | 10,356,888 | 82.6 | 10,129,547 | 81.2 |
| in non-families | 2,051,622 | 16.4 | 2,180,016 | 17.4 | 2,339,399 | 18.8 |
| in group quarters | 301,773 | 2.4 | 299,625 | 2.3 | 299,625 | 2.3 |
| in noninstitutional group quarters | 141,784 | 47.0 | 138,475 | 46.2 | 138,475 | 46.2 |
| under age 18 | 3,129,179 | 24.4 | 2,886,229 | 22.5 | 2,774,853 | 21.7 |
| age 55 and over | 3,082,420 | 24.0 | 3,573,755 | 27.8 | 3,802,323 | 29.8 |
| age 65 and over | 1,609,213 | 12.5 | 1,926,148 | 15.0 | 2,225,098 | 17.4 |
| age 75 and over | 759,678 | 5.9 | 828,987 | 6.5 | 992,124 | 7.8 |
| Per capita income | 27,361 | | 35,095 | | 40,193 | |
| Median age | 36.5 | | 38.0 | | 39.0 | |
| male | 35.2 | | 36.7 | | 37.6 | |
| female | 37.8 | | 39.3 | | 40.3 | |
| Race | | | | | | |
| white | 9,177,877.0 | 71.5 | 8,963,606.0 | 69.8 | 8,772,430.0 | 68.7 |
| black | 1,866,414.0 | 14.5 | 1,890,043.0 | 14.7 | 1,887,199.0 | 14.8 |
| American Indian | 43,963.0 | 0.3 | 44,614.0 | 0.3 | 47,423.0 | 0.4 |
| Asian, Pacific Islander | 590,984.0 | 4.6 | 721,579.0 | 5.6 | 768,233.0 | 6.0 |
| other, multi-racial | 1,151,394.0 | 9.0 | 1,216,687.0 | 9.5 | 1,293,286.0 | 10.1 |
| Hispanic | 2,027,578.0 | 15.8 | 2,167,446.0 | 16.9 | 2,311,144.0 | 18.1 |
| Diversity Index | 60 | | 71 | | 73 | |
| Households | 4,836,972 | % | 4,984,909 | % | 5,132,112 | % |
| families | 3,182,984 | 65.8 | 3,209,249 | 64.4 | 3,181,194 | 62.0 |
| with person under 18 | 1,606,046 | 50.5 | 1,559,047 | 48.6 | 1,511,280 | 47.5 |
| non-families | 1,653,988 | 34.2 | 1,775,660 | 35.6 | 1,950,918 | 38.0 |
| with person under 18 | 13,816 | 0.8 | 13,824 | 0.8 | 13,402 | 0.7 |
| Median household income | 53,337 | | 62,867 | | 73,993 | |
| median family income | 65,928 | | 79,538 | | 94,389 | |
| median non-family income | 33,596 | | 38,752 | | 46,342 | |
| Household size | 2.59 | | 2.51 | | 2.43 | |
| family size | 3.29 | | 3.23 | | 3.18 | |
| non-family size | 1.24 | | 1.23 | | 1.20 | |
| Housing Units | 5,296,715 | % | 5,331,675 | % | 5,496,859 | % |
| owner-occupied | 3,263,639 | 61.6 | 3,322,310 | 62.3 | 3,472,690 | 63.2 |
| renter-occupied | 1,573,333 | 29.7 | 1,662,599 | 31.2 | 1,659,422 | 30.2 |
| vacant units | 459,743 | 8.7 | 346,766 | 6.5 | 364,747 | 6.6 |

Source: 2000 Census, Scan/US 2017 Estimates (Jan 1)

05/19/2017

Scan/US[®]

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ATTACHMENT-10E

ILLINOIS

Illinois
(State 17, IL)

| Household income | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|-------------------------------|------------------|-------------|------------------|-------------|------------------|-------------|
| | (households) | % | (households) | % | (households) | % |
| under \$10,000 | 344,934 | 7.1 | 327,072 | 6.6 | 291,303 | 5.7 |
| \$10,000 - 14,999 | 238,026 | 4.9 | 194,812 | 3.9 | 153,805 | 3.0 |
| \$15,000 - 19,999 | 259,692 | 5.4 | 220,802 | 4.4 | 182,977 | 3.6 |
| \$20,000 - 24,999 | 270,630 | 5.6 | 232,644 | 4.7 | 198,978 | 3.9 |
| \$25,000 - 29,999 | 241,735 | 5.0 | 217,179 | 4.4 | 204,928 | 4.0 |
| \$30,000 - 34,999 | 249,962 | 5.2 | 216,964 | 4.4 | 188,331 | 3.7 |
| \$35,000 - 39,999 | 231,918 | 4.8 | 212,425 | 4.3 | 188,901 | 3.7 |
| \$40,000 - 44,999 | 232,370 | 4.8 | 207,174 | 4.2 | 189,848 | 3.7 |
| \$45,000 - 49,999 | 204,075 | 4.2 | 193,261 | 3.9 | 180,816 | 3.5 |
| \$50,000 - 59,999 | 388,765 | 8.0 | 371,995 | 7.5 | 342,557 | 6.7 |
| \$60,000 - 74,999 | 499,745 | 10.3 | 478,554 | 9.6 | 470,781 | 9.2 |
| \$75,000 - 99,999 | 612,225 | 12.7 | 640,359 | 12.8 | 653,591 | 12.7 |
| \$100,000 - 124,999 | 400,801 | 8.3 | 452,449 | 9.1 | 499,177 | 9.7 |
| \$125,000 - 149,999 | 226,514 | 4.7 | 306,012 | 6.1 | 373,955 | 7.3 |
| \$150,000 - 199,999 | 223,499 | 4.6 | 332,011 | 6.7 | 451,902 | 8.8 |
| \$200,000 and over | 212,081 | 4.4 | 381,196 | 7.6 | 560,262 | 10.9 |
| Aggregate income (\$M) | 348,630 | | 448,118 | | 510,825 | |
| Average income | \$72,076 | | \$89,895 | | \$99,535 | |
| Median income | \$53,337 | | \$62,867 | | \$73,993 | |
| Household size | | % | | % | | % |
| All households | 4,836,972 | | 4,984,909 | | 5,132,112 | |
| 1 person | 1,346,312 | 27.8 | 1,464,784 | 29.4 | 1,672,818 | 32.6 |
| 2 persons | 1,509,908 | 31.2 | 1,568,871 | 31.5 | 1,642,520 | 32.0 |
| 3 to 4 persons | 1,416,198 | 29.3 | 1,393,224 | 27.9 | 1,303,735 | 25.4 |
| 5+ persons | 564,554 | 11.7 | 558,030 | 11.2 | 513,039 | 10.0 |
| Owner households | 3,263,639 | 67.5 | 3,322,310 | 66.6 | 3,472,690 | 67.7 |
| 1 person | 732,688 | 22.5 | 780,006 | 23.5 | 896,921 | 25.8 |
| 2 persons | 1,111,442 | 34.1 | 1,153,967 | 34.7 | 1,248,184 | 35.9 |
| 3 to 4 persons | 1,023,063 | 31.3 | 999,486 | 30.1 | 956,909 | 27.6 |
| 5+ persons | 396,446 | 12.1 | 388,851 | 11.7 | 370,676 | 10.7 |
| Renter households | 1,573,333 | 32.5 | 1,662,599 | 33.4 | 1,659,422 | 32.3 |
| 1 person | 613,624 | 39.0 | 684,778 | 41.2 | 775,897 | 46.8 |
| 2 persons | 398,466 | 25.3 | 414,904 | 25.0 | 394,336 | 23.8 |
| 3 to 4 persons | 393,135 | 25.0 | 393,738 | 23.7 | 346,826 | 20.9 |
| 5+ persons | 168,108 | 10.7 | 169,179 | 10.2 | 142,363 | 8.6 |

ILLINOIS

Illinois
(State 17, IL)

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|-------------------------------|-------------------|----------|-------------------|----------|-------------------|----------|
| Age, total population | 12,830,632 | % | 12,836,529 | % | 12,768,571 | % |
| under 5 years | 835,577 | 6.5 | 775,907 | 6.0 | 756,120 | 5.9 |
| 5 to 9 years | 859,405 | 6.7 | 799,301 | 6.2 | 760,963 | 6.0 |
| 10 to 14 years | 879,448 | 6.9 | 826,385 | 6.4 | 778,914 | 6.1 |
| 15 to 19 years | 922,092 | 7.2 | 860,868 | 6.7 | 851,883 | 6.7 |
| 20 to 24 years | 878,964 | 6.9 | 882,269 | 6.9 | 868,227 | 6.8 |
| 25 to 34 years | 1,775,957 | 13.8 | 1,752,015 | 13.6 | 1,693,620 | 13.3 |
| 35 to 44 years | 1,725,890 | 13.5 | 1,669,081 | 13.0 | 1,659,503 | 13.0 |
| 45 to 54 years | 1,870,879 | 14.6 | 1,696,948 | 13.2 | 1,597,018 | 12.5 |
| 55 to 64 years | 1,473,207 | 11.5 | 1,647,607 | 12.8 | 1,577,225 | 12.4 |
| 65 to 74 years | 849,535 | 6.6 | 1,097,161 | 8.5 | 1,232,974 | 9.7 |
| 75 to 84 years | 524,766 | 4.1 | 556,503 | 4.3 | 671,717 | 5.3 |
| 85 years and over | 234,912 | 1.8 | 272,484 | 2.1 | 320,407 | 2.5 |
| Median age | 36.5 | | 38.0 | | 39.0 | |
| Age, male population | 6,292,276 | % | 6,303,327 | % | 6,272,150 | % |
| under 5 years | 425,893 | 6.8 | 395,429 | 6.3 | 385,469 | 6.1 |
| 5 to 9 years | 438,556 | 7.0 | 409,245 | 6.5 | 390,718 | 6.2 |
| 10 to 14 years | 449,160 | 7.1 | 423,363 | 6.7 | 399,887 | 6.4 |
| 15 to 19 years | 473,736 | 7.5 | 442,966 | 7.0 | 438,569 | 7.0 |
| 20 to 24 years | 447,513 | 7.1 | 449,577 | 7.1 | 444,299 | 7.1 |
| 25 to 34 years | 890,669 | 14.2 | 878,929 | 13.9 | 850,997 | 13.6 |
| 35 to 44 years | 859,232 | 13.7 | 835,908 | 13.3 | 832,737 | 13.3 |
| 45 to 54 years | 919,376 | 14.6 | 841,412 | 13.3 | 795,887 | 12.7 |
| 55 to 64 years | 711,225 | 11.3 | 799,116 | 12.7 | 769,215 | 12.3 |
| 65 to 74 years | 389,299 | 6.2 | 507,494 | 8.1 | 573,342 | 9.1 |
| 75 to 84 years | 214,725 | 3.4 | 231,997 | 3.7 | 284,180 | 4.5 |
| 85 years and over | 72,892 | 1.2 | 87,891 | 1.4 | 106,850 | 1.7 |
| Median age | 35.2 | | 36.7 | | 37.6 | |
| Age, female population | 6,538,356 | % | 6,533,202 | % | 6,496,421 | % |
| under 5 years | 409,684 | 6.3 | 380,478 | 5.8 | 370,651 | 5.7 |
| 5 to 9 years | 420,849 | 6.4 | 390,056 | 6.0 | 370,245 | 5.7 |
| 10 to 14 years | 430,288 | 6.6 | 403,022 | 6.2 | 379,027 | 5.8 |
| 15 to 19 years | 448,356 | 6.9 | 417,902 | 6.4 | 413,314 | 6.4 |
| 20 to 24 years | 431,451 | 6.6 | 432,692 | 6.6 | 423,928 | 6.5 |
| 25 to 34 years | 885,288 | 13.5 | 873,086 | 13.4 | 842,623 | 13.0 |
| 35 to 44 years | 866,658 | 13.3 | 833,173 | 12.8 | 826,766 | 12.7 |
| 45 to 54 years | 951,503 | 14.6 | 855,536 | 13.1 | 801,131 | 12.3 |
| 55 to 64 years | 761,982 | 11.7 | 848,491 | 13.0 | 808,010 | 12.4 |
| 65 to 74 years | 460,236 | 7.0 | 589,667 | 9.0 | 659,632 | 10.2 |
| 75 to 84 years | 310,041 | 4.7 | 324,506 | 5.0 | 387,537 | 6.0 |
| 85 years and over | 162,020 | 2.5 | 184,593 | 2.8 | 213,557 | 3.3 |
| Median age | 37.8 | | 39.3 | | 40.3 | |

ILLINOIS

Illinois
(State 17, IL)

| | 2010 Census | | 2017 Estimate | | 2022 Projection | |
|---|-------------|------|---------------|------|-----------------|------|
| Education <small>persons age 25+</small> | 8,455,146 | % | 8,691,799 | % | 8,752,464 | % |
| no high school diploma | 1,107,460 | 13.1 | 992,934 | 11.4 | 999,880 | 11.4 |
| high school graduate | 2,334,205 | 27.6 | 2,321,923 | 26.7 | 2,338,146 | 26.7 |
| some college | 1,803,976 | 21.3 | 1,809,333 | 20.8 | 1,821,959 | 20.8 |
| associate degree | 608,420 | 7.2 | 700,371 | 8.1 | 705,238 | 8.1 |
| college degree | 1,628,422 | 19.3 | 1,765,290 | 20.3 | 1,777,608 | 20.3 |
| graduate/professional degree | 972,663 | 11.5 | 1,101,948 | 12.7 | 1,109,633 | 12.7 |
| Labor Force <small>persons age 16+</small> | 10,072,849 | % | 10,273,350 | % | 10,253,551 | % |
| in labor force | 6,666,901 | 66.2 | 6,677,649 | 65.0 | 6,664,875 | 65.0 |
| employed | 5,904,688 | 88.6 | 6,322,801 | 94.7 | 6,310,703 | 94.7 |
| unemployed | 762,213 | 11.4 | 354,848 | 5.3 | 354,172 | 5.3 |
| in Armed Forces | 8,951 | 0.1 | 17,896 | 0.2 | 17,864 | 0.2 |
| not in labor force | 3,396,997 | 33.7 | 3,577,805 | 34.8 | 3,570,812 | 34.8 |
| Vehicles available <small>households</small> | 4,836,972 | % | 4,984,909 | % | 5,132,112 | % |
| without vehicles | 510,531 | 10.6 | 523,591 | 10.5 | 528,572 | 10.3 |
| 1 vehicle available | 1,705,372 | 35.3 | 1,752,284 | 35.2 | 1,794,627 | 35.0 |
| 2 vehicles available | 1,778,553 | 36.8 | 1,812,339 | 36.4 | 1,876,462 | 36.6 |
| 3 or more vehicles available | 841,533 | 17.4 | 896,695 | 18.0 | 932,451 | 18.2 |
| Average vehicles per household | 1.65 | | 1.69 | | 1.69 | |
| Total vehicles available | 7,997,224 | | 8,403,833 | | 8,695,524 | |
| Density | 55,518.94 | | 55,518.94 | | 55,518.94 | |
| Area (sq.miles) | 231.10 | | 231.21 | | 229.99 | |
| Population/sq mile | 87.12 | | 89.79 | | 92.44 | |
| Households/sq mile | 225.67 | | 225.81 | | 224.59 | |
| Household population/sq mile | 6.32 | | 8.11 | | 9.24 | |
| Aggregate income (M)/sq mile | 6.28 | | 8.07 | | 9.20 | |
| Aggregate household income(M)/sq mile | 144.04 | | 151.37 | | 156.62 | |

Minor category percent shares are based on the next higher category.

2017 Income by age of householder

households

1

ILLINOIS

Illinois
(State 17, IL)

| Households | 4,984,909 % | | Median income | Percent of households with income above... | | | | |
|---------------------------|-------------|------|---------------|--|----------|-----------|-----------|-----------|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |
| Age of householder | | | | | | | | |
| under 25 years | 191,172 | 3.8 | \$33,723 | 34.0 | 18.6 | 10.7 | 6.7 | 4.4 |
| 25 to 34 years | 779,902 | 15.6 | \$59,010 | 57.8 | 37.6 | 23.3 | 14.2 | 8.9 |
| 35 to 44 years | 869,362 | 17.4 | \$73,513 | 66.3 | 49.2 | 35.2 | 24.5 | 17.1 |
| 45 to 54 years | 934,827 | 18.8 | \$79,358 | 68.5 | 53.0 | 39.4 | 28.3 | 20.3 |
| 55 to 64 years | 965,685 | 19.4 | \$70,934 | 63.9 | 47.9 | 34.7 | 24.8 | 17.9 |
| 65 to 74 years | 687,630 | 13.8 | \$56,328 | 55.7 | 37.3 | 24.8 | 17.1 | 11.8 |
| 75 years and over | 556,331 | 11.2 | \$40,597 | 41.5 | 25.4 | 16.2 | 11.0 | 7.6 |

Income by age of householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 4,984,909 | % | 191,172 | % | 779,902 | % | 869,362 | % |
| under \$10,000 | 327,072 | 6.6 | 38,558 | 20.2 | 53,871 | 6.9 | 44,878 | 5.2 |
| \$10,000 - 19,999 | 415,614 | 8.3 | 23,540 | 12.3 | 56,619 | 7.3 | 53,138 | 6.1 |
| \$20,000 - 29,999 | 449,823 | 9.0 | 24,832 | 13.0 | 71,571 | 9.2 | 63,927 | 7.4 |
| \$30,000 - 39,999 | 429,389 | 8.6 | 21,332 | 11.2 | 74,623 | 9.6 | 66,299 | 7.6 |
| \$40,000 - 49,999 | 400,435 | 8.0 | 17,894 | 9.4 | 72,345 | 9.3 | 65,015 | 7.5 |
| \$50,000 - 59,999 | 371,995 | 7.5 | 14,829 | 7.8 | 66,560 | 8.5 | 62,015 | 7.1 |
| \$60,000 - 74,999 | 478,554 | 9.6 | 14,693 | 7.7 | 90,826 | 11.6 | 86,538 | 10.0 |
| \$75,000 - 99,999 | 640,359 | 12.8 | 15,134 | 7.9 | 111,876 | 14.3 | 121,516 | 14.0 |
| \$100,000 - 124,999 | 452,449 | 9.1 | 7,590 | 4.0 | 70,958 | 9.1 | 93,133 | 10.7 |
| \$125,000 - 150,000 | 306,012 | 6.1 | 4,309 | 2.3 | 41,229 | 5.3 | 63,950 | 7.4 |
| \$150,000 - 199,999 | 332,011 | 6.7 | 4,079 | 2.1 | 36,954 | 4.7 | 70,745 | 8.1 |
| \$200,000 and over | 381,196 | 7.6 | 4,382 | 2.3 | 32,470 | 4.2 | 78,208 | 9.0 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 934,827 | % | 965,685 | % | 687,630 | % | 556,331 | % |
| under \$10,000 | 50,697 | 5.4 | 61,119 | 6.3 | 39,296 | 5.7 | 38,653 | 6.9 |
| \$10,000 - 19,999 | 56,380 | 6.0 | 73,598 | 7.6 | 66,084 | 9.6 | 86,255 | 15.5 |
| \$20,000 - 29,999 | 62,151 | 6.6 | 73,385 | 7.6 | 70,274 | 10.2 | 83,683 | 15.0 |
| \$30,000 - 39,999 | 62,705 | 6.7 | 71,399 | 7.4 | 67,095 | 9.8 | 65,936 | 11.9 |
| \$40,000 - 49,999 | 62,939 | 6.7 | 69,350 | 7.2 | 61,796 | 9.0 | 51,096 | 9.2 |
| \$50,000 - 59,999 | 60,613 | 6.5 | 66,072 | 6.8 | 58,417 | 8.5 | 43,489 | 7.8 |
| \$60,000 - 74,999 | 83,929 | 9.0 | 88,618 | 9.2 | 68,189 | 9.9 | 45,761 | 8.2 |
| \$75,000 - 99,999 | 127,026 | 13.6 | 127,468 | 13.2 | 85,815 | 12.5 | 51,524 | 9.3 |
| \$100,000 - 124,999 | 103,450 | 11.1 | 95,175 | 9.9 | 53,278 | 7.7 | 28,865 | 5.2 |
| \$125,000 - 150,000 | 75,161 | 8.0 | 66,267 | 6.9 | 36,328 | 5.3 | 18,768 | 3.4 |
| \$150,000 - 199,999 | 87,415 | 9.4 | 76,697 | 7.9 | 37,648 | 5.5 | 18,473 | 3.3 |
| \$200,000 and over | 102,361 | 10.9 | 96,537 | 10.0 | 43,410 | 6.3 | 23,828 | 4.3 |

2017 Income by age of householder

owners

2

ILLINOIS

Illinois
(State 17, IL)

| Owner households | 3,322,310 | % | Median Income | Percent of households with income above... | | | | | |
|---------------------------|-----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 52,358 | 1.6 | \$55,647 | 56.2 | 34.1 | 20.0 | 12.5 | 8.4 | |
| 25 to 34 years | 359,547 | 10.8 | \$77,105 | 73.7 | 52.2 | 33.2 | 20.2 | 12.6 | |
| 35 to 44 years | 558,696 | 16.8 | \$93,680 | 79.2 | 62.8 | 46.8 | 33.3 | 23.6 | |
| 45 to 54 years | 671,050 | 20.2 | \$98,859 | 79.4 | 64.5 | 49.5 | 36.2 | 26.3 | |
| 55 to 64 years | 731,756 | 22.0 | \$84,385 | 73.1 | 56.6 | 41.8 | 30.3 | 22.1 | |
| 65 to 74 years | 538,145 | 16.2 | \$64,935 | 63.1 | 43.3 | 29.2 | 20.2 | 14.1 | |
| 75 years and over | 410,758 | 12.4 | \$46,689 | 47.1 | 29.3 | 18.7 | 12.8 | 8.9 | |

Income by age of owner householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 3,322,310 | % | 52,358 | % | 359,547 | % | 558,696 | % |
| under \$10,000 | 99,425 | 3.0 | 4,298 | 8.2 | 8,920 | 2.5 | 11,751 | 2.1 |
| \$10,000 - 19,999 | 174,109 | 5.2 | 3,320 | 6.3 | 12,278 | 3.4 | 16,658 | 3.0 |
| \$20,000 - 29,999 | 225,247 | 6.8 | 4,687 | 9.0 | 19,488 | 5.4 | 24,387 | 4.4 |
| \$30,000 - 39,999 | 242,165 | 7.3 | 5,276 | 10.1 | 25,063 | 7.0 | 30,292 | 5.4 |
| \$40,000 - 49,999 | 242,992 | 7.3 | 5,359 | 10.2 | 28,651 | 8.0 | 33,088 | 5.9 |
| \$50,000 - 59,999 | 247,152 | 7.4 | 5,302 | 10.1 | 30,699 | 8.5 | 36,266 | 6.5 |
| \$60,000 - 74,999 | 333,991 | 10.1 | 6,244 | 11.9 | 46,691 | 13.0 | 55,207 | 9.9 |
| \$75,000 - 99,999 | 494,215 | 14.9 | 7,424 | 14.2 | 68,227 | 19.0 | 89,819 | 16.1 |
| \$100,000 - 124,999 | 372,176 | 11.2 | 3,929 | 7.5 | 46,939 | 13.1 | 75,340 | 13.5 |
| \$125,000 - 150,000 | 258,849 | 7.8 | 2,096 | 4.0 | 27,263 | 7.6 | 53,797 | 9.6 |
| \$150,000 - 199,999 | 294,964 | 8.9 | 2,219 | 4.2 | 25,886 | 7.2 | 62,841 | 11.2 |
| \$200,000 and over | 337,025 | 10.1 | 2,204 | 4.2 | 19,442 | 5.4 | 69,250 | 12.4 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 671,050 | % | 731,756 | % | 538,145 | % | 410,758 | % |
| under \$10,000 | 16,230 | 2.4 | 23,526 | 3.2 | 16,249 | 3.0 | 18,451 | 4.5 |
| \$10,000 - 19,999 | 22,245 | 3.3 | 34,395 | 4.7 | 35,008 | 6.5 | 50,205 | 12.2 |
| \$20,000 - 29,999 | 28,730 | 4.3 | 42,511 | 5.8 | 47,133 | 8.8 | 58,311 | 14.2 |
| \$30,000 - 39,999 | 33,743 | 5.0 | 47,038 | 6.4 | 50,716 | 9.4 | 50,037 | 12.2 |
| \$40,000 - 49,999 | 37,360 | 5.6 | 49,035 | 6.7 | 49,201 | 9.1 | 40,298 | 9.8 |
| \$50,000 - 59,999 | 40,224 | 6.0 | 50,424 | 6.9 | 48,673 | 9.0 | 35,564 | 8.7 |
| \$60,000 - 74,999 | 59,481 | 8.9 | 70,561 | 9.6 | 58,143 | 10.8 | 37,664 | 9.2 |
| \$75,000 - 99,999 | 101,047 | 15.1 | 108,302 | 14.8 | 76,013 | 14.1 | 43,383 | 10.6 |
| \$100,000 - 124,999 | 88,936 | 13.3 | 84,471 | 11.5 | 48,127 | 8.9 | 24,434 | 5.9 |
| \$125,000 - 150,000 | 66,813 | 10.0 | 59,949 | 8.2 | 33,138 | 6.2 | 15,793 | 3.8 |
| \$150,000 - 199,999 | 81,104 | 12.1 | 71,654 | 9.8 | 35,150 | 6.5 | 16,110 | 3.9 |
| \$200,000 and over | 95,137 | 14.2 | 89,890 | 12.3 | 40,594 | 7.5 | 20,508 | 5.0 |

2017 Income by age of householder

renters

3

ILLINOIS

Illinois
(State 17, IL)

| Renter households | 1,662,599 | % | Median income | Percent of households with income above... | | | | | |
|---------------------------|-----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 138,814 | 8.3 | \$27,047 | 25.6 | 12.7 | 7.1 | 4.5 | 2.9 | |
| 25 to 34 years | 420,355 | 25.3 | \$44,112 | 44.2 | 25.2 | 14.8 | 9.1 | 5.7 | |
| 35 to 44 years | 310,666 | 18.7 | \$42,933 | 43.0 | 24.6 | 14.4 | 8.7 | 5.4 | |
| 45 to 54 years | 263,777 | 15.9 | \$40,300 | 40.6 | 23.6 | 13.8 | 8.3 | 5.1 | |
| 55 to 64 years | 233,929 | 14.1 | \$33,548 | 34.9 | 20.5 | 12.3 | 7.7 | 5.0 | |
| 65 to 74 years | 149,485 | 9.0 | \$28,591 | 28.9 | 15.7 | 9.1 | 5.7 | 3.6 | |
| 75 years and over | 145,573 | 8.8 | \$25,702 | 25.6 | 14.6 | 9.0 | 5.9 | 3.9 | |

Income by age of renter householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 1,662,599 | % | 138,814 | % | 420,355 | % | 310,666 | % |
| under \$10,000 | 227,647 | 13.7 | 34,260 | 24.7 | 44,951 | 10.7 | 33,127 | 10.7 |
| \$10,000 - 19,999 | 241,505 | 14.5 | 20,220 | 14.6 | 44,341 | 10.5 | 36,480 | 11.7 |
| \$20,000 - 29,999 | 224,576 | 13.5 | 20,145 | 14.5 | 52,083 | 12.4 | 39,540 | 12.7 |
| \$30,000 - 39,999 | 187,224 | 11.3 | 16,056 | 11.6 | 49,560 | 11.8 | 36,007 | 11.6 |
| \$40,000 - 49,999 | 157,443 | 9.5 | 12,535 | 9.0 | 43,694 | 10.4 | 31,927 | 10.3 |
| \$50,000 - 59,999 | 124,843 | 7.5 | 9,527 | 6.9 | 35,861 | 8.5 | 25,749 | 8.3 |
| \$60,000 - 74,999 | 144,563 | 8.7 | 8,449 | 6.1 | 44,135 | 10.5 | 31,331 | 10.1 |
| \$75,000 - 99,999 | 146,144 | 8.8 | 7,710 | 5.6 | 43,649 | 10.4 | 31,697 | 10.2 |
| \$100,000 - 124,999 | 80,273 | 4.8 | 3,661 | 2.6 | 24,019 | 5.7 | 17,793 | 5.7 |
| \$125,000 - 150,000 | 47,163 | 2.8 | 2,213 | 1.6 | 13,966 | 3.3 | 10,153 | 3.3 |
| \$150,000 - 199,999 | 37,047 | 2.2 | 1,860 | 1.3 | 11,068 | 2.6 | 7,904 | 2.5 |
| \$200,000 and over | 44,171 | 2.7 | 2,178 | 1.6 | 13,028 | 3.1 | 8,958 | 2.9 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 263,777 | % | 233,929 | % | 149,485 | % | 145,573 | % |
| under \$10,000 | 34,467 | 13.1 | 37,593 | 16.1 | 23,047 | 15.4 | 20,202 | 13.9 |
| \$10,000 - 19,999 | 34,135 | 12.9 | 39,203 | 16.8 | 31,076 | 20.8 | 36,050 | 24.8 |
| \$20,000 - 29,999 | 33,421 | 12.7 | 30,874 | 13.2 | 23,141 | 15.5 | 25,372 | 17.4 |
| \$30,000 - 39,999 | 28,962 | 11.0 | 24,361 | 10.4 | 16,379 | 11.0 | 15,899 | 10.9 |
| \$40,000 - 49,999 | 25,579 | 9.7 | 20,315 | 8.7 | 12,595 | 8.4 | 10,798 | 7.4 |
| \$50,000 - 59,999 | 20,389 | 7.7 | 15,648 | 6.7 | 9,744 | 6.5 | 7,925 | 5.4 |
| \$60,000 - 74,999 | 24,448 | 9.3 | 18,057 | 7.7 | 10,046 | 6.7 | 8,097 | 5.6 |
| \$75,000 - 99,999 | 25,979 | 9.8 | 19,166 | 8.2 | 9,802 | 6.6 | 8,141 | 5.6 |
| \$100,000 - 124,999 | 14,514 | 5.5 | 10,704 | 4.6 | 5,151 | 3.4 | 4,431 | 3.0 |
| \$125,000 - 150,000 | 8,348 | 3.2 | 6,318 | 2.7 | 3,190 | 2.1 | 2,975 | 2.0 |
| \$150,000 - 199,999 | 6,311 | 2.4 | 5,043 | 2.2 | 2,498 | 1.7 | 2,363 | 1.6 |
| \$200,000 and over | 7,224 | 2.7 | 6,647 | 2.8 | 2,816 | 1.9 | 3,320 | 2.3 |

Source: Scan/US 2017 Estimates (Jan 1)

2022 Income by age of householder

households

1

ILLINOIS

Illinois
(State 17, IL)

| Households | 5,132,112 % | | Median income | Percent of households with income above... | | | | |
|---------------------------|-------------|------|---------------|--|----------|-----------|-----------|-----------|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 |
| Age of householder | | | | | | | | |
| under 25 years | 191,296 | 3.7 | \$40,762 | 42.0 | 24.9 | 15.2 | 9.7 | 6.6 |
| 25 to 34 years | 765,718 | 14.9 | \$67,516 | 63.9 | 45.1 | 30.4 | 20.0 | 13.1 |
| 35 to 44 years | 883,387 | 17.2 | \$88,166 | 72.9 | 58.0 | 44.6 | 33.1 | 24.2 |
| 45 to 54 years | 892,759 | 17.4 | \$93,626 | 73.8 | 60.0 | 47.4 | 36.5 | 27.3 |
| 55 to 64 years | 936,855 | 18.3 | \$83,690 | 69.4 | 55.1 | 42.7 | 32.8 | 24.7 |
| 65 to 74 years | 784,809 | 15.3 | \$67,050 | 62.8 | 45.1 | 32.0 | 22.8 | 16.7 |
| 75 years and over | 677,288 | 13.2 | \$49,609 | 49.7 | 33.5 | 23.0 | 16.2 | 11.8 |

Income by age of householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 5,132,112 | % | 191,296 | % | 765,718 | % | 883,387 | % |
| under \$10,000 | 291,303 | 5.7 | 35,154 | 18.4 | 48,149 | 6.3 | 40,252 | 4.6 |
| \$10,000 - 19,999 | 336,782 | 6.6 | 18,737 | 9.8 | 44,369 | 5.8 | 40,168 | 4.5 |
| \$20,000 - 29,999 | 403,906 | 7.9 | 20,582 | 10.8 | 59,409 | 7.8 | 51,078 | 5.8 |
| \$30,000 - 39,999 | 377,232 | 7.4 | 19,732 | 10.3 | 61,464 | 8.0 | 52,643 | 6.0 |
| \$40,000 - 49,999 | 370,664 | 7.2 | 16,809 | 8.8 | 62,999 | 8.2 | 55,482 | 6.3 |
| \$50,000 - 59,999 | 342,557 | 6.7 | 15,058 | 7.9 | 59,807 | 7.8 | 54,004 | 6.1 |
| \$60,000 - 74,999 | 470,781 | 9.2 | 17,641 | 9.2 | 83,938 | 11.0 | 77,627 | 8.8 |
| \$75,000 - 99,999 | 653,591 | 12.7 | 18,449 | 9.6 | 112,550 | 14.7 | 118,511 | 13.4 |
| \$100,000 - 124,999 | 499,177 | 9.7 | 10,603 | 5.5 | 79,746 | 10.4 | 101,146 | 11.4 |
| \$125,000 - 150,000 | 373,955 | 7.3 | 5,869 | 3.1 | 53,200 | 6.9 | 78,672 | 8.9 |
| \$150,000 - 199,999 | 451,902 | 8.8 | 5,958 | 3.1 | 52,441 | 6.8 | 97,116 | 11.0 |
| \$200,000 and over | 560,262 | 10.9 | 6,704 | 3.5 | 47,646 | 6.2 | 116,688 | 13.2 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 892,759 | % | 936,855 | % | 784,809 | % | 677,288 | % |
| under \$10,000 | 42,203 | 4.7 | 52,306 | 5.6 | 35,243 | 4.5 | 37,996 | 5.6 |
| \$10,000 - 19,999 | 41,861 | 4.7 | 57,579 | 6.1 | 55,046 | 7.0 | 79,022 | 11.7 |
| \$20,000 - 29,999 | 49,879 | 5.6 | 61,640 | 6.6 | 69,972 | 8.9 | 91,346 | 13.5 |
| \$30,000 - 39,999 | 48,768 | 5.5 | 57,002 | 6.1 | 65,816 | 8.4 | 71,807 | 10.6 |
| \$40,000 - 49,999 | 51,197 | 5.7 | 57,856 | 6.2 | 65,775 | 8.4 | 60,546 | 8.9 |
| \$50,000 - 59,999 | 50,202 | 5.6 | 55,681 | 5.9 | 58,747 | 7.5 | 49,058 | 7.2 |
| \$60,000 - 74,999 | 72,577 | 8.1 | 78,269 | 8.4 | 79,889 | 10.2 | 60,840 | 9.0 |
| \$75,000 - 99,999 | 113,308 | 12.7 | 116,846 | 12.5 | 102,996 | 13.1 | 70,931 | 10.5 |
| \$100,000 - 124,999 | 97,027 | 10.9 | 92,153 | 9.8 | 72,566 | 9.2 | 45,936 | 6.8 |
| \$125,000 - 150,000 | 82,428 | 9.2 | 75,889 | 8.1 | 48,026 | 6.1 | 29,871 | 4.4 |
| \$150,000 - 199,999 | 105,766 | 11.8 | 96,937 | 10.3 | 59,019 | 7.5 | 34,665 | 5.1 |
| \$200,000 and over | 137,543 | 15.4 | 134,697 | 14.4 | 71,714 | 9.1 | 45,270 | 6.7 |

Source: Scan/US 2022 Estimates (Jan 1)

05/19/2017

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1177

ATTACHMENT-10E

2022 Income by age of householder

owners

2

ILLINOIS

Illinois
(State 17, IL)

| Owner households | 3,472,690 | % | Median income | Percent of households with income above... | | | | | |
|---------------------------|-----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 57,640 | 1.7 | \$63,734 | 62.6 | 41.3 | 25.5 | 16.6 | 12.0 | |
| 25 to 34 years | 367,486 | 10.6 | \$87,832 | 79.4 | 61.1 | 42.4 | 28.2 | 18.7 | |
| 35 to 44 years | 572,239 | 16.5 | \$112,882 | 85.6 | 72.7 | 57.9 | 44.2 | 33.0 | |
| 45 to 54 years | 640,782 | 18.5 | \$116,295 | 84.8 | 72.5 | 58.9 | 46.2 | 35.1 | |
| 55 to 64 years | 712,913 | 20.5 | \$101,694 | 78.6 | 64.6 | 50.9 | 39.7 | 30.3 | |
| 65 to 74 years | 616,373 | 17.7 | \$77,409 | 70.2 | 51.9 | 37.2 | 26.8 | 19.8 | |
| 75 years and over | 505,257 | 14.5 | \$56,774 | 55.5 | 38.2 | 26.4 | 18.8 | 13.9 | |

Income by age of owner householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 3,472,690 | % | 57,640 | % | 367,486 | % | 572,239 | % |
| under \$10,000 | 86,754 | 2.5 | 4,790 | 8.3 | 8,169 | 2.2 | 9,447 | 1.7 |
| \$10,000 - 19,999 | 130,347 | 3.8 | 2,604 | 4.5 | 8,399 | 2.3 | 9,568 | 1.7 |
| \$20,000 - 29,999 | 197,124 | 5.7 | 4,042 | 7.0 | 15,596 | 4.2 | 16,813 | 2.9 |
| \$30,000 - 39,999 | 204,906 | 5.9 | 4,979 | 8.6 | 19,463 | 5.3 | 20,986 | 3.7 |
| \$40,000 - 49,999 | 218,368 | 6.3 | 5,115 | 8.9 | 23,981 | 6.5 | 25,380 | 4.4 |
| \$50,000 - 59,999 | 216,840 | 6.2 | 5,168 | 9.0 | 26,092 | 7.1 | 28,500 | 5.0 |
| \$60,000 - 74,999 | 315,735 | 9.1 | 7,145 | 12.4 | 41,251 | 11.2 | 45,411 | 7.9 |
| \$75,000 - 99,999 | 497,019 | 14.3 | 9,072 | 15.7 | 68,693 | 18.7 | 84,579 | 14.8 |
| \$100,000 - 124,999 | 400,261 | 11.5 | 5,152 | 8.9 | 52,220 | 14.2 | 78,807 | 13.8 |
| \$125,000 - 150,000 | 307,623 | 8.9 | 2,641 | 4.6 | 34,841 | 9.5 | 64,004 | 11.2 |
| \$150,000 - 199,999 | 400,904 | 11.5 | 3,413 | 5.9 | 38,062 | 10.4 | 85,711 | 15.0 |
| \$200,000 and over | 496,809 | 14.3 | 3,519 | 6.1 | 30,719 | 8.4 | 103,033 | 18.0 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 640,782 | % | 712,913 | % | 616,373 | % | 505,257 | % |
| under \$10,000 | 12,404 | 1.9 | 19,782 | 2.8 | 13,870 | 2.3 | 18,292 | 3.6 |
| \$10,000 - 19,999 | 13,601 | 2.1 | 24,556 | 3.4 | 26,905 | 4.4 | 44,714 | 8.8 |
| \$20,000 - 29,999 | 20,368 | 3.2 | 33,776 | 4.7 | 44,601 | 7.2 | 61,928 | 12.3 |
| \$30,000 - 39,999 | 23,413 | 3.7 | 35,308 | 5.0 | 47,615 | 7.7 | 53,142 | 10.5 |
| \$40,000 - 49,999 | 27,703 | 4.3 | 38,881 | 5.5 | 50,575 | 8.2 | 46,733 | 9.2 |
| \$50,000 - 59,999 | 30,523 | 4.8 | 40,256 | 5.6 | 47,260 | 7.7 | 39,041 | 7.7 |
| \$60,000 - 74,999 | 47,962 | 7.5 | 59,550 | 8.4 | 65,941 | 10.7 | 48,475 | 9.6 |
| \$75,000 - 99,999 | 87,664 | 13.7 | 97,603 | 13.7 | 90,058 | 14.6 | 59,350 | 11.7 |
| \$100,000 - 124,999 | 80,786 | 12.6 | 80,019 | 11.2 | 64,608 | 10.5 | 38,669 | 7.7 |
| \$125,000 - 150,000 | 71,387 | 11.1 | 67,188 | 9.4 | 42,842 | 7.0 | 24,720 | 4.9 |
| \$150,000 - 199,999 | 97,602 | 15.2 | 90,487 | 12.7 | 55,046 | 8.9 | 30,583 | 6.1 |
| \$200,000 and over | 127,369 | 19.9 | 125,507 | 17.6 | 67,052 | 10.9 | 39,610 | 7.8 |

Source: Scan/US 2022 Estimates (Jan 1)

05/19/2017

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2022 Income by age of householder

renters

3

ILLINOIS

Page 3 of 3

Illinois
(State 17, IL)

| Renter households | 1,659,422 | % | Median income | Percent of households with income above... | | | | | |
|---------------------------|-----------|------|---------------|--|----------|-----------|-----------|-----------|--|
| | | | | \$50,000 | \$75,000 | \$100,000 | \$125,000 | \$150,000 | |
| Age of householder | | | | | | | | | |
| under 25 years | 133,656 | 8.1 | \$32,437 | 33.0 | 17.8 | 10.8 | 6.7 | 4.3 | |
| 25 to 34 years | 398,232 | 24.0 | \$49,503 | 49.6 | 30.4 | 19.4 | 12.5 | 7.9 | |
| 35 to 44 years | 311,148 | 18.8 | \$49,295 | 49.4 | 30.9 | 19.9 | 12.8 | 8.1 | |
| 45 to 54 years | 251,977 | 15.2 | \$45,338 | 45.9 | 28.3 | 18.1 | 11.7 | 7.3 | |
| 55 to 64 years | 223,942 | 13.5 | \$38,397 | 40.1 | 24.9 | 16.3 | 10.9 | 7.0 | |
| 65 to 74 years | 168,436 | 10.2 | \$34,874 | 35.7 | 20.6 | 12.9 | 8.2 | 5.1 | |
| 75 years and over | 172,031 | 10.4 | \$31,180 | 32.6 | 19.6 | 12.9 | 8.7 | 5.7 | |

Income by age of renter householder

| Households | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---------------------|------------------|------|----------------------|------|--------------------------|------|--------------------------|------|
| | 1,659,422 | % | 133,656 | % | 398,232 | % | 311,148 | % |
| under \$10,000 | 204,549 | 12.3 | 30,364 | 22.7 | 39,980 | 10.0 | 30,805 | 9.9 |
| \$10,000 - 19,999 | 206,435 | 12.4 | 16,133 | 12.1 | 35,970 | 9.0 | 30,600 | 9.8 |
| \$20,000 - 29,999 | 206,782 | 12.5 | 16,540 | 12.4 | 43,813 | 11.0 | 34,265 | 11.0 |
| \$30,000 - 39,999 | 172,326 | 10.4 | 14,753 | 11.0 | 42,001 | 10.5 | 31,657 | 10.2 |
| \$40,000 - 49,999 | 152,296 | 9.2 | 11,694 | 8.7 | 39,018 | 9.8 | 30,102 | 9.7 |
| \$50,000 - 59,999 | 125,717 | 7.6 | 9,890 | 7.4 | 33,715 | 8.5 | 25,504 | 8.2 |
| \$60,000 - 74,999 | 155,046 | 9.3 | 10,496 | 7.9 | 42,687 | 10.7 | 32,216 | 10.4 |
| \$75,000 - 99,999 | 156,572 | 9.4 | 9,377 | 7.0 | 43,857 | 11.0 | 33,932 | 10.9 |
| \$100,000 - 124,999 | 98,916 | 6.0 | 5,451 | 4.1 | 27,526 | 6.9 | 22,339 | 7.2 |
| \$125,000 - 150,000 | 66,332 | 4.0 | 3,228 | 2.4 | 18,359 | 4.6 | 14,668 | 4.7 |
| \$150,000 - 199,999 | 50,998 | 3.1 | 2,545 | 1.9 | 14,379 | 3.6 | 11,405 | 3.7 |
| \$200,000 and over | 63,453 | 3.8 | 3,185 | 2.4 | 16,927 | 4.3 | 13,655 | 4.4 |

| Households | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---------------------|--------------------------|------|--------------------------|------|--------------------------|------|----------------------|------|
| | 251,977 | % | 223,942 | % | 168,436 | % | 172,031 | % |
| under \$10,000 | 29,799 | 11.8 | 32,524 | 14.5 | 21,373 | 12.7 | 19,704 | 11.5 |
| \$10,000 - 19,999 | 28,260 | 11.2 | 33,023 | 14.7 | 28,141 | 16.7 | 34,308 | 19.9 |
| \$20,000 - 29,999 | 29,511 | 11.7 | 27,864 | 12.4 | 25,371 | 15.1 | 29,418 | 17.1 |
| \$30,000 - 39,999 | 25,355 | 10.1 | 21,694 | 9.7 | 18,201 | 10.8 | 18,665 | 10.8 |
| \$40,000 - 49,999 | 23,494 | 9.3 | 18,975 | 8.5 | 15,200 | 9.0 | 13,813 | 8.0 |
| \$50,000 - 59,999 | 19,679 | 7.8 | 15,425 | 6.9 | 11,487 | 6.8 | 10,017 | 5.8 |
| \$60,000 - 74,999 | 24,615 | 9.8 | 18,719 | 8.4 | 13,948 | 8.3 | 12,365 | 7.2 |
| \$75,000 - 99,999 | 25,644 | 10.2 | 19,243 | 8.6 | 12,938 | 7.7 | 11,581 | 6.7 |
| \$100,000 - 124,999 | 16,241 | 6.4 | 12,134 | 5.4 | 7,958 | 4.7 | 7,267 | 4.2 |
| \$125,000 - 150,000 | 11,041 | 4.4 | 8,701 | 3.9 | 5,184 | 3.1 | 5,151 | 3.0 |
| \$150,000 - 199,999 | 8,164 | 3.2 | 6,450 | 2.9 | 3,973 | 2.4 | 4,082 | 2.4 |
| \$200,000 and over | 10,174 | 4.0 | 9,190 | 4.1 | 4,662 | 2.8 | 5,660 | 3.3 |

IDPH Population Projections

DeKALB COUNTY

IDPH Population by Age

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|------|--------|-----------|------------|--------------|------------|------------|--------------|------------|------------|--------------|------------|
| 37 | DeKalb | 0-4 | 3,444 | 3,307 | 6,751 | 4,137 | 3,973 | 8,110 | 4,129 | 3,965 | 8,094 |
| 37 | DeKalb | 5-9 | 3,428 | 3,277 | 6,705 | 3,500 | 3,380 | 6,880 | 4,194 | 4,043 | 8,237 |
| 37 | DeKalb | 10-14 | 3,406 | 3,186 | 6,592 | 3,437 | 3,292 | 6,729 | 3,522 | 3,406 | 6,929 |
| 37 | DeKalb | 15-19 | 5,439 | 5,702 | 11,142 | 5,477 | 5,695 | 11,172 | 5,420 | 5,668 | 11,087 |
| 37 | DeKalb | 20-24 | 6,545 | 6,260 | 12,805 | 6,907 | 6,766 | 13,673 | 6,722 | 6,563 | 13,285 |
| 37 | DeKalb | 25-29 | 6,687 | 6,450 | 13,137 | 4,907 | 4,621 | 9,528 | 5,365 | 5,230 | 10,595 |
| 37 | DeKalb | 30-34 | 4,069 | 3,791 | 7,860 | 6,415 | 6,335 | 12,750 | 4,716 | 4,564 | 9,280 |
| 37 | DeKalb | 35-39 | 3,336 | 3,073 | 6,408 | 4,065 | 3,729 | 7,794 | 6,395 | 6,271 | 12,666 |
| 37 | DeKalb | 40-44 | 2,990 | 2,969 | 5,958 | 3,392 | 3,108 | 6,500 | 4,114 | 3,762 | 7,876 |
| 37 | DeKalb | 45-49 | 3,008 | 2,877 | 5,884 | 2,995 | 2,909 | 5,904 | 3,397 | 3,066 | 6,463 |
| 37 | DeKalb | 50-54 | 3,116 | 3,240 | 6,356 | 2,898 | 2,794 | 5,692 | 2,907 | 2,847 | 5,754 |
| 37 | DeKalb | 55-59 | 2,934 | 2,969 | 5,903 | 2,913 | 3,097 | 6,011 | 2,735 | 2,690 | 5,425 |
| 37 | DeKalb | 60-64 | 2,476 | 2,527 | 5,003 | 2,733 | 2,778 | 5,512 | 2,737 | 2,930 | 5,667 |
| 37 | DeKalb | 65-69 | 1,922 | 1,998 | 3,920 | 2,243 | 2,358 | 4,601 | 2,507 | 2,613 | 5,120 |
| 37 | DeKalb | 70-74 | 1,269 | 1,511 | 2,780 | 1,678 | 1,823 | 3,500 | 1,986 | 2,161 | 4,146 |
| 37 | DeKalb | 75-79 | 848 | 1,071 | 1,919 | 1,038 | 1,301 | 2,339 | 1,384 | 1,576 | 2,960 |
| 37 | DeKalb | 80-84 | 614 | 828 | 1,441 | 645 | 833 | 1,478 | 785 | 1,019 | 1,804 |
| 37 | DeKalb | 85+ | 554 | 1,010 | 1,564 | 583 | 945 | 1,529 | 618 | 922 | 1,540 |
| | | Total | 56,084 | 56,045 | 112,129 | 59,964 | 59,736 | 119,701 | 63,630 | 63,296 | 126,927 |
| | | 0-64 | 50,877 | 49,627 | 100,504 | 53,777 | 52,476 | 106,253 | 56,351 | 55,005 | 111,356 |
| | | 65-74 | 3,192 | 3,509 | 6,701 | 3,921 | 4,181 | 8,101 | 4,493 | 4,774 | 9,266 |
| | | 75 Plus | 2,015 | 2,909 | 4,924 | 2,267 | 3,079 | 5,346 | 2,787 | 3,517 | 6,304 |
| | | 65 Plus | 5,207 | 6,418 | 11,625 | 6,188 | 7,260 | 13,448 | 7,279 | 8,291 | 15,570 |

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IDPH Population Projections

DeKALB COUNTY

IDPH Population by Age

| FIPS | Age Group | Total_2015 | Total_2020 | Total_2025 |
|------|--------------|----------------|----------------|----------------|
| 37 | 0-4 | 6,751 | 8,110 | 8,094 |
| 37 | 5-9 | 6,705 | 6,880 | 8,237 |
| 37 | 10-14 | 6,592 | 6,729 | 6,929 |
| 37 | 15-19 | 11,142 | 11,172 | 11,087 |
| 37 | 20-24 | 12,805 | 13,673 | 13,285 |
| 37 | 25-29 | 13,137 | 9,528 | 10,595 |
| 37 | 30-34 | 7,860 | 12,750 | 9,280 |
| 37 | 35-39 | 6,408 | 7,794 | 12,666 |
| 37 | 40-44 | 5,958 | 6,500 | 7,876 |
| 37 | 45-49 | 5,884 | 5,904 | 6,463 |
| 37 | 50-54 | 6,356 | 5,692 | 5,754 |
| 37 | 55-59 | 5,903 | 6,011 | 5,425 |
| 37 | 60-64 | 5,003 | 5,512 | 5,667 |
| 37 | 65-69 | 3,920 | 4,601 | 5,120 |
| 37 | 70-74 | 2,780 | 3,500 | 4,146 |
| 37 | 75-79 | 1,919 | 2,339 | 2,960 |
| 37 | 80-84 | 1,441 | 1,478 | 1,804 |
| 37 | 85+ | 1,564 | 1,529 | 1,540 |
| | Total | 112,129 | 119,701 | 126,927 |
| | 0-64 | 100,504 | 106,253 | 111,356 |
| | 65-74 | 6,701 | 8,101 | 9,266 |
| | 75 Plus | 4,924 | 5,346 | 6,304 |
| | 65 Plus | 11,625 | 13,448 | 15,570 |

IDPH Population Projections

LEE COUNTY

IDPH Population by Age

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|------|--------|-----------|------------|--------------|------------|------------|--------------|------------|------------|--------------|------------|
| 103 | Lee | 0-4 | 919 | 874 | 1,793 | 971 | 923 | 1,893 | 953 | 906 | 1,859 |
| 103 | Lee | 5-9 | 1,089 | 1,055 | 2,144 | 937 | 955 | 1,892 | 989 | 995 | 1,984 |
| 103 | Lee | 10-14 | 982 | 1,033 | 2,016 | 1,065 | 1,052 | 2,117 | 921 | 956 | 1,877 |
| 103 | Lee | 15-19 | 981 | 1,003 | 1,984 | 935 | 976 | 1,911 | 1,032 | 1,006 | 2,038 |
| 103 | Lee | 20-24 | 1,254 | 1,000 | 2,254 | 1,000 | 883 | 1,883 | 971 | 877 | 1,848 |
| 103 | Lee | 25-29 | 1,345 | 879 | 2,223 | 1,466 | 1,000 | 2,466 | 1,203 | 886 | 2,089 |
| 103 | Lee | 30-34 | 1,291 | 924 | 2,215 | 1,467 | 891 | 2,358 | 1,583 | 1,012 | 2,596 |
| 103 | Lee | 35-39 | 1,315 | 941 | 2,256 | 1,326 | 963 | 2,288 | 1,488 | 926 | 2,414 |
| 103 | Lee | 40-44 | 1,300 | 912 | 2,211 | 1,378 | 945 | 2,323 | 1,381 | 968 | 2,349 |
| 103 | Lee | 45-49 | 1,373 | 1,117 | 2,490 | 1,281 | 891 | 2,173 | 1,356 | 929 | 2,285 |
| 103 | Lee | 50-54 | 1,587 | 1,287 | 2,874 | 1,317 | 1,088 | 2,405 | 1,227 | 872 | 2,099 |
| 103 | Lee | 55-59 | 1,498 | 1,358 | 2,855 | 1,493 | 1,265 | 2,758 | 1,238 | 1,075 | 2,313 |
| 103 | Lee | 60-64 | 1,314 | 1,175 | 2,489 | 1,453 | 1,293 | 2,746 | 1,451 | 1,211 | 2,662 |
| 103 | Lee | 65-69 | 999 | 1,001 | 2,000 | 1,145 | 1,087 | 2,232 | 1,282 | 1,204 | 2,486 |
| 103 | Lee | 70-74 | 711 | 676 | 1,386 | 861 | 878 | 1,739 | 994 | 963 | 1,957 |
| 103 | Lee | 75-79 | 512 | 562 | 1,074 | 571 | 559 | 1,130 | 699 | 738 | 1,437 |
| 103 | Lee | 80-84 | 389 | 456 | 845 | 394 | 459 | 853 | 441 | 457 | 899 |
| 103 | Lee | 85+ | 293 | 570 | 863 | 341 | 558 | 899 | 370 | 558 | 928 |
| | | Total | 19,151 | 16,820 | 35,972 | 19,400 | 16,665 | 36,065 | 19,578 | 16,541 | 36,119 |
| | | 0-64 | 16,248 | 13,556 | 29,804 | 16,088 | 13,124 | 29,212 | 15,792 | 12,620 | 28,412 |
| | | 65-74 | 1,710 | 1,677 | 3,386 | 2,005 | 1,966 | 3,971 | 2,276 | 2,167 | 4,443 |
| | | 75 Plus | 1,194 | 1,588 | 2,781 | 1,307 | 1,575 | 2,882 | 1,510 | 1,754 | 3,264 |
| | | 65 Plus | 2,903 | 3,264 | 6,168 | 3,312 | 3,541 | 6,853 | 3,786 | 3,921 | 7,707 |

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IDPH Population Projections

LEE COUNTY

IDPH Population by Age

| FIPS | Age Group | Total_2015 | Total_2020 | Total_2025 |
|------|-----------|------------|------------|------------|
| 103 | 0-4 | 1,793 | 1,893 | 1,859 |
| 103 | 5-9 | 2,144 | 1,892 | 1,984 |
| 103 | 10-14 | 2,016 | 2,117 | 1,877 |
| 103 | 15-19 | 1,984 | 1,911 | 2,038 |
| 103 | 20-24 | 2,254 | 1,883 | 1,848 |
| 103 | 25-29 | 2,223 | 2,466 | 2,089 |
| 103 | 30-34 | 2,215 | 2,358 | 2,596 |
| 103 | 35-39 | 2,256 | 2,288 | 2,414 |
| 103 | 40-44 | 2,211 | 2,323 | 2,349 |
| 103 | 45-49 | 2,490 | 2,173 | 2,285 |
| 103 | 50-54 | 2,874 | 2,405 | 2,099 |
| 103 | 55-59 | 2,855 | 2,758 | 2,313 |
| 103 | 60-64 | 2,489 | 2,746 | 2,662 |
| 103 | 65-69 | 2,000 | 2,232 | 2,486 |
| 103 | 70-74 | 1,386 | 1,739 | 1,957 |
| 103 | 75-79 | 1,074 | 1,130 | 1,437 |
| 103 | 80-84 | 845 | 853 | 899 |
| 103 | 85+ | 863 | 899 | 928 |
| | Total | 35,972 | 36,065 | 36,119 |
| | 0-64 | 29,804 | 29,212 | 28,412 |
| | 65-74 | 3,386 | 3,971 | 4,443 |
| | 75 Plus | 2,781 | 2,882 | 3,264 |
| | 65 Plus | 6,168 | 6,853 | 7,707 |

IDPH Population Projections

OGLE COUNTY

IDPH Population by Age

| FIPS County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|-------------|-----------|------------|--------------|------------|------------|--------------|------------|------------|--------------|------------|
| 141 Ogle | 0-4 | 1,405 | 1,361 | 2,765 | 1,545 | 1,497 | 3,042 | 1,590 | 1,540 | 3,130 |
| 141 Ogle | 5-9 | 1,820 | 1,680 | 3,500 | 1,574 | 1,490 | 3,064 | 1,701 | 1,616 | 3,317 |
| 141 Ogle | 10-14 | 1,875 | 1,948 | 3,823 | 1,927 | 1,801 | 3,728 | 1,673 | 1,600 | 3,273 |
| 141 Ogle | 15-19 | 1,858 | 1,809 | 3,667 | 1,758 | 1,871 | 3,630 | 1,834 | 1,741 | 3,575 |
| 141 Ogle | 20-24 | 1,658 | 1,510 | 3,168 | 1,509 | 1,494 | 3,003 | 1,462 | 1,605 | 3,067 |
| 141 Ogle | 25-29 | 1,305 | 1,412 | 2,717 | 1,597 | 1,569 | 3,165 | 1,461 | 1,550 | 3,012 |
| 141 Ogle | 30-34 | 1,401 | 1,321 | 2,723 | 1,332 | 1,412 | 2,745 | 1,627 | 1,576 | 3,203 |
| 141 Ogle | 35-39 | 1,410 | 1,433 | 2,843 | 1,373 | 1,292 | 2,665 | 1,312 | 1,394 | 2,706 |
| 141 Ogle | 40-44 | 1,603 | 1,593 | 3,195 | 1,398 | 1,404 | 2,802 | 1,368 | 1,272 | 2,639 |
| 141 Ogle | 45-49 | 1,843 | 1,938 | 3,781 | 1,627 | 1,620 | 3,247 | 1,424 | 1,433 | 2,857 |
| 141 Ogle | 50-54 | 2,202 | 2,234 | 4,436 | 1,864 | 1,974 | 3,838 | 1,651 | 1,657 | 3,308 |
| 141 Ogle | 55-59 | 2,112 | 2,094 | 4,206 | 2,158 | 2,208 | 4,366 | 1,833 | 1,958 | 3,791 |
| 141 Ogle | 60-64 | 1,796 | 1,777 | 3,573 | 2,034 | 2,067 | 4,101 | 2,086 | 2,181 | 4,267 |
| 141 Ogle | 65-69 | 1,416 | 1,525 | 2,940 | 1,706 | 1,723 | 3,429 | 1,936 | 2,005 | 3,941 |
| 141 Ogle | 70-74 | 1,132 | 1,209 | 2,341 | 1,293 | 1,434 | 2,727 | 1,562 | 1,627 | 3,189 |
| 141 Dgle | 75-79 | 826 | 909 | 1,735 | 981 | 1,094 | 2,074 | 1,122 | 1,296 | 2,418 |
| 141 Ogle | 80-84 | 510 | 675 | 1,185 | 645 | 768 | 1,414 | 767 | 922 | 1,689 |
| 141 Ogle | 85+ | 454 | 733 | 1,187 | 506 | 770 | 1,276 | 610 | 844 | 1,455 |
| | Total | 26,624 | 27,163 | 53,787 | 26,829 | 27,489 | 54,317 | 27,019 | 27,818 | 54,837 |
| | 0-64 | 22,287 | 22,112 | 44,399 | 21,697 | 21,700 | 43,397 | 21,023 | 21,124 | 42,146 |
| | 65-74 | 2,547 | 2,734 | 5,281 | 2,999 | 3,157 | 6,156 | 3,498 | 3,632 | 7,129 |
| | 75 Plus | 1,790 | 2,317 | 4,107 | 2,132 | 2,632 | 4,765 | 2,499 | 3,063 | 5,561 |
| | 65 Plus | 4,337 | 5,051 | 9,388 | 5,131 | 5,789 | 10,920 | 5,996 | 6,694 | 12,691 |

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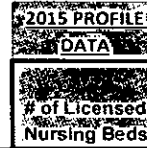
IDPH Population Projections

OGLE COUNTY

IDPH Population by Age

| FIPS | Age Group | Total_2015 | Total_2020 | Total_2025 |
|------|-----------|------------|------------|------------|
| 141 | 0-4 | 2,765 | 3,042 | 3,130 |
| 141 | 5-9 | 3,500 | 3,064 | 3,317 |
| 141 | 10-14 | 3,823 | 3,728 | 3,273 |
| 141 | 15-19 | 3,667 | 3,630 | 3,575 |
| 141 | 20-24 | 3,168 | 3,003 | 3,067 |
| 141 | 25-29 | 2,717 | 3,165 | 3,012 |
| 141 | 30-34 | 2,723 | 2,745 | 3,203 |
| 141 | 35-39 | 2,843 | 2,665 | 2,706 |
| 141 | 40-44 | 3,195 | 2,802 | 2,639 |
| 141 | 45-49 | 3,781 | 3,247 | 2,857 |
| 141 | 50-54 | 4,436 | 3,838 | 3,308 |
| 141 | 55-59 | 4,206 | 4,366 | 3,791 |
| 141 | 60-64 | 3,573 | 4,101 | 4,267 |
| 141 | 65-69 | 2,940 | 3,429 | 3,941 |
| 141 | 70-74 | 2,341 | 2,727 | 3,189 |
| 141 | 75-79 | 1,735 | 2,074 | 2,418 |
| 141 | 80-84 | 1,185 | 1,414 | 1,689 |
| 141 | 85+ | 1,187 | 1,276 | 1,455 |
| | Total | 53,787 | 54,317 | 54,837 |
| | 0-64 | 44,399 | 43,397 | 42,146 |
| | 65-74 | 5,281 | 6,156 | 7,129 |
| | 75 Plus | 4,107 | 4,765 | 5,561 |
| | 65 Plus | 9,388 | 10,920 | 12,691 |

Manor Court of Rochelle
20-Mile Radius Facilities
Size and Age



2015 MEDICARE/MEDICAID COST REPORT DATA

| FACID | FACNAME | ADDRESS | CITY | # of Licensed Nursing Beds | Building GSF | GSF per Bed | Year Constructed | NOTE | BLDG Age |
|---------|--|----------------------------|----------------|----------------------------|----------------------|-----------------|------------------|----------------------------|--------------|
| 6014872 | Bethany Hlth Care & Rehab Ctr. | 3298 Resource Parkway | Dekalb | 90 | 37,083 | 412.0 | 1997 | | 20 |
| 6015630 | Dekalb County Rehab & Nursing | 2600 N. Annie Glidden Road | Dekalb | 190 | 81,992 | 431.5 | 2000 | | 17 |
| 6003305 | Franklin Grove Nursing Center (1) | 502 N. State St | Franklin Grove | 121 | 48,667 | 402.2 | 1982 | oldest date per Inventory | 35 |
| 6006514 | Neighbors Rehab Ctr (2) | 811 W 2nd St | Byron | 101 | 34,195 | 338.6 | 1971 | | 46 |
| 6006738 | Oak Crest/Dekalb (3) | 2944 Greenwood Acres Drive | Dekalb | 73 | no cost report filed | | 1982 | oldest date per Inventory | 35 |
| 6009989 | Oregon Healthcare Center (4) | 811 South 10th Street | Oregon | 104 | 19,900 | 191.3 | 1982 | oldest date on Cost Report | 35 |
| 6007413 | Pine Acres Care Center (5) | 1212 South Second Street | Dekalb | 119 | 37,295 | 313.4 | 1968 | | 49 |
| 6007447 | Pincrest Manor | 414 South Wesley Avenue | Mount Morris | 125 | 79,970 | 639.8 | 1963 | | 54 |
| 6008502 | Prairie Crossing Living & Rehabilitation (6) | 4 South Sequoya St | Shabbona | 91 | 19,645 | 215.9 | 1982 | oldest date per Inventory | 35 |
| 6008098 | Rochelle Gardens Care Center (7) | 1021 North Caron Road | Rochelle | 74 | 18,863 | 254.9 | 1982 | oldest date per Inventory | 35 |
| 6008106 | Rochelle Rehab & Health Center (8) | 900 North 3rd Street | Rochelle | 50 | 14,800 | 296.0 | 1982 | oldest date per Inventory | 35 |
| | | | | 1,138 | | 349.6 | 1981 | | 36.00 |
| | | | | | | Aaverage | | | Avg. |
| 6008098 | Rochelle Gardens Care Center (7) | 1021 North Caron Road | Rochelle | 74 | 18,863 | 254.9 | 1982 | oldest date per Inventory | 35 |
| 6008106 | Rochelle Rehab & Health Center (8) | 900 North 3rd Street | Rochelle | 50 | 14,800 | 296.0 | 1982 | oldest date per Inventory | 35 |
| | | | | 124 | 33,663 | 271.5 | | | |

- (1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
- (3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
- (4) 2015 profile name: Oregon Living & Rehab Center
- (5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
- (7) formerly Rochelle Manor (1984 Inventory)
- (8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)
 American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
 Microsoft MapPoint 2009



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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORILY MANDATED PURPOSE AS OUTLINED IN DIVISION 45.5-000. 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: 0948934

Facility Name: Bethany Rehabilitation & Health Care Center

Address: 3298 Resource Parkway Dekalb 68115
Number City Zip Code

County: Dekalb

Telephone Number: (815) 156-8526 Fax # (815) 756-6399

HFS ID Number: _____

Date of Initial License for Current Owners: 1/28/1998

Type of Ownership:

VOLUNTARY, NON-PROFIT
 Charitable Corp.
 Trust

PROPRIETARY
 Individual
 Partnership
 Corporation
 "Sub-S" Corp.
 Limited Liability Co.
 Trust
 Other

GOVERNMENTAL
 State
 County
 Other

IRS Exemption Code: _____

In the event there are further questions about this report, please contact:
Name: Suzanne Lacroix Telephone Number: (847) 282-6399
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 01/01/15 to 12/31/15 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

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

Preparer
(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name and Address) Marcus, LLP
111 Phogara Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6399 Fax (847) 282-6301

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1430

HFS 3745 (N4-99)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Bethany Rehabilitation & Health Care Center # 0948934 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

A. License/certification level(s) of care: enter number of beds/bed days. (must agree with Section B). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 | 5 |
|------------------------------------|-----------------------------|------------------------------|--|---|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 1 | 90 Skilled (SNF) | 90 | 32,850 | 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 | 90 TOTALS | 90 | 32,850 | 7 |

B. Census For the entire report period.

| 1 Level of Care | 2 Patient Days by Level of Care and Primary Source of Payment | | | | 5 Total |
|--------------------|--|------------------|-------|--------|------------|
| | 3 Medicaid Reimburse | 4 Private Pay | Other | Total | |
| 8 SNF | 13,571 | 4,072 | 5,223 | 27,266 | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | | | | | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 DD 16 OR LESS | | | | | 13 |
| 14 TOTALS | 13,571 | 4,072 | 5,223 | 27,266 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 83.08%

D. How many bed-held days during this year were paid by the Department? None (Do not include bed-held 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 treatments not directly related to patient care? YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started 01/28/1998

J. Was the facility purchased or leased after January 1, 1978? YES Date 01/28/1998 NO

K. Was the facility certified for Medicare during this reporting year? YES NO If YES, enter number of beds certified 90 and days of care provided 6,634

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL CASH* CASH**

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15
* All facilities other than governmental cost report on the accrual basis.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,853 B. General Construction Type: Exterior Brick Frame Block Number of Stories 1

C. Does the Operating Entity? (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? (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/nursing units (where applicable).
 None

F. Does this report reflect any organization or pre-operating costs which are being amortized? YES 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 | 2 | 3 | 4 |
|---|-----------------------------------|-------------|---------------|-----------|
| | Use | Square Feet | Year Acquired | Cost |
| 1 | Facility | | 1997 | \$ 30,189 |
| 2 | Allocated from Columbia 7611, LLC | | | 4,678 |
| 3 | TOTALS | | | \$ 34,867 |

XI. OWNERSHIP COSTS (main use)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|-------|--------------------|---------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Beds* | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 30 | 1997 | 1997 | \$ 2,351,160 | \$ 125,358 | 40 | \$ 58,824 | \$ (40,644) | \$ 1,810,516 |
| 5 | | 1997 | 1997 | 212,125 | | | | | |
| 6 | | 1997 | 1997 | 2,334 | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | Improvement Type** | | | | | | | | |
| 10 | Various | 2007 | | 4,329 | | 28 | 246 | 246 | 4,609 |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
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| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| 32 | | | | | | | | | |
| 33 | | | | | | | | | |
| 34 | | | | | | | | | |
| 35 | | | | | | | | | |
| 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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| 1 Totals from Page 12A, Carried Forward | | \$ 3,357,178 | \$ 141,416 | | \$ 110,338 | \$ (31,878) | \$ 1,897,565 | 1 |
| 2 200 Hall Renovations- Part 1 | 2012 | 159,384 | | 20 | 11,206 | 11,286 | 54,552 | 2 |
| 3 Settlement Reduction | 2013 | (9,354) | | 30 | | | | 3 |
| 4 100 Hall Bathing Rm/Shower - Flooring, Tile Base, Grab Bars, P | 2013 | 36,325 | | 20 | 1,972 | 1,932 | 5,915 | 4 |
| 5 Soft Water Conditioner | 2014 | 7,331 | | 20 | 387 | 387 | 773 | 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 TOTAL (lines 1 thru 33) | | \$ 4,149,845 | \$ 141,416 | | \$ 125,303 | \$ (17,514) | \$ 1,948,306 | 34 |

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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
|--------------------------------------|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| 1 Buildings Company | | | | | | | | 1 |
| 2 Buildings: | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 Household Improvements: | | | | | | | | 8 |
| 9 | | | | | | | | 9 |
| 10 Various | 1998 | 3,084 | | 20 | 154 | 154 | 2,777 | 10 |
| 11 Various | 1999 | 16,507 | | 20 | 825 | 825 | 14,031 | 11 |
| 12 Various | 2000 | 6,556 | | 20 | 328 | 328 | 5,945 | 12 |
| 13 Various | 2001 | 14,405 | | 25 | 728 | 728 | 10,804 | 13 |
| 14 Various | 2002 | 4,251 | | 25 | 129 | 129 | 3,108 | 14 |
| 15 Various | 2003 | 15,479 | | 20 | 774 | 774 | 10,063 | 15 |
| 16 Various | 2004 | 13,069 | | 20 | 653 | 653 | 7,881 | 16 |
| 17 Various | 2006 | 2,715 | | 20 | 136 | 136 | 1,558 | 17 |
| 18 Various | 2005 | 9,410 | | 20 | 481 | 481 | 4,958 | 18 |
| 19 Various | 2010 | 5,829 | | 20 | 293 | 293 | 1,517 | 19 |
| 20 Air Conditioner Dishwasher | 2010 | 7,700 | | 20 | 385 | 385 | 2,310 | 20 |
| 21 Wireless Infrastructure And Wicks | 2010 | 19,789 | | 20 | 855 | 855 | 2,913 | 21 |
| 22 Call bell system | 2011 | 12,439 | | 20 | 622 | 622 | 3,108 | 22 |
| 23 200 Hall Renovations- Part 2 | 2012 | 364,493 | | 20 | 18,225 | 18,225 | 72,899 | 23 |
| 24 Roof Temp Unit | 2014 | 6,238 | | 20 | 412 | 412 | 624 | 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) | | \$ 583,416 | \$ | | \$ 24,601 | \$ 24,601 | \$ 141,731 | 34 |

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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|--------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Related Party | | | | | | | |
| 2 Buildings: | | | | | | | |
| 3 Allocated from Columbia 7611, LLC | 1989 | 28,382 | 1,607 | 35 | 1,154 | (483) | 31,152 |
| 4 Allocated from Columbia 7611, LLC | 1998 | 4,628 | 184 | 35 | 132 | (52) | 3,432 |
| 5 Allocated from Columbia 7611, LLC | 1991 | 818 | 24 | 35 | 17 | (7) | 436 |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 Landheld Improvements: | | | | | | | |
| 9 Allocated from Columbia 7611, LLC | 1989 | 22 | | 20 | | | 22 |
| 10 Allocated from Columbia 7611, LLC | 1994 | 115 | 4 | 20 | | (4) | 115 |
| 11 Allocated from Columbia 7611, LLC | 1995 | 178 | 6 | 20 | | (6) | 178 |
| 12 Allocated from Columbia 7611, LLC | 1996 | 337 | 8 | 20 | 17 | 11 | 337 |
| 13 Allocated from Columbia 7611, LLC | 2003 | 128 | 4 | 20 | 5 | 2 | 94 |
| 14 Allocated from Columbia 7611, LLC | 2000 | 625 | 20 | 20 | 31 | 31 | 313 |
| 15 Allocated from Columbia 7611, LLC | 2008 | 967 | 33 | 20 | 49 | 17 | 395 |
| 16 Allocated from Columbia 7611, LLC | 2011 | 274 | 9 | 20 | 14 | 5 | 69 |
| 17 | | | | | | | |
| 18 Allocated from LTC Service LLC | 2001 | 71 | | 20 | 4 | 4 | 53 |
| 19 Allocated from LTC Service LLC | 2002 | 66 | | 20 | 3 | 3 | 46 |
| 20 | | | | | | | |
| 21 Allocated from Walnut Creek Management | 2004 | 1,753 | | 20 | 88 | 88 | 875 |
| 22 Allocated from Walnut Creek Management | 2007 | 42 | | 20 | 2 | 2 | 19 |
| 23 Allocated from Walnut Creek Management | 2014 | 990 | 121 | 20 | 54 | (71) | 97 |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 TOTAL (lines 1 thru 33) | | 51,194 | 1,891 | | 1,567 | (436) | 37,628 |

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



LL 7

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 43.5-206. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION OR TO HONOR THE DEADLINE WILL RESULT IN CANCELLATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPB License ID Number: 0044321

Facility Name: DeKalb County Rehab & Nursing

Address: 2600 N Azalea Cadden, DeKalb, IL 60115
Number City Zip Code

County: DeKalb

Telephone Number: (815) 758-2477 **Fax # (815):** 217-0451

HFS ID Number: _____

Date of Initial License for Current Owners: 7/18/54

Type of Ownership:

VOLUNTARY, NON-PROFIT
 Charitable Corp.
 Trust

PROPRIETARY
 Individual
 Partnership
 Corporation
 "Sub-S" Corp.
 Limited Liability Co.
 Trust
 Other

GOVERNMENTAL
 State
 County
 Other

IRS Exemption Code: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

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

Paid Preparer: (Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) RSM US LLP
28 N. Meridgate Road, Ste. 200, Schaumburg, IL 60113
(Telephone) (847) 517-7070 Fax (847) 517-7067

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

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

HFS 3745 (N-4-08)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: DeKalb County Rehab & Nursing

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of bed/days. (must agree with license). Do not change to licensed beds. N/A

| 1 | 2 | 3 | 4 |
|-----------------------------------|-----------------------------|------------------------------|--|
| Bed at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | 199 Skilled (SNF) | 199 | 69,358 |
| 2 | Skilled Postacute (SNF/PAD) | | |
| 3 | Intermediate (ICF) | | |
| 4 | Intermediate/DD | | |
| 5 | Skilled Care (SC) | | |
| 6 | ICF/DD 16 or Less | | |
| 7 | 199 TOTALS | 199 | 69,358 |

B. Crosses for the entire report period.

| 1 | 2 | 3 | 4 | 5 |
|------------------|---|-------------|-------|--------|
| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | |
| | Medicaid Reimburse | Private Pay | Other | Total |
| 8 SNF | 1,877 | 216 | 9,568 | 10,659 |
| 9 SNF/PAD | | | | |
| 10 ICF | 35,342 | 15,391 | | 50,733 |
| 11 ICF/DD | | | | |
| 12 SC | | | | |
| 13 Od 16 OR LESS | | | | |
| 14 TOTALS | 36,419 | 15,647 | 9,568 | 61,634 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.90%

D. How many bed-days during this year were paid by the Department? N/A (Do not include bed-held 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 Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 13) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started: 03/09/2008

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

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified: 199 and days of care provided: 9,568

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS
ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to year ten year? YES NO

Year: 12/31/15 Fiscal Year: 12/31/15
* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-08)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 81,592 B. General Construction Type: Exterior Brick & Vinyl Frame Wood & Metal Number of Stories 1

C. Does the Operating Entity? (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? (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).
 None

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

| | 1 Use | 2 Square Feet | 3 Year Acquired | 4 Cost |
|---|---------------|---------------|-----------------|--------|
| 1 | Resident Care | 243,845 | 1998 | 83,196 |
| 2 | | | | |
| 3 | TOTALS | 243,845 | 5 | 83,196 |

HFS 3745 (N-4-09)

IL478-2471

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvement Costs-including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| Bed# | FOR BED USE ONLY | 1 Year Acquired | 2 Year Constructed | 3 Cost | 4 Current Book Depreciation | 5 Life in Years | 6 Straight Line Depreciation | 7 Adjustments | 8 Accumulated Depreciation |
|--------------------------|--|-----------------|--------------------|------------|-----------------------------|-----------------|------------------------------|---------------|----------------------------|
| 190 | | 2000 | 2000 | 10,897,894 | 435,516 | 25 | 435,516 | | 6,895,667 |
| 4 | | 2000 | 2000 | 117,643 | 4,787 | 25 | 4,787 | | 74,532 |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| Improvement Type: | | | | | | | | | |
| 9 | Construction Cap. Exp. cost - new building 2/00 | 2000 | 2000 | 18,253 | 654 | 15 to 25 | 654 | | 18,253 |
| 10 | Construction Cap. Exp. cost - new building 2/00 | 2000 | 2000 | 16,555 | 654 | 15 to 25 | 654 | | 6,478 |
| 11 | Cap. Exp. Costs - new building since 3/00 | 2000 | 2000 | 37,957 | 2,297 | 10 to 25 | 2,297 | | 35,746 |
| 12 | Main. Building see loc. Letter and OHP rpt 1/10/01 | 2000 | 2000 | 108,759 | 5,488 | 10 | 5,488 | | 26,093 |
| 13 | Electric, Amusement duct repair, paint and dry wall | 2001 | 2001 | 21,941 | 438 | 5 to 24 | 438 | | 15,585 |
| 14 | Wall gas, water, steam, sewer, floor gas, and concrete | 2001 | 2001 | 61,596 | 4,258 | 15 to 20 | 4,258 | | 61,815 |
| 15 | Heat repair of radiator, gas, oil, boiler, and electrical | 2002 | 2002 | 10,421 | 485 | 5 to 25 | 485 | | 8,556 |
| 16 | Employee entrance & security landscaping | 2003 | 2003 | 11,355 | | 10 | | | 11,355 |
| 17 | Locks on doors, exit door steel walk, dietary, and upkts | 2004 | 2004 | 36,177 | | 8 to 15 | | | 36,177 |
| 18 | Main. Maintenance, replace fire system, fire alarm, computer | 2005 | 2005 | 24,817 | | 5 to 20 | | | 24,817 |
| 19 | Architectural renovation, painting, carpeting, doors, etc. etc. | 2005 | 2005 | 157,225 | 29,789 | 20 | 29,789 | | 299,277 |
| 20 | Narrow gaiting, replace concrete, C.V.S. complete 12 April 07 | 2006 | 2006 | 9,970 | 949 | 5 to 18 | 949 | | 9,216 |
| 21 | Replace 4 doors, add in agents, install magnets & smoke detector | 2006 | 2006 | 15,812 | 1,802 | 5 | 1,802 | | 9,282 |
| 22 | Painting in dining room | 2007 | 2007 | 7,840 | | 5 | | | 7,840 |
| 23 | Replace 600WMP Switch | 2007 | 2007 | 4,847 | 373 | 15 | 373 | | 3,534 |
| 24 | New Alarm System | 2007 | 2007 | 21,000 | 2,200 | 10 | 2,200 | | 17,346 |
| 25 | New Alarm System (Panel) | 2007 | 2007 | 50,589 | 5,859 | 10 | 5,859 | | 40,893 |
| 26 | Steel Doors | 2008 | 2008 | 1,290 | 185 | 20 | 185 | | 1,263 |
| 27 | Fencing | 2008 | 2008 | 21,179 | 1,413 | 15 | 1,413 | | 18,097 |
| 28 | Magnetic Gps | 2009 | 2009 | 2,887 | 288 | 10 | 288 | | 1,919 |
| 29 | Upgrade central | 2009 | 2009 | 1,954 | 790 | 10 | 790 | | 5,400 |
| 30 | Wood wrap on Front Columns | 2009 | 2009 | 4,340 | 483 | 15 | 483 | | 3,093 |
| 31 | Impact Military Floor | 2009 | 2009 | 7,000 | 398 | 20 | 398 | | 2,668 |
| 32 | New Door by Inventory | 2009 | 2009 | 5,790 | 353 | 15 | 353 | | 2,253 |
| 33 | New Lobby in CVS | 2009 | 2009 | 2,063 | 184 | 15 | 184 | | 1,544 |
| 34 | New Concrete around building | 2009 | 2009 | 15,926 | 1,846 | 15 | 1,846 | | 6,840 |
| 35 | | | | | | | | | |
| 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

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| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 37 HD Swing Operator w/control | 2011 | 2,801 | 384 | 10 | 384 | | 1,278 |
| 38 Replace Fhrs Eye Controller | 2011 | 3,601 | 300 | 12 | 300 | | 1,350 |
| 39 | | | | | | | |
| 40 Fish Devices on CVS Van Dupuis | 2011 | 3,651 | 183 | 18 | 183 | | 132 |
| 41 Fish Devices on Ede A. Von Dupuis | 2011 | 3,651 | 183 | 18 | 183 | | 132 |
| 42 New Process Compressor | 2012 | 5,721 | 264 | 18 | 264 | | 1,854 |
| 43 Robert series 80 pumps (1.87. #3) | 2012 | 3,062 | 255 | 10 | 255 | | 1,012 |
| 44 Reservoir Parking Lot | 2013 | 122,372 | 7,642 | 8 | 7,642 | | 38,568 |
| 45 Gravel Improvement - Paved Area | 2011 | 7,250 | 961 | 5.75 | 961 | | 3,688 |
| 46 | | | | | | | |
| 47 14124 Garage Wood-Domestic | 2013 | 3,378 | 391 | 15 | 391 | | 581 |
| 48 Replace Module in Electric Bridge | 2013 | 2,864 | 584 | 18 | 584 | | 1,856 |
| 49 Rebuild Hot Water Pump in Service | 2013 | 3,755 | 376 | 10 | 376 | | 1,854 |
| 50 Replace HW Valve on Air Handler | 2013 | 3,661 | 366 | 10 | 366 | | 1,037 |
| 51 Jamption Work On Truss #10 Top | 2013 | 3,301 | 213 | 15 | 213 | | 353 |
| 52 Repair Leaking Bellows | 2013 | 2,333 | 429 | 12 | 429 | | 1,839 |
| 53 Replace Parts for 200 Ton Chiller | 2013 | 2,845 | 258 | 15 | 258 | | 691 |
| 54 Replace Fastener/Water on Chiller | 2013 | 4,348 | 361 | 12 | 361 | | 751 |
| 55 Rebuild A/C in office for 2 persons | 2013 | 4,509 | 450 | 18 | 450 | | 938 |
| 56 Hot water Pump #2 Bearing assembly | 2013 | 4,791 | 479 | 10 | 479 | | 1,038 |
| 57 | | | | | | | |
| 58 Connection of Pumps/Generator & Switch in Boiler | 2014 | 3,360 | 336 | 18 | 336 | | 690 |
| 59 Break to seal/Repair valves | 2014 | 3,837 | 380 | 12 | 380 | | 639 |
| 60 Replace Expansion Valves on Chiller | 2014 | 6,488 | 399 | 15 | 399 | | 524 |
| 61 Repair boiler #1 | 2014 | 4,631 | 463 | 18 | 463 | | 819 |
| 62 Computer control panel & printer pump | 2014 | 15,592 | 1,292 | 12 | 1,292 | | 2,153 |
| 63 Repair condenser fan motor on chiller | 2014 | 4,264 | 224 | 15 | 224 | | 374 |
| 64 Pressure sensor in chiller | 2014 | 4,717 | 639 | 7.5 | 639 | | 733 |
| 65 | | | | | | | |
| 66 New concrete sidewalk | 2015 | 3,590 | 175 | 15 | 175 | | 175 |
| 67 Replace Electric Switch in Main | 2015 | 2,565 | 188 | 18 | 188 | | 188 |
| 68 Rebuild Chilled Water Pump #1 | 2015 | 6,236 | 448 | 18 | 448 | | 480 |
| 69 Replace 3 motors due to short | 2015 | 3,189 | 239 | 18 | 239 | | 239 |
| 70 TOTAL (lines 1 thru 69) | | 12,116,158 | 517,339 | | 517,339 | | 7,745,683 |

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

HFS 3745 (N-4-09)

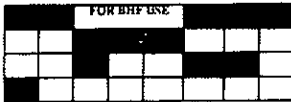
IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Totals from Page 12A, Carried Forward | | 12,116,158 | 517,339 | | 517,339 | | 7,745,683 |
| 2 Replaced Ballast pressure switch | 2015 | 12,922 | 374 | 15 | 374 | | 374 |
| 3 Hot water line building A/B | 2015 | 5,437 | 323 | 9.8 | 323 | | 323 |
| 4 Replace Oil Pressure Switches | 2013 | 3,936 | 189 | 15 | 189 | | 189 |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 Adjustment to Financial Statements | | | 18,571 | | | (18,571) | |
| 9 | | | | | | | |
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| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 TOTAL (lines 1 thru 33) | | 12,138,483 | 536,904 | | 536,904 | (18,571) | 7,748,691 |

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

HFS 3745 (N-4-09)

IL478-2471



LL 1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN THE ILLCS 15-1.204. 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 POLICE MANAGEMENT CENTER.

I. IDPH License ID Number: 0051599

Facility Name: Franklin Grove Living & Rehab

Address: 502 North State St Franklin Grove IL 61031
Number City Zip Code

County: Lee

Telephone Number: (815) 454-2374 Fax #: (815) 454-2350

RFS ID Number: _____

Date of Initial License for Current Owners: 9/1/11

Type of Ownership:

VOLUNTARY, NON-PROFIT PROPRIETARY GOVERNMENTAL

Charitable Corp. Individual State
 Trust Partnership County
 IRS Exemption Code Corporation Other
 Limited Liability Co. Trust Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

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

Paid Preparer: (Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) RSM US LLP
30 N. Marchgale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7970 Fax (847) 517-7967

In the event there are further questions about this report, please contact:
Name: Amanda Sackloth Telephone Number: (312) 924-2838
Email Address: _____

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone #: (217) 782-6338

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS Page 3

Facility Name & ID Number: Franklin Grove Living & Rehab # 0051599 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

II. STATISTICAL DATA

A. License/certification level(s) of care: enter number of beds/bed days. (must agree with license). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 |
|------------------------------------|-----------------------------|------------------------------|--|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | 70 Skilled (SNF) | 70 | 25,550 |
| 2 | Skilled Pediatric (SNF/PED) | | 2 |
| 3 | 51 Intermediate (ICF) | 51 | 18,615 |
| 4 | Intermediate/DD | | 4 |
| 5 | Skilled Care (SC) | | 5 |
| 6 | ICF/DD 16 or less | | 6 |
| 7 | 121 TOTALS | 121 | 44,165 |

B. Costs for the entire report period.

| 1 Level of Care | 2 Patient Oays by Level of Care and Primary Source of Payment | | | 4 Total |
|--------------------|--|-------------|-------|------------|
| | 3 Medicaid Recipient | Private Pay | Other | |
| 8 SNF | 745 | 754 | 3,714 | 9,213 |
| 9 SNF/PED | | | | 9 |
| 10 ICF | 12,594 | 14,876 | 2,116 | 27,706 |
| 11 ICF/DD | | | | 11 |
| 12 SC | | | | 12 |
| 13 OD 16 OR LESS | | | | 13 |
| 14 TOTALS | 13,339 | 14,830 | 4,830 | 32,999 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.72%

D. How many bed-held days during this year were paid by the Department? Name: _____ (Do not include bed-held days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) Name: _____

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 Note: Non-allowable costs have been eliminated in Schedule Y, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-carry assets? YES NO

I. On what date did you start providing long term care at this location? Date started: 9/1/11

J. Was the facility purchased or leased after January 1, 1978? YES Date: 9/1/11 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified: 70 and days of care provided: 2,714

Medicare intermediary: Wisconsin Physicians Services

IV. ACCOUNTING BASIS MODIFIED CASH* CASH*

ACCRUAL

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15
* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,667 B. General Construction Type: Exterior Brick Frame Concrete & Steel Number of Stories One

C. Does the Operating Entity? (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? (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/trains available (where applicable).
 None

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

| 1 | 2 | 3 | 4 |
|-----------------|-------------|---------------|--------|
| Use | Square Feet | Year Acquired | Cost |
| 1 Resident Care | | 1997 | 36,305 |
| 2 | | | 2 |
| 3 TOTALS | | | 36,305 |

HFS 3745 (N-4-00)

IL478-2471

XI. OWNERSHIP COSTS (664 Lines)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|------|-----------------------|---------------|------------------|-----------|---------------------------|---------------|----------------------------|--------------------------|
| Bed# | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Accumulated Depreciation |
| 4 | 121 | 1997 | | 1,334,101 | 31,5 | 31,5 | 42,357 | 1,337,431 |
| 6 | Mgmt. Apts | 1995 | | 26,018 | | 39 | 743 | 15,354 |
| 9 | Improvement Type** | | | | | | | |
| 10 | Various | 1991 | | 6,392 | | 20 | | 6,392 |
| 11 | Various | 1992 | | 29,415 | | 20 | | 29,415 |
| 12 | Various | 1993 | | 47,511 | | 20 | | 47,511 |
| 13 | Various | 1994 | | 17,652 | | 20 | | 17,652 |
| 14 | Various | 1995 | | 16,969 | | 20 | 215 | 16,969 |
| 15 | Various | 1997 | | 55,911 | | 28 | 2,796 | 53,371 |
| 16 | Various | 1998 | | 87,944 | | 28 | 4,398 | 74,725 |
| 17 | Various | 1999 | | 24,113 | | 20 | 1,286 | 19,818 |
| 18 | Reversible Chalk | 2000 | | 2,321 | | 20 | 116 | 1,740 |
| 19 | Water Main Line | 2001 | | 3,394 | | 20 | 165 | 2,851 |
| 20 | Wiring to Kitchen | 2001 | | 8,947 | | 20 | 447 | 6,474 |
| 21 | Wiring to Kitchen | 2001 | | 17,250 | | 28 | 613 | 9,838 |
| 22 | Kitchen Labor | 2001 | | 3,163 | | 28 | 158 | 2,335 |
| 23 | Kitchen Labor | 2001 | | 1,333 | | 28 | 77 | 1,097 |
| 24 | Carpeting | 2002 | | 16,211 | | 5 | | 16,211 |
| 25 | Paint | 2002 | | 3,700 | | 10 | | 3,700 |
| 26 | Paint | 2002 | | 7,972 | | 10 | | 7,972 |
| 27 | Grass Blanks | 2002 | | 1,849 | | 10 | | 1,849 |
| 28 | Voice Alarm | 2003 | | 945 | | 28 | 47 | 464 |
| 29 | Code Alarm | 2003 | | 3,887 | | 28 | 194 | 2,859 |
| 30 | Magnetic Door Holders | 2003 | | 1,053 | | 20 | 85 | 1,158 |
| 31 | Magnetic Door Holders | 2003 | | 4,244 | | 20 | 212 | 2,999 |
| 32 | 1st & 2nd | 2003 | | 6,738 | | 20 | 437 | 6,263 |
| 33 | 3 Air Conditioners | 2003 | | 478 | | 24 | 24 | 235 |
| 34 | Boiler Repairs | 2003 | | 1,865 | | 20 | 94 | 1,865 |
| 35 | Shower - Glass Bars | 2003 | | 830 | | 28 | 28 | 358 |
| 36 | Carpet | 2003 | | 599 | | 28 | 30 | 347 |
| 37 | Outlets & Down Spouts | 2003 | | 18,755 | | 28 | 538 | 6,815 |

*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 Post 12A, Line 70 for total

HFS 3745 (N-4-00)

IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Totals from Page 12A, Carried Forward | | \$ 2,091,470 | \$ 72,813 | | \$ 72,813 | \$ 12,813 | \$ 1,542,437 |
| 2 South Porch Remodel | 2008 | 4,175 | | 20 | 209 | 209 | 1,366 |
| 3 Walkways & Landscaping | 2008 | 8,467 | | 20 | 423 | 423 | 3,174 |
| 4 Steel studs & drywall on outside walls, retrofit windows, and extend electrical boxes in 24 rooms | 2008 | 101,179 | | 20 | 5,059 | 5,059 | 37,942 |
| 5 Gra Waste Action | 2008 | 4,320 | | 20 | 216 | 220 | 1,538 |
| 6 Paving | 2008 | 9,295 | | 20 | 478 | 470 | 3,523 |
| 7 Replace Boiler System | 2008 | 12,164 | | 20 | 608 | 608 | 4,562 |
| 8 Vinyl Flooring | 2008 | 83,058 | | 20 | 4,153 | 4,153 | 31,147 |
| 9 Landscaping | 2008 | 14,096 | | 15 | 933 | 993 | 7,448 |
| 10 New Sprinkler System | 2009 | 155,070 | | 20 | 7,754 | 7,754 | 50,465 |
| 11 New Water Line for Sprinkler System | 2009 | 14,536 | | 20 | 747 | 747 | 4,855 |
| 12 Fire Alarm Interface-Sprinkler System | 2009 | 3,060 | | 20 | 150 | 150 | 975 |
| 13 Replace Floor | 2009 | 2,946 | | 20 | 147 | 147 | 956 |
| 14 Recave parking lot | 2010 | 35,897 | | 20 | 1,795 | 1,805 | 9,958 |
| 15 Replace concrete for front driveway | 2010 | 4,653 | | 20 | 233 | 233 | 1,300 |
| 16 Water heater | 2011 | 25,248 | | 20 | 1,262 | 1,247 | 5,701 |
| 17 Remodel Kitchen, Install Wall Cabinets, Flooring | 2011 | 11,100 | | 20 | 555 | 555 | 2,496 |
| 18 Remodel Laundry Room, Install Wall Units, Plumbing | 2011 | 9,858 | | 20 | 493 | 493 | 2,173 |
| 19 Update Carpet, Shelving and Cabinets | 2011 | 5,105 | | 20 | 255 | 255 | 1,033 |
| 20 Update Carpet & Installation | 2011 | 2,100 | | 20 | 105 | 105 | 473 |
| 21 Front Entrance Sign | 2011 | 2,400 | | 20 | 120 | 120 | 533 |
| 22 Parking lot Seal coating | 2012 | 6,363 | | 20 | 318 | 318 | 1,315 |
| 23 Driveway Repair & Sealant (Rooms: 492, 501, 502, 504, 505 & 512) | 2012 | 3,433 | | 20 | 172 | 172 | 545 |
| 24 Driveway Repair & Sealant (Rooms: 500, 501, 502, 504, 505 & 512) | 2012 | 7,914 | | 20 | 396 | 396 | 1,551 |
| 25 Hot Water Tank, Boiler Room, all the 100 Hall | 2012 | 10,800 | | 15 | 647 | 647 | 2,333 |
| 26 FGA: Remove Driveway | 2013 | 2,589 | | 10 | 259 | 259 | 647 |
| 27 Grab Bars in Bathrooms | 2013 | 2,508 | | 10 | 251 | 251 | 617 |
| 28 HVAC Unit | 2013 | 2,447,776 | | 20 | 122,389 | 122,389 | 1,743,146 |
| 29 TOTAL (lines 1 thru 33) | | | | | | | |

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

HFS 3745 (N-4-99)

IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Totals from Page 12B, Carried Forward | | \$ 2,647,776 | \$ 757 | | \$ 101,438 | \$ 100,581 | \$ 1,765,146 |
| 2 Water Heater - services #00 & 200 Hall | 2014 | 3,250 | | 15 | 217 | 217 | 923 |
| 3 Telephone System Upgrade - Throughout Entire Facility | 2014 | 15,316 | | 10 | 1,532 | 1,532 | 2,358 |
| 4 Storm Drains and Drainage | 2015 | 13,109 | | 20 | 655 | (6,485) | 330 |
| 5 Installing new roof for 4 rooms | 2015 | 4,854 | | 6 | 101 | 95 | 101 |
| 6 Installing surveillance camera system throughout the building | 2015 | 27,195 | | 5 | 2,719 | (24,476) | 2,719 |
| 7 Seal Coating asphalt lot for the entire parking | 2015 | 4,428 | | 20 | 221 | 211 | 111 |
| 8 Installing soft water system throughout the building | 2015 | 3,400 | | 5 | 340 | 340 | 340 |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 Allocated from NW Financial Services Co. - Leasehold Improvement | 1995 | 2,312 | | | | | 2,312 |
| 14 Allocated from NW Financial Services Co. - Leasehold Improvement | 1995 | 425 | | | 24 | 24 | 474 |
| 15 Allocated from NW Financial Services Co. - Leasehold Improvement | 1997 | 583 | | | 1 | 1 | 582 |
| 16 Allocated from NW Financial Services Co. - Leasehold Improvement | 1998 | 401 | | | 24 | 24 | 427 |
| 17 Allocated from NW Financial Services Co. - Leasehold Improvement | 1999 | 1,334 | | | 67 | 67 | 1,075 |
| 18 Allocated from NW Financial Services Co. - Leasehold Improvement | 2003 | 1,783 | | | 130 | 130 | 1,449 |
| 19 Allocated from NW Financial Services Co. - Leasehold Improvement | 2007 | 1,783 | | | 78 | 78 | 664 |
| 20 Allocated from NW Financial Services Co. - Leasehold Improvement | 2009 | 5,743 | | | 163 | 163 | 1,054 |
| 21 Allocated from NW Financial Services Co. - Leasehold Improvement | 2013 | 1,762 | | | 87 | 87 | 210 |
| 22 Allocated from NW Financial Services Co. - Leasehold Improvement | 2014 | 1,757 | | | 86 | 86 | 131 |
| 23 Allocated from NW Financial Services Co. - Leasehold Improvement | 2015 | 361 | | | 12 | 12 | 11 |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
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| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 TOTAL (lines 1 thru 33) | | \$ 2,718,923 | \$ 34,895 | | \$ 101,478 | \$ 72,585 | \$ 1,768,341 |

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

HFS 3745 (N-4-99)

IL478-2471



LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 118 ILCS 43.1. THE DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION IN OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORUMS MANAGEMENT CENTER.

I. I.D.P.H. License ID Number: 0049973

Facility Name: Neighbors Rehabilitation Center

Address: 811 West Second Byron 61810
Number City Zip Code

County: Ogle

Telephone Number: (815) 234-2511 **Fax #:** (815) 234-3114

HFS ID Number: _____

Date of Initial License for Current Owners: 7/10/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT PROPRIETARY GOVERNMENTAL

Charitable Corp. Individual State

Trust Partnership County

IRS Exemption Code _____ Corporation Other _____

"Sub-S" Corp. Limited Liability Co.

Trust Other _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/15 to 12/31/15 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 fabrication of any information in this cost report may be punishable by fine and/or imprisonment.

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

Preparer: (Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name Marxco, LLP
& Address) 111 Pilgrimage Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 282-6389 Fax (847) 282-6391

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
281 S. Grand Avenue East
Springfield, IL 62763-0901 Phone # (217) 782-1630

In the event there are further questions about this report, please contact:
Name: Renee Jarrold Telephone Number: (847) 282-6389
Email Address: _____

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of beds/bed days. (must agree with license). Days of change in licensed beds: N/A

| 1 | 2 | 3 | 4 | 5 |
|------------------------------------|-----------------------------|------------------------------|--|---|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 1 | 101 Skilled (SNF) | 101 | 34,865 | 1 |
| 2 | Skilled Pediatric (SNF/PED) | | | 2 |
| 3 | Intermediate (ICF) | | | 3 |
| 4 | Intermediate/D.B. | | | 4 |
| 5 | Skilled Care (SC) | | | 5 |
| 6 | ICF/DD 14 or Less | | | 6 |
| 7 | 101 TOTALS | 101 | 34,865 | 7 |

B. Census-For the entire report period.

| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | | 8 |
|------------------|---|-------------|-------|--------|----|
| | Medical Reimbursement | Private Pay | Other | Total | |
| 8 SNF | 18,940 | 3,277 | 4,403 | 26,620 | 8 |
| 9 SNF/WED | | | | | 9 |
| 10 ICF | | | | | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 DD 14 OR LESS | | | | | 13 |
| 14 TOTALS | 18,940 | 3,277 | 4,403 | 26,620 | 14 |

C. Percent Occupancy. (Calculate 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.21%

D. How many bed-bed days during this year were paid by the Department? None (Do not include bed-bed 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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started: 06/22/2008

J. Was this facility purchased or leased after January 1, 1978?
YES Date: 06/01/2008 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified: 101 and days of care provided: 3,173

Medicare Intermediary: Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015
* All facilities other than governmental must report on the accrual basis.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,195 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories 1

C. Does the Operating Entity? (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 XI-A. See instructions.)

D. Does the Operating Entity? (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 XI-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 the 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 on other of beds/units available (where applicable).
Physical Therapy Room for non-residents. Applicable costs have been adjusted out on Page 5A.

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: _____ 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 | 2 | 3 | 4 |
|------------|-------------|---------------|------------|
| Use | Square Feet | Year Acquired | Cost |
| 1 Facility | | 2008 | \$ 178,800 |
| 2 | | | |
| 3 TOTALS | | | \$ 178,800 |

STATE OF ILLINOIS # 0049973 Report Period Beginning: 01/01/15 Ending: 12/31/15 Page 12

Facility Name & ID Number: Neighbors Rehabilitation Center

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvement Costs-Including Piped Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|-------|------------------|---------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Code* | FOR BHF USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 101 | 2008 | 1977 | \$ 2,175,000 | \$ 60,171 | 39 | \$ 55,769 | \$ (24,402) | \$ 425,915 |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | Improvement type | 2009 | 2009 | \$ 30,321 | | 20 | \$ 1,511 | \$ 1,511 | \$ 18,703 |
| 10 | Various | 2009 | 2009 | \$ 31,566 | | 20 | \$ 1,571 | | \$ 11,598 |
| 11 | Various | 2010 | 2010 | \$ 39,530 | | 20 | \$ 1,976 | \$ 1,976 | \$ 14,474 |
| 12 | Various | 2011 | 2011 | \$ 264,451 | | 20 | \$ 13,223 | \$ 13,223 | \$ 65,541 |
| 13 | | | | | | | | | |
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| 36 | | | | | | | | | |

*Total book 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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life In Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
|---|------------------|------------------|---------------------------|---------------|----------------------------|-----------------|--------------------------|-----------|
| 1 Trash from Park IIA Carried Forward | | | | | | | | 1 |
| 2 Generator Transfer Switch | 2012 | 4,728 | 131,931 | 20 | 234 | 236 | 944 | 2 |
| 3 Warning For Emergency Recyclables | 2012 | 1,075 | | 20 | 154 | 154 | 560 | 3 |
| 4 Generator | 2012 | 72,600 | | 20 | 3,630 | 3,630 | 12,160 | 4 |
| 5 Condensing Unit | 2012 | 2,825 | | 20 | 131 | 131 | 405 | 5 |
| 6 April Freeze Loop Controller | 2013 | 3,397 | | 20 | 170 | 170 | 510 | 6 |
| 7 Free Roof-Top Units | 2013 | 2,771 | | 20 | 474 | 474 | 1,184 | 7 |
| 8 Heat Meters And Alarm Devices | 2013 | 2,853 | | 20 | 133 | 133 | 321 | 8 |
| 9 Security System | 2013 | 5,798 | | 20 | 290 | 290 | 627 | 9 |
| 10 Seal Ceiling & Asphalt Repairs | 2013 | 3,778 | | 20 | 289 | 289 | 480 | 10 |
| 11 Plumbing Backflow Device | 2013 | 2,716 | | 20 | 136 | 136 | 467 | 11 |
| 12 10 Air Conditioning | 2013 | 2,877 | | 20 | 137 | 137 | 317 | 12 |
| 13 Drainage Pipe Installation & Gutter Repair | 2014 | 3,198 | | 20 | 160 | 160 | 310 | 13 |
| 14 Backflow Device | 2014 | 14,321 | | 20 | 716 | 716 | 1,193 | 14 |
| 15 Parking Lot Pavins | 2014 | 2,549 | | 20 | 127 | 127 | 221 | 15 |
| 16 Depot | 2015 | 3,401 | | 20 | 170 | 170 | 170 | 16 |
| 17 Baller Repair - New Valve, Pump, And Electric Assembly | | | | | | | | 17 |
| 18 | | | | | | | | 18 |
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| 33 | | | | | | | | 33 |
| 34 TOTAL (lines 1 thru 33) | | 2,368,479 | 131,931 | | 90,243 | (31,540) | 589,671 | 34 |

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

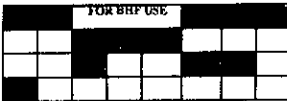
| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life In Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
|-----------------------------------|------------------|---------------|---------------------------|---------------|----------------------------|--------------|--------------------------|-----------|
| 1 Building Company | | | | | | | | 1 |
| 2 Buildings | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
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| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 Leasehold Improvements | | | | | | | | 8 |
| 9 Driveway / Walkways 100 & 400 | 2014 | 44,751 | | 20 | 2,238 | 2,238 | 4,475 | 9 |
| 10 Driveway / Walkways 204 & 300 | 2015 | 43,780 | | 20 | 2,185 | 546 | 2,185 | 10 |
| 11 | | | | | | | | 11 |
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| 33 | | | | | | | | 33 |
| 34 TOTAL (lines 1 thru 33) | | 88,531 | 1,839 | | 4,423 | 2,784 | 6,668 | 34 |

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

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------|--|------|---------------------------|---------------|----------------------------|-------------|--------------------------|--------|----|
| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | Buildings | | | | | | | | |
| 4 | Allec. - S.I.R. Management | 3895 | 16,442 | 473 | 28 | 473 | | 12,957 | 3 |
| 5 | Allec. - S.I.R. Properties - S.I.R. Management | 1995 | 16,056 | 538 | 24 | 477 | 300 | 16,733 | 4 |
| 6 | | | | | | | | | 5 |
| 7 | | | | | | | | | 6 |
| 8 | | | | | | | | | 7 |
| 9 | Leasehold Improvements | | | | | | | | 8 |
| 10 | Allec. - S.I.R. Management | 1993 | 4,233 | 118 | 28 | | (118) | 4,233 | 9 |
| 11 | Allec. - S.I.R. Management | 1994 | 12 | | 28 | | | 12 | 10 |
| 12 | Allec. - S.I.R. Management | 1995 | 97 | | 28 | | | 97 | 11 |
| 13 | Allec. - S.I.R. Management | 1997 | 6,344 | 146 | 28 | 317 | 171 | 6,809 | 12 |
| 14 | Allec. - S.I.R. Management | 1999 | 511 | | 28 | 26 | 26 | 415 | 13 |
| 15 | Allec. - S.I.R. Management | 2000 | 664 | | 28 | 28 | 28 | 669 | 14 |
| 16 | Allec. - S.I.R. Management | 2007 | 1,240 | | 28 | 97 | 97 | 795 | 15 |
| 17 | Allec. - S.I.R. Management | 2008 | 5,347 | 535 | 28 | 337 | (198) | 2,044 | 16 |
| 18 | Allec. - S.I.R. Management | 2009 | 15,256 | 121 | 28 | 654 | 543 | 4,148 | 17 |
| 19 | Allec. - S.I.R. Management | 2011 | 319 | 35 | 28 | 33 | | 145 | 18 |
| 20 | Allec. - S.I.R. Management | 2012 | 1,852 | 53 | 28 | 53 | | 180 | 19 |
| 21 | Allec. - S.I.R. Management | 2014 | 140 | 15 | 28 | 7 | 181 | 12 | 20 |
| 22 | Allec. - S.I.R. Properties - S.I.R. Management | 2012 | 1,023 | 77 | 20 | 4 | (68) | 18 | 21 |
| 23 | Allec. - S.I.R. Properties - S.I.R. Management | 2010 | 1,088 | 43 | 28 | 50 | | 209 | 22 |
| 24 | Allec. - S.I.R. Properties - S.I.R. Management | 2009 | 1,285 | 48 | 28 | 5 | | 341 | 23 |
| 25 | Allec. - S.I.R. Properties - S.I.R. Management | 2007 | 284 | 6 | 28 | 15 | 9 | 131 | 24 |
| 26 | Allec. - S.I.R. Properties - S.I.R. Management | 2002 | 68 | | 28 | 3 | | 45 | 25 |
| 27 | Allec. - S.I.R. Properties - S.I.R. Management | 1999 | 2,116 | | 20 | 186 | 106 | 1,743 | 26 |
| 28 | Allec. - S.I.R. Properties - S.I.R. Management | 1997 | 1,011 | | 28 | 51 | 51 | 805 | 27 |
| 29 | Allec. - S.I.R. Properties - S.I.R. Management | 1994 | 83 | | 28 | 3 | | 49 | 28 |
| 30 | Allec. - S.I.R. Properties - S.I.R. Management | 1993 | 271 | | 28 | | (8) | 159 | 29 |
| 31 | | | | | | | | | 30 |
| 32 | | | | | | | | | 31 |
| 33 | | | | | | | | | 32 |
| 34 | TOTAL (Items 1 thru 33) | | 76,214 | 2,152 | | 2,799 | 641 | 36,744 | 33 |

**Improvement types must be defined in order for the cost report to be considered complete.



LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

DISCLAIMER NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY DUTY OF THE AGENCY AS OUTLINED IN THE ILLINOIS ADMINISTRATIVE CODE. 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: 0051607

Facility Name: Oregon Living & Rehab Center

Address: 811 South 10th St Oregon 61061
Number City Zip Code

County: Ogle

Telephone Number: (815) 732-7994 Fax #: (815) 732-3165

HFS ID Number: _____

Date of Initial License for Current Owners: 9/1/11

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust

PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
 Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

IRS Exemption Code: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 8/01/2015 to 12/31/2015 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

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

Preparer: (Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) RSM US LLP
20 N. MacArthur Road, Ste. 506, Schaumburg, IL 60173
(Telephone) (847) 517-7078 Fax (847) 517-7067
MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
281 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

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

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number Oregon Living & Rehab Center

0051607 Report Period Beginning: 8/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of beds/bed days. (must agree with license). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 | 5 |
|------------------------------------|-----------------------------|------------------------------|--|---|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 104 | Skilled (SNF) | 104 | 37,968 | 1 |
| | Skilled Pediatric (SNF/PED) | | | 2 |
| | Intermediate (ICF) | | | 3 |
| | Intermediate/DD | | | 4 |
| | Sheltered Care (SC) | | | 5 |
| | ICF/DB 16 or Less | | | 6 |
| 104 | TOTALS | 104 | 37,968 | 7 |

B. Census for the entire report period.

| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | | 8 |
|------------------|---|------------------|------------|------------|----|
| | 1 Medical Reimbursement | 3 Private Pay | 4 Other | 5 Total | |
| 8 SNF | 2,708 | 73 | 1,515 | 4,296 | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | 14,166 | 5,235 | 1,181 | 20,572 | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 DB 16 OR LESS | | | | | 13 |
| 14 TOTALS | 16,874 | 5,298 | 2,696 | 24,868 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 65.81%

D. How many bed-held days during this year were paid by the Department? None (Do not include bed-held 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 Note: Non-allowable costs have been eliminated in Schedule V, Column 1.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started 9/1/11

J. Was the facility purchased or leased after January 1, 1978? YES Date 8/1/11 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified 20 and days of care provided 1,515

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

HFS 3745 (N-4-99)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 19,900 B. General Construction Type: Exterior Brick Frame Steel Number of Stories One

C. Does the Operating Entity? (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? (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 operating 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/nights available (where applicable).
 Name _____

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

| | 1 | 2 | 3 | 4 |
|---|------------------|-------------|---------------|--------|
| | Use | Square Feet | Year Acquired | Cost |
| 1 | Residential Cars | 130,000 | 1992 | 50,000 |
| 2 | | | | |
| 3 | TOTALS | 130,000 | | 50,000 |

HFS 3745 (N-4-99)

IL478-2471

XI. OWNERSHIP COSTS (continued)

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|-------|------------------------------|---------------|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| | Beds* | FOR BHP USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life In Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 104 | | 1992 | 1992 | 1,000,000 | | 40 | 25,212 | 25,212 | 601,124 |
| 5 | | | | | | | | | | |
| 6 | | SW Mgmt | 1995 | | 21,343 | | 39 | 639 | 639 | 13,197 |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | Improvements Type** | | 1997 | 6,100 | | 20 | | | 6,100 |
| 10 | | Various | | 1993 | 26,517 | | 20 | | | 26,517 |
| 11 | | Various | | 1994 | 8,224 | | 20 | | | 8,224 |
| 12 | | Various | | 1995 | 3,496 | | 20 | 72 | 72 | 3,496 |
| 13 | | Various | | 1995 | 2,042 | | 20 | 102 | 102 | 1,947 |
| 14 | | Various | | 1997 | 2,880 | | 20 | 144 | 144 | 2,736 |
| 15 | | Various | | 1998 | 65,835 | | 20 | 3,292 | 3,292 | 59,549 |
| 16 | | Various | | 1999 | 31,628 | | 20 | 1,581 | 1,581 | 30,216 |
| 17 | | | | | | | | | | |
| 18 | | Model 18Kpe Code A/R | | 2001 | 1,109 | | 20 | 59 | 59 | 856 |
| 19 | | Compressor Repair | | 2001 | 2,010 | | 20 | 51 | 51 | 710 |
| 20 | | Melior | | 2001 | 28 | | 20 | 28 | 28 | 573 |
| 21 | | Water Filter | | 2001 | 348 | | 20 | 43 | 43 | 629 |
| 22 | | Control Board | | 2001 | 816 | | 20 | 41 | 41 | 586 |
| 23 | | Gas Unit | | 2001 | 739 | | 20 | 37 | 37 | 527 |
| 24 | | Chalk & Output Box | | 2001 | 1,130 | | 20 | 57 | 57 | 811 |
| 25 | | Vault Flooring | | 2001 | 922 | | 20 | 46 | 46 | 601 |
| 26 | | | | | | | | | | |
| 27 | | Air Conditioners | | 2002 | 1,470 | | 20 | 74 | 74 | 1,170 |
| 28 | | Air Conditioning | | 2002 | 1,366 | | 20 | 68 | 68 | 1,035 |
| 29 | | Walk-in Freezer | | 2002 | 5,000 | | 20 | 250 | 250 | 3,550 |
| 30 | | | | | | | | | | |
| 31 | | Reel Exhaust Fan | | 2003 | 3,120 | | 10 | | | 3,120 |
| 32 | | Compressor unit - In Freezer | | 2003 | 3,193 | | 7 | | | 3,193 |
| 33 | | Radiator | | 2003 | 3,473 | | 10 | | | 3,473 |
| 34 | | Hot Water Repair | | 2003 | 1,010 | | 20 | 81 | 81 | 955 |
| 35 | | | | | | | | | | |
| 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

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Oregon Living & Rehab Center
 XI. OWNERSHIP COSTS (continued)

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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|--|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 37 Nurses Station | 2004 | 15,850 | | 20 | 793 | 793 | 9,115 |
| 38 Counter top | 2004 | 4,640 | | 20 | 233 | 233 | 2,083 |
| 39 Nurses Station | 2004 | 1,350 | | 20 | 65 | 65 | 743 |
| 40 Bath | 2004 | 7,500 | | 20 | 375 | 375 | 4,515 |
| 41 | 2005 | 3,100 | | 20 | 155 | 155 | 1,944 |
| 42 Flooring | 2005 | 1,950 | | 20 | 97 | 97 | 1,016 |
| 43 Fire Alarm System | 2005 | 1,830 | | 10 | 81 | 81 | 1,830 |
| 44 Wandersound | 2005 | 1,000 | | 10 | 50 | 50 | 1,000 |
| 45 Air Conditioners | 2006 | 3,036 | | 20 | 152 | 152 | 1,443 |
| 46 | 2006 | 1,140 | | 20 | 57 | 57 | 540 |
| 47 Vertical Rods with Panels Bars | 2006 | 3,104 | | 20 | 155 | 155 | 2,424 |
| 48 Snake Nipor-Attie | 2006 | 5,430 | | 20 | 272 | 272 | 2,581 |
| 49 Siphonals | 2006 | 62,467 | | 20 | 3,123 | 3,123 | 25,971 |
| 50 A/C Conditioners | 2006 | 1,505 | | 20 | 75 | 75 | 715 |
| 51 Sprinkler System | 2007 | 4,014 | | 20 | 201 | 201 | 2,354 |
| 52 Dampers Switches - Surveillance Systems | 2009 | 14,930 | | 20 | 747 | 747 | 4,035 |
| 53 Walk-In Freezer/Condensing Unit | 2009 | 3,007 | | 20 | 150 | 150 | 1,687 |
| 54 | 2010 | 13,256 | | 20 | 663 | 663 | 5,445 |
| 55 | 2010 | 3,572 | | 20 | 179 | 179 | 303 |
| 56 | 2011 | 18,783 | | 20 | 939 | 939 | 4,216 |
| 57 | 2011 | 4,139 | | 20 | 207 | 207 | 311 |
| 58 Kitchen Fixtures | 2011 | 16,250 | | 20 | 813 | 813 | 3,657 |
| 59 | 2011 | 5,550 | | 20 | 278 | 278 | 1,250 |
| 60 | 2011 | 3,950 | | 10 | 395 | 395 | 1,187 |
| 61 | 2012 | 12,420 | 457 | 10 | 1,243 | 894 | 5,716 |
| 62 | 2012 | 7,290 | 262 | 10 | 729 | 458 | 1,980 |
| 63 | 2012 | 16,223 | 393 | 20 | 511 | 118 | 1,789 |
| 64 | | 1,441,438 | 1,114 | | 45,462 | 43,948 | 863,259 |
| 70 TOTAL (lines 1 thru 69) | | | | | | | |

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

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Oregon Living & Rehab Center
 XI. OWNERSHIP COSTS (continued)

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

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|--------------------|------------------|------|---------------------------|---------------|----------------------------|-------------|--------------------------|
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B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
|--|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
| 1 Total from Page 12B, Carried Forward | | \$ 1,287,167 | \$ 1,751 | | \$ 52,771 | \$ 51,811 | \$ 886,406 | 1 |
| 2 | | | | | | | | 2 |
| 3 Allocated from SW Financial Services Co. - Leasehold Improvements | 1995 | 2,583 | | 28 | | | 2,583 | 3 |
| 4 Allocated from SW Financial Services Co. - Leasehold Improvements | 1996 | 417 | | 29 | 21 | 21 | 408 | 4 |
| 5 Allocated from SW Financial Services Co. - Leasehold Improvements | 1997 | 483 | | 20 | 1 | 1 | 483 | 5 |
| 6 Allocated from SW Financial Services Co. - Leasehold Improvements | 1998 | 413 | | 21 | 21 | 21 | 397 | 6 |
| 7 Allocated from SW Financial Services Co. - Leasehold Improvements | 1999 | 1,197 | | 20 | 87 | 87 | 922 | 7 |
| 8 Allocated from SW Financial Services Co. - Leasehold Improvements | 2005 | 2,373 | | 28 | 119 | 119 | 1,246 | 8 |
| 9 Allocated from SW Financial Services Co. - Leasehold Improvements | 2007 | 1,343 | | 28 | 67 | 67 | 571 | 9 |
| 10 Allocated from SW Financial Services Co. - Leasehold Improvements | 2009 | 2,804 | | 20 | 140 | 140 | 913 | 10 |
| 11 Allocated from SW Financial Services Co. - Leasehold Improvements | 2013 | 1,297 | | 20 | 75 | 75 | 187 | 11 |
| 12 Allocated from SW Financial Services Co. - Leasehold Improvements | 2014 | 1,510 | | 20 | 76 | 75 | 113 | 12 |
| 13 Allocated from SW Financial Services Co. - Leasehold Improvements | 2015 | 510 | | 20 | 18 | 18 | 10 | 13 |
| 14 | | | | | | | | 14 |
| 15 Adjust to Financial Statements | | | 193 | | | (193) | | 15 |
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| 32 | | | | | | | | 32 |
| 33 | | | | | | | | 33 |
| 34 TOTAL (lines 1 thru 33) | | \$ 1,601,367 | \$ 1,751 | | \$ 52,771 | \$ 51,811 | \$ 886,406 | 34 |

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



LL7

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

DEPARTMENT NOTICE:
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORILY PURPOSE AS OUTLINED IN 20 ILCS 45-3. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DATE WILL RESULT IN CANCELLATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0047728

Facility Name: Pine Acres Rehab & Living Ctr

Address: 1212 South Second St DeKalb 60115
Number City Zip Code

County: DeKalb

Telephone Number: (815) 758-0151 **Fax #:** (815) 758-6832

HPS ID Number:

Date of Initial License for Current Owners: 02/01/2006

Type of Ownership:

VOLUNTARY, NON-PROFIT
 Charitable Corp.
 Trust

PROPRIETARY
 Individual
 Partnership
 Corporation
 "Sub-S" Corp.
 Limited Liability Co.
 Trust
 Other

GOVERNMENTAL
 State
 County
 Other

IRS Exemption Code:

In the event there are further questions about this report, please contact:
Name: Amanda Rutzborn **Telephone Number:** (314) 925-3028
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 01/01/2015 to 12/31/2015 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) to be based on all information of which preparer has any knowledge.

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

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

Paid Preparer
(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name) RSM US LLP
(Firm Address) 29 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax (847) 517-7067
MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
283 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 781-1630

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Pine Acres Rehab & Living Ctr

0047728 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of beds/head days. (must agree with license). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 | 5 |
|------------------------------------|------------------------------|------------------------------|--|---|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 1 | 119 Skilled (SNF) | 119 | 43,435 | 1 |
| 2 | Skilled Post-acute (SNF/PED) | | | 2 |
| 3 | Intermediate (ICF) | | | 3 |
| 4 | Intermediate/DD | | | 4 |
| 5 | Skilled Care (SC) | | | 5 |
| 6 | ICF/DD 16 or Less | | | 6 |
| 7 | 219 TOTALS | 119 | 43,435 | 7 |

B. Census for the entire report period.

| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | Total | 8 |
|------------------|---|-------------|-------|--------|----|
| | Medicaid Reimburse | Private Pay | Other | | |
| 8 SNF | 16,864 | 9,866 | 6,023 | 32,753 | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | | | | | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 DD 16 OR LESS | | | | | 13 |
| 14 TOTALS | 16,864 | 9,866 | 6,023 | 32,753 | 14 |

C. Percent Occupancy. (Column 5, line 1d divided by total licensed bed days on line 7, column 4.) 75.41%

D. How many bed-held days during the year were paid by the Department? 0 (Do not include bed-held 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 Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 12) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started: 2/1/06

J. Was the facility purchased or leased after January 1, 1978? YES Date: 2/1/06 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified: 119 and days of care provided: 41,660

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH+ CASH+

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

HFS 3745 (N-4-99)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,295 B. General Construction Type: Exterior Brick Frame Number of Stories 1

C. Does the Operating Entity? (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? (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 caring home's grounds (such as, but not limited to, apartments, unrelated living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of services, square footage, and number of beds/units available (where applicable).
 None

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which It is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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

XI. OWNERSHIP COSTS:

A. Land.

| 1 | 2 | 3 | 4 |
|-----|--------------|---------------|---------|
| Use | Square Feet | Year Acquired | Cost |
| 1 | Resident Use | 1985 | 196,341 |
| 2 | | | |
| 3 | TOTALS | | 196,341 |

HFS 3745 (N-4-89)

IL478-2471

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to a current dollar.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|--------------------------|--|---------------|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Bed# | FOR BHP USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 119 | 2006 | 1968 | 1,136,851 | | 40 | 43,401 | 43,401 | 430,394 |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| Improvement Types | | | | | | | | | |
| 9 | 2 Ton Keeltop System | 2007 | | 4,564 | 456 | 10 | 456 | | 3,108 |
| 10 | Replace Hand Cabs | 2008 | | 2,626 | 263 | 10 | 263 | | 1,912 |
| 11 | Replace Fan Motors | 2008 | | 3,441 | 344 | 10 | 344 | | 2,538 |
| 12 | Replace Unit Heater | 2008 | | 3,336 | 334 | 10 | 334 | | 2,935 |
| 13 | Replace Doors | 2008 | | 2,894 | 270 | 10 | 270 | | 2,025 |
| 14 | Move Electrical Box | 2008 | | 6,332 | 633 | 10 | 633 | | 5,197 |
| 15 | Stairwalk | 2009 | | 6,312 | 316 | 10 | 316 | 315 | 3,305 |
| 16 | Retrofit Mechanical Room with Sprinklers | 2009 | | 4,444 | 232 | 10 | 232 | 140 | 1,828 |
| 17 | Security Alarm for Front Doors | 2009 | | 2,800 | 280 | 10 | 280 | 232 | 2,018 |
| 18 | Telephone System | 2009 | | 37,765 | 1,888 | 10 | 1,777 | 1,809 | 24,850 |
| 19 | Telephone System Addition | 2009 | | 15,143 | 457 | 10 | 1,218 | 487 | 9,241 |
| 20 | Fence | 2009 | | 5,708 | 225 | 10 | 515 | 24 | 5,111 |
| 21 | Renovation & New Construction | 2009 | | 2,443,109 | | 40 | 61,094 | 61,094 | 397,113 |
| 22 | Architect Fee | 2009 | | 122,583 | 40 | 3,063 | | | 19,949 |
| 23 | Demolition of Old House | 2009 | | 41,218 | 40 | 1,030 | 1,030 | | 6,495 |
| 24 | Carpet, Flooring & Walkcovering | 2009 | | 173,473 | | 40 | 4,387 | | 28,315 |
| 25 | Construction Period Interest | 2009 | | 196,545 | | 40 | 4,789 | | 17,208 |
| 26 | North Dining Room & Corridor Renovation | 2009 | | 191,743 | | 40 | 4,544 | 2,544 | 16,534 |
| 27 | Architect Fee | 2009 | | 180,297 | 40 | 4,505 | | | 16,448 |
| 28 | Drew Hill Construction & Architect Fee | 2009 | | 131,159 | 40 | 329 | 329 | | 2,139 |
| 29 | Drew Hill | 2009 | | 154,368 | 40 | 3,864 | | | 25,118 |
| 30 | Door & Hardware | 2009 | | 13,219 | 40 | 331 | | | 2,132 |
| 31 | Paint Hardware | 2009 | | 5,730 | 40 | 93 | 93 | | 445 |
| 32 | Old House | 2009 | | 373,213 | 40 | 4,333 | 4,333 | | 28,184 |
| 33 | Ice Cabs Machine (Expensed for Medical purposes) | 2009 | | | 91 | | | (92) | |
| 34 | Telephone System Addition | 2010 | | 6,377 | 157 | 40 | 157 | | 843 |
| 35 | Telephone System Addition | 2010 | | 8,250 | 325 | 10 | 625 | | 4,338 |
| 36 | ATC Unit Replacement (North Dining Room) | 2010 | | 18,000 | 1,800 | 10 | 1,800 | | 5,540 |

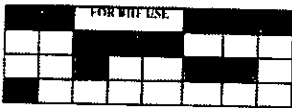
*Total beds on this schedule do not agree with page 2.
 **Improvement type will be detailed in order for the cost report to be considered complete.
 See Page 12A, Line 70 for total

HFS 3745 (N-4-89)

IL478-2471

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------|------------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|---|----|
| Improvement Type** | Year Contracted | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | | |
| 37 | 2010 | 2,896 | 72 | 40 | 72 | | 396 | | 37 |
| 38 | | | | | | | | | 38 |
| 39 | 2011 | 7,442 | 496 | 15 | 496 | | 2,232 | | 39 |
| 40 | 2011 | 5,721 | 386 | 10 | 386 | | 1,287 | | 40 |
| 41 | 2011 | 3,419 | 488 | 7 | 488 | | 1,197 | | 41 |
| 42 | | | | | | | | | 42 |
| 43 | 2013 | 6,919 | 492 | 14 | 492 | | 1,122 | | 43 |
| 44 | 2013 | 6,287 | 651 | 10 | 651 | | 2,177 | | 44 |
| 45 | | | | | | | | | 45 |
| 46 | 2013 | 7,270 | 727 | 10 | 727 | | 1,818 | | 46 |
| 47 | 2013 | 12,200 | 275 | 44 | 275 | 1,193 | 2,982 | | 47 |
| 48 | 2013 | 12,244 | 275 | 44 | 275 | 1,173 | 2,931 | | 48 |
| 49 | 2013 | 58,088 | 275 | 212 | 275 | 2,112 | 5,281 | | 49 |
| 50 | 2013 | 18,243 | 275 | 66 | 275 | 667 | 1,638 | | 50 |
| 51 | 2013 | 8,243 | 275 | 30 | 275 | 824 | 2,101 | | 51 |
| 52 | 2013 | 273,656 | 275 | 991 | 275 | 9,951 | 24,879 | | 52 |
| 53 | 2013 | 7,500 | 750 | 10 | 750 | | 1,875 | | 53 |
| 54 | 2013 | 6,100 | 610 | 10 | 610 | | 1,520 | | 54 |
| 55 | 2013 | 3,100 | 310 | 10 | 310 | | 775 | | 55 |
| 56 | 2014 | 4,017 | 402 | 10 | 402 | | 603 | | 56 |
| 57 | | | | | | | | | 57 |
| 58 | 2015 | 14,604 | 735 | 20 | 735 | | 735 | | 58 |
| 59 | 2015 | 5,313 | 266 | 20 | 266 | | 266 | | 59 |
| 60 | 2015 | 7,925 | 397 | 20 | 397 | | 397 | | 60 |
| 61 | | | | | | | | | 61 |
| 62 | | | 12,825 | | | (12,825) | | | 62 |
| 63 | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
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| 66 | | | | | | | | | 66 |
| 67 | | | | | | | | | 67 |
| 68 | | | | | | | | | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (Item 4 thru 69) | 5,818,649 | 27,579 | | 163,701 | 134,252 | 1,124,710 | | 70 |

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



LL1

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES FINANCIAL AND STATISTICAL REPORT (CONT.) REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2015)

DISCLOSURE NOTICE: THIS REPORT IS SUBJECT TO THE DISCLOSURE OF INFORMATION ACT AND IS AVAILABLE TO THE PUBLIC FOR THE PURPOSES OF THE ACT...

I. HPH License #: 0012745 Facility Name: Pleasant Manor Address: 414 South Wesley Ave Mount Morris IL 61054 City 716 Code County: Ogle Telephone Number: (815) 734-4103 Fax #: (815) 734-7133 HFS ID Number: Date of Initial License for Current Owners: 02/23/1965 Type of Ownership: [X] VOLUNTARY NON-PROFIT [] PROPRIETARY [] GOVERNMENTAL

HFS 3745 (N-4-89)

IL478-2471

STATISTICAL DATA A. Licensee/certification levels of care: enter number of bed-hold days... B. How many bed-hold days during (FY) care were paid by the Department? C. Do services provided by your facility for non-patients... D. Does the facility maintain a daily midnight census? E. Do pages 3 & 4 include expenses for services at... F. Does the BALANCE SHEET... G. On what date did you start providing long term care at this location? H. Was the facility purchased or leased after January 1, 1978? I. Was the facility certified for Medicare during the reporting year? J. ACCOUNTING BASIS: ACCRUAL [X] MONTHLY [] CASH []

HFS 3745 (N-4-89)

IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Totals from Page 12C, Carried Forward | | 9,743,978 | 195,969 | | 193,345 | (2,634) | 5,017,156 |
| 2 West door's arrival ramping | 2005 | 1,705 | 50 | 20 | | | 570 |
| 3 East Garage Expansion | 2006 | 14,837 | 152 | 10 | 60 | | 6,953 |
| 4 Removal of Hdr. Door | 2005 | 700 | 35 | 20 | | | 333 |
| 5 Paving for expansion | 2006 | 53,119 | 2,663 | 20 | 2,663 | | 25,281 |
| 6 Hand bars and signs | 2006 | 877 | 44 | 20 | 44 | | 416 |
| 7 Alarms | 2006 | 1,200 | 95 | 20 | 97 | | 874 |
| 8 Lamp and mounted clear glazing | 2006 | 1,025 | 53 | 20 | 93 | | 583 |
| 9 11 Vertek Audio VIDE-160VC | 2006 | 2,000 | | 5 | | | 500 |
| 10 Seal Coat - Parking Lot | 2006 | 6,101 | | 5 | | | 6,101 |
| 11 Install Roof System - W/ign 1 & 6 | 2006 | 18,189 | 2,409 | 20 | 2,409 | | 21,477 |
| 12 Compressor | 2007 | 1,017 | 324 | 18 | 265 | 352 | 6,513 |
| 13 Water Pump | 2007 | 10,826 | 591 | 18 | 1,092 | 581 | 4,601 |
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| 33 | | | | | | | |
| 34 TOTAL (lines 1 thru 33) | | 10,548,161 | 233,725 | | 232,593 | 11,131 | 5,047,314 |

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

HFS 3745 (N-4-99)

IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|--|------------------|------------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 1 Totals from Page 12D, Carried Forward | | 10,548,161 | 233,725 | | 232,593 | (1,131) | 5,047,314 |
| 2 Mechanical Room A.O. Smith BTR-775A Water Heater | 2015 | 8,352 | 824 | 10 | | | 1,652 |
| 3 | | | | | | | |
| 4 Repair roof & new asphalt surfacing, Almor Warden entrance | 2013 | 10,000 | 2,000 | 5 | 1,800 | 101 | 3,880 |
| 5 Annunciator for Fire Alarm System in front office | 2014 | 3,821 | 816 | 5 | 1,807 | 197 | 1,417 |
| 6 Annunciator added to sprinkler system | | | | | | | |
| 7 Hot Water Project | 2014 | 124,764 | 8,319 | 15 | 8,218 | (11) | 12,417 |
| 8 Increase capacity heat exchanger thermal in boiler room | 2014 | 5,000 | 1,002 | 5 | 1,002 | 0 | 1,503 |
| 9 Removal of asbestos in boiler room | 2014 | 8740 | | 15 | | 172 | 258 |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 Water Softener in mechanical room | 2014 | 15,804 | 1,258 | 10 | 728 | (580) | 728 |
| 13 Sewer Ejector System, Sewer filter throughout facility | 2015 | 22,823 | 107 | 10 | 1,122 | 935 | 1,122 |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |
| 21 | | | | | | | |
| 22 | | | | | | | |
| 23 | | | | | | | |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 | | | | | | | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 TOTAL (lines 1 thru 33) | | 10,548,161 | 233,287 | | 230,240 | 1,945 | 5,058,233 |

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

HFS 3745 (N-4-99)

IL478-2471



LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 20 ILCS 455-206. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DATE(S) WILL RESULT IN CANCELLATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FINANCIAL MANAGEMENT CENTER.

| | | | |
|--|--|--|--|
| I. IDPH License ID Number: <u>0051126</u> Facility Name: <u>Prairie Crossing Lvg. & Rehab</u> Address: <u>499 W Comanche Ave</u> <u>Shabbona</u> <u>6850</u> <small>Number City Zip Code</small> County: <u>DeKalb</u> Telephone Number: <u>(815) 824-1194</u> Fax # <u>(815) 824-2188</u> HFS ID Number: _____ Date of Initial License for Current Owners: <u>12/1/12</u> Type of Ownership: <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <input type="checkbox"/> IRS Exemption Code _____ <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ In the event there are further questions about this report, please contact: Name: <u>Amanda Erbelsbach</u> Telephone Number: <u>(314) 925-8328</u> 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 <u>01/01/2015</u> to <u>12/31/2015</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____ Preparer (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name) <u>RSM US LLP</u> (Firm Address) <u>28 N. Martingale Road, Ste. 506, Schaumburg, IL 60173</u> (Telephone) <u>(847) 517-7878</u> Fax <u>(847) 517-7867</u> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62762-9001 Phone # (317) 782-1639 | |
|--|--|--|--|

HFS 3745 (N-4-98)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Prairie Crossing Lvg & Rehab # 0051126 Report Period Beginning: 01/01/2015 Ending: 12/31/2015 Page 2

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of beds/bed days, (must agree with Bense), Date of change in licensed beds N/A

| 1 | 2 | 3 | 4 |
|------------------------------------|-----------------------------|------------------------------|--|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | 91 Skilled (SNF) | 91 | 33,215 |
| 2 | Skilled Pediatric (SNF/PED) | | 2 |
| 3 | Intermediate (ICF) | | 3 |
| 4 | Intermediate/DD | | 4 |
| 5 | Subacute Care (SC) | | 5 |
| 6 | ICF/DD 16 or Less | | 6 |
| 7 | 91 TOTALS | 91 | 33,215 |

B. Census-Fee for the entire report period.

| 1 Level of Care | 2 Patient Days by Level of Care and Primary Source of Payment | | | | 5 |
|--------------------|---|------------------|-------|--------|----|
| | 3 Medicaid Recipient | 4 Private Pay | Other | Total | |
| 8 SNF | | 396 | 1,542 | 1,898 | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | 14,448 | 4,317 | 2,618 | 21,375 | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 DD 16 OR LESS | | | | | 13 |
| 14 TOTALS | 14,448 | 4,675 | 4,152 | 23,275 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days in line 7, column 4.) 70.07%

D. How many bed-held days during this year were paid by the Department? Name _____ (Do not include bed-held days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "couch on wheels", outpatient therapy) Name _____

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 Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started 12/01/12

J. Was the facility purchased or leased after January 1, 1978? YES Date 12/01/12 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified 91 and days of care provided 1,542

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15
 * All facilities other than government owned must report on the accrual basis.

HFS 3745 (N-4-98)

IL478-2471

A. Square Feet: 19,645 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories One
 C. Does the Operating Entity? (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? (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 operating entity'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/walls available (where applicable).
 None

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: N/A 2. Number of Years Over Which It is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A
 Nature of Costs:
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land:

| | 1 | 2 | 3 | 4 |
|---|---------------|-------------|---------------|--------|
| | Use | Square Feet | Year Acquired | Cost |
| 1 | Resident Care | | 1994 | 30,000 |
| 2 | | | | |
| 3 | TOTALS | | | 30,000 |

MFS 3745 (N-4-89)

IL478-2471

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|------|--|---------------|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Bed# | FOR BHP USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight-Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 91 | 1994 | | 2,643,597 | | 39 | 67,784 | 67,784 | 1,454,613 |
| 5 | | | | | | | | | |
| 6 | Mgmt. Apts | 1995 | | 15,547 | | 39 | 559 | 559 | 11,548 |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | Improvement Type* | | | | | | | | |
| 10 | Various | 1993 | | 2,458 | | 20 | | | 2,458 |
| 11 | Various | 1994 | | 85,310 | | 20 | | | 65,310 |
| 12 | Various | 1991 | | 20,556 | | 20 | | | 28,556 |
| 13 | Various | 1992 | | 5,465 | | 10 | | | 5,466 |
| 14 | Various | 1993 | | 13,348 | | 20 | | | 13,348 |
| 15 | Various | 1994 | | 39,234 | | 20 | | | 39,234 |
| 16 | Various | 1995 | | 15,479 | | 20 | | | 15,479 |
| 17 | Various | 1996 | | 11,535 | | 20 | | | 11,535 |
| 18 | Various | 1997 | | 18,996 | | 20 | 990 | 990 | 17,841 |
| 19 | Various | 1998 | | 141,444 | | 20 | 7,072 | 7,071 | 125,595 |
| 20 | Various | 1999 | | 2,415 | | 20 | 121 | 121 | 2,016 |
| 21 | Air Handler | 2000 | | 2,158 | | 10 | | | 1,158 |
| 22 | Air Handler | 2000 | | 1,900 | | 10 | | | 1,900 |
| 23 | Driveway | 2001 | | 2,040 | | 20 | 132 | 152 | 2,168 |
| 24 | Nurses Call System | 2001 | | 2,745 | | 10 | | | 2,745 |
| 25 | Air Handler | 2001 | | 2,758 | | 10 | | | 2,580 |
| 26 | Security System | 2001 | | 1,507 | | 10 | | | 1,507 |
| 27 | Telephone System | 2001 | | 1,928 | | 10 | | | 1,928 |
| 28 | Heating and Cooling System | 2002 | | 1,078 | | 20 | 54 | 54 | 732 |
| 29 | Driveway | 2003 | | 1,528 | | 10 | | | 1,528 |
| 30 | Showerk Report | 2003 | | 1,150 | | 20 | 63 | 63 | 784 |
| 31 | Wallpaper - North Dining Hall | 2004 | | 3,807 | | 20 | 190 | 190 | 1,727 |
| 32 | Air Handler | 2005 | | 6,393 | | 20 | 320 | 328 | 3,358 |
| 33 | Windows, doors and gutters & exterior downspouts | 2005 | | 64,785 | | 20 | 3,239 | 3,239 | 31,911 |
| 34 | Security control panel | 2005 | | 688 | | 20 | 34 | 34 | 358 |
| 35 | Water Foundation | 2005 | | 14,845 | | 20 | 743 | 933 | 6,865 |
| 36 | Walls | 2005 | | 2,028 | | 20 | 104 | | 551 |

*Total beds on this schedule must agree with page 2.
 **An improvement type must be detailed in order for the cost report to be considered complete.
 See Page 12A, Line 70 for total

MFS 3745 (N-4-89)

IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|---|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| 37 Glass Doors | 2005 | 1,824 | | 10 | 182 | | 1,737 |
| 38 Fire Alarm System | 2005 | 5,392 | | 20 | 270 | | 2,544 |
| 39 Awnings | 2005 | 4,200 | | 20 | 210 | | 1,955 |
| 40 Landscaping | 2005 | 92,698 | | 20 | 4,385 | 4,385 | 47,257 |
| 41 Kitchen Air Conditioners | 2007 | 3,133 | | 20 | 260 | | 1,289 |
| 42 Roof | 2009 | 21,129 | | 20 | 1,059 | | 7,542 |
| 43 Kitchen Remodel-Replace & Replace w Walk Plumbers, New | 2009 | 10,024 | | 20 | 502 | | 6,015 |
| 44 Hand Sink, Replaces Existing Filter | | | | | | | |
| 45 Hot Water Heater | 2009 | 7,800 | | 20 | 390 | | 2,535 |
| 46 | | | | | | | |
| 47 Remove Parking Lots | 2010 | 8,795 | | 20 | 340 | | 1,878 |
| 48 Reconstruct Parking Lots | 2010 | 2,018 | | 20 | 131 | | 728 |
| 49 Resurface Walks & Walkways | 2010 | 14,150 | | 20 | 708 | | 4,301 |
| 50 Resurface Drives | 2010 | 10,119 | | 20 | 506 | | 2,781 |
| 51 Remove and replace sidewalks | 2011 | 17,384 | | 20 | 869 | | 3,843 |
| 52 Install cabinets for nurse's station | 2011 | 19,900 | | 20 | 995 | | 6,275 |
| 53 Install Audio Visual Detector | 2011 | 4,227 | | 20 | 211 | | 999 |
| 54 Flush Fixtures | 2011 | 48,744 | | 20 | 2,438 | | 10,521 |
| 55 Install fire dampers | 2011 | 6,650 | | 20 | 333 | | 1,503 |
| 56 Install 4 fan Air Handlers and 4 fan condenser | 2011 | 13,094 | | 20 | 655 | | 3,528 |
| 57 Install 16 bathroom radiant exhaust fan | 2011 | 7,000 | | 20 | 350 | | 1,575 |
| 58 | | | | | | | |
| 59 Remake Handbas | 2013 | 4,115 | 150 | 40 | 103 | (47) | 257 |
| 60 New Water Line | 2013 | 34,000 | 1,233 | 40 | 850 | (384) | 2,125 |
| 61 Sprinkler System | 2013 | 134,347 | 4,933 | 40 | 3,469 | (1,250) | 8,923 |
| 62 | | | | | | | |
| 63 75 Gallon Hot Water Heater | 2014 | 4,502 | 164 | 40 | 114 | (14) | 53 |
| 64 Drain The Work | 2014 | 5,000 | 138 | 40 | 42 | (19) | 83 |
| 65 | | | | | | | |
| 66 Installed steel bleachers and New Concrete Floor | 2015 | 3,911 | 77 | 20 | 38 | 21 | 98 |
| 67 Removed and replaced sidewalk | 2015 | 19,530 | 13,364 | 20 | 481 | (1,243) | 601 |
| 68 Replaced brick walk, jackhammer and grout | 2015 | 7,031 | 20 | 20 | 174 | | 174 |
| 69 Replaced Chain Intercom units - Scrubbers and vent for doors | 2015 | 2,930 | 38 | 20 | 13 | 15 | 73 |
| 70 TOTAL (lines 1 thru 69) | | 3,448,841 | 20,184 | | 103,291 | 81,301 | 1,948,464 |

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

HFS 3745 (N-4-00)

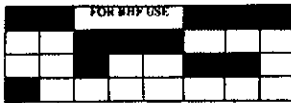
IL478-2471

| Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
|--|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Total from Page 12A, Carried Forward | | 3,448,841 | 20,184 | | 103,291 | 81,301 | 1,948,464 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 Installed dryer vents and gas pipes for dryer | 2015 | 5,324 | 15 | 20 | 81 | 8 | 81 |
| 4 Replace electric hot water heater with gas water heater | 2015 | 11,450 | 143 | 20 | 316 | 194 | 334 |
| 5 Install 24" catch basins, struts, and drain pipes | 2015 | 1,975 | 1,507 | 20 | 74 | (1,233) | 74 |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 Allocated from SW Financial Services Co. - Leasehold Improvements | 1995 | 2,190 | | | 18 | 18 | 2,190 |
| 14 Allocated from SW Financial Services Co. - Leasehold Improvements | 1994 | 345 | | | 1 | 1 | 345 |
| 15 Allocated from SW Financial Services Co. - Leasehold Improvements | 1997 | 423 | | | 7 | 7 | 423 |
| 16 Allocated from SW Financial Services Co. - Leasehold Improvements | 1998 | 363 | | | 10 | 10 | 363 |
| 17 Allocated from SW Financial Services Co. - Leasehold Improvements | 1999 | 1,004 | | | 30 | 30 | 1,004 |
| 18 Allocated from SW Financial Services Co. - Leasehold Improvements | 2005 | 1,175 | | | 14 | 14 | 1,175 |
| 19 Allocated from SW Financial Services Co. - Leasehold Improvements | 2009 | 2,254 | | | 59 | 59 | 2,254 |
| 20 Allocated from SW Financial Services Co. - Leasehold Improvements | 2010 | 1,310 | | | 123 | 123 | 1,310 |
| 21 Allocated from SW Financial Services Co. - Leasehold Improvements | 2013 | 1,310 | | | 66 | 66 | 1,310 |
| 22 Allocated from SW Financial Services Co. - Leasehold Improvements | 2014 | 1,321 | | | 66 | 66 | 1,321 |
| 23 Allocated from SW Financial Services Co. - Leasehold Improvements | 2015 | 271 | | | 9 | 9 | 271 |
| 24 | | | | | | | |
| 25 | | | | | | | |
| 26 | | | | | | | |
| 27 In file re financial statements | | | 67 | | | (67) | |
| 28 | | | | | | | |
| 29 | | | | | | | |
| 30 | | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 TOTAL (from 1 thru 33) | | 3,474,470 | 21,995 | | 103,294 | 81,301 | 1,975,715 |

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

HFS 3745 (N-4-09)

IL478-2471



LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORILY PURPOSE AS OUTLINED IN 20 ILCS 5/1-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION OR TO SIGN 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: 0050617

Facility Name: Rochelle Gardens Care Ctr

Address: 1021 Caron Road, Rochelle, IL 61080
Number City Zip Code

County: Ogle

Telephone Number: (315) 562-4847 Fax # (315) 562-6689

HFS ID Number:

Date of Initial License for Current Owners: 10/31/2006

Type of Ownership:

VOLUNTARY, NDN-PROFIT
 Charitable Corp.
 Trust

PROPRIETARY
 Individual
 Partnership
 Corporation
 "Sub-S" Corp.
 Limited Liability Co.
 Trust
 Other

GOVERNMENTAL
 State
 County
 Other

IRS Exemption Code:

In the event there are further questions about this report, please contact:
Name: Mike Kecher **Telephone Number:** (312) 689-3850
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 1/1/2015 to 12/31/2015 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) Mark R. Petersen

Title: Chief Executive Officer

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
261 S. Grand Avenue East
Springfield, IL 62763-9991 Phone # (317) 783-1630**

HFS 3745 (N-4-99)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Rochelle Gardens Care Ctr

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. License/recertification level(s) of care; enter number of bed/days (must agree with license). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 |
|------------------------------------|-----------------------------|------------------------------|--|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | 68 Skilled (SNF) | 68 | 24,820 |
| 2 | Skilled Pediatric (SNF/PED) | | 2 |
| 3 | 6 Intermediate (ICF) | 6 | 2,190 |
| 4 | Intermediate/DD | | 4 |
| 5 | Sheltered Care (SC) | | 5 |
| 6 | ICF/DD 16 or Less | | 6 |
| 7 | 74 TOTALS | 74 | 27,910 |

B. Census-Far the entire report period.

| 1 | 2 | 3 | 4 | 5 |
|-------------------|---|-------------|-------|--------|
| Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | |
| | Medicaid Reimbursement | Private Pay | Other | Total |
| 8 SNF | 19,763 | 465 | 415 | 20,643 |
| 9 SNF/PED | | | | |
| 10 ICF | 1,344 | | | 1,344 |
| 11 ICF/DD | | | | |
| 12 SC | | | | |
| 13 ICD 16 OR LESS | | | | |
| 14 TOTALS | 21,107 | 465 | 415 | 21,987 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 01.48%

D. How many bed-held days during this year were paid by the Department? None (Do not include bed-held 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 treatments not directly related to patient care? YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started: 10/31/2006

J. Was the facility purchased or leased after January 1, 1978? YES Date: 10/31/2006 NO

K. Was the facility certified for Medicare during the reporting year? YES NO IF YES, enter number of beds certified: 68 and days of care provided: 415

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015
* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 12,863 B. General Construction Type: Exterior Brick Frame Concrete Block Number of Stories 1

C. Does the Operating Entity? (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 XI-A. See instructions.)

D. Does the Operating Entity? (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 XI-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/suits available (where applicable).

N/A

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: 561,304 2. Number of Years Over Which It is Being Amortized: 11

3. Current Period Amortization: 16,268 4. Dates Incurred: 2013-2014

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

XI. OWNERSHIP COSTS:

A. Land:

| | 1 | 2 | 3 | 4 | 5 |
|---|----------|-------------|---------------|--------|---|
| | Use | Square Feet | Year Acquired | Cost | |
| 1 | Facility | 125,000 | 2006 | 40,000 | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | 125,000 | | 40,000 | 3 |

HFS 3745 (N-4-99)

IL478-2471

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvements Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|------|---|---------------|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Bed# | FOR BID USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 74 | 2006 | | 1,631,000 | | 30 | 51,067 | 51,067 | 485,136 |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| | Improvements Types: | | | | | | | | |
| 9 | Fire System | 2006 | 2,115 | | | 15 | 143 | 143 | 1,406 |
| 10 | Exterior Sign | 2007 | 4,138 | | | 15 | 275 | 275 | 2,236 |
| 11 | Draperies | 2007 | 2,237 | | | 10 | 224 | 224 | 2,129 |
| 12 | Painting of Dining Room, Entry Hall, Office Walls, Corridor | 2007 | 1,225 | | | 15 | 82 | 82 | 597 |
| 13 | Landscaping | 2007 | 518 | | | 15 | 35 | 35 | 297 |
| 14 | Painting of Hospital Rooms, Bathrooms, Hallways, and Users | 2007 | 5,700 | | | 15 | 380 | 380 | 3,230 |
| 15 | Painting of C-Wing | 2007 | 25,300 | | | 15 | 1,687 | 1,687 | 12,599 |
| 16 | Carpet for Mainstem Hallway | 2007 | 21,781 | | | 15 | 1,452 | 1,452 | 12,299 |
| 17 | Installation of TVs in Main Hall | 2007 | 6,276 | | | 15 | 418 | 418 | 3,897 |
| 18 | Wallpaper for Central Area of Nursing Home | 2007 | 1,985 | | | 15 | 132 | 132 | 1,123 |
| 19 | Landscaping | 2007 | 1,854 | | | 15 | 127 | 127 | 1,184 |
| 20 | Sprinkler Installation | 2009 | 14,394 | | | 15 | 959 | 959 | 2,196 |
| 21 | Smoke Detector Replacement | 2010 | 5,125 | | | 10 | 512 | 512 | 2,924 |
| 22 | Sprinkler System Repair | 2010 | 9,737 | | | 10 | 974 | 974 | 5,779 |
| 23 | Generator Repair | 2011 | 3,177 | | | 7 | 454 | 454 | 2,043 |
| 24 | Water Main Repair | 2012 | 23,082 | | | 15 | 1,539 | 1,539 | 5,531 |
| 25 | Roofing Replacement | 2013 | 27,913 | | | 15 | 1,861 | 1,861 | 8,318 |
| 26 | Roof Replacement | 2013 | 44,897 | | | 25 | 1,795 | 1,795 | 4,470 |
| 27 | Bathroom Work | 2014 | 15,814 | | | 15 | 1,054 | 1,054 | 1,388 |
| 28 | Landscaping | 2014 | 5,269 | | | 7 | 766 | 766 | 1,379 |
| 29 | Landscaping Surrounding Building | 2015 | 8,311 | | | 7 | 594 | 594 | 594 |
| 30 | | | | | | | | | |
| 31 | Land Improvements Booked | | | | 1,895 | | | (1,895) | |
| 32 | Building Booked | | | | 41,296 | | | (41,296) | |
| 33 | Building Improvements Booked | | | | 10,079 | | | (10,079) | |
| 34 | | | | | | | | | |
| 35 | 2015 Home Office Allocation-Building Improvements | | | 9,812 | | | 231 | 231 | |
| 36 | 2015 Home Office Allocation-Building Improvements | | | 897 | | | 57 | 57 | |

*Total book on this schedule must agree with page 1. See Page 12A, Line 70 for total.
 **Improvement type must be detailed in order for the cost report to be considered complete.

HFS 3745 (N-4-99)

IL478-2471



LL 1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORILY PROVIDED AS OUTLINED IN 20 ILCS 45-5-704. DISCLOSURE OF THIS INFORMATION IS MANDATORILY PUNISHABLE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE PROGRAM MANAGEMENT CENTER.

I. IDPH License ID Number: 0950856

Facility Name: Rochelle Rehab & Hltcare Cr

Address: 900 North Third St Rochelle 61068
Number City Zip Code

County: Ogle

Telephone Number: (815) 562-4131 Fax # (815) 562-9671

HFS ID Number: _____

Date of Initial License for Current Owners: 7/31/2006

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
 Trust
IRS Exemption Code _____

PROPRIETARY
 Individual
 Partnership
 Corporation
 "Ruh-5" Corp.
 Limited Liability Co.
 Trust
 Other _____

GOVERNMENTAL
State
County
Other _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2015 to 12/31/2015 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) Mark D. Peterson
(Title) Chief Executive Officer

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

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
281 S. Grand Avenue East
Springfield, IL 62763-0901 Phone # (217) 782-1630

In the event there are further questions about this report, please contact:
Name: Mike Klecker Telephone Number: (180)692-5850
Email Address: _____

HFS 3745 (N-4-89)

IL478-2471

STATE OF ILLINOIS

Facility Name & ID Number: Rochelle Rehab & Hltcare Cr # 0950856 Report Period Beginning: 1/1/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. License/certification level(s) of care; enter number of beds/bed days. (must agree with license). Date of change in licensed beds: N/A

| 1 | 2 | 3 | 4 |
|------------------------------------|-----------------------------|------------------------------|--|
| Beds at Beginning of Report Period | License Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period |
| 1 | 50 Skilled (SNF) | 50 | 18,250 |
| 2 | Skilled Pediatric (SNF/PED) | | 2 |
| 3 | Intermediate (ICF) | | 3 |
| 4 | Intermediate/DD | | 4 |
| 5 | Skilled Care (SC) | | 5 |
| 6 | ICF/DD 16 or Less | | 6 |
| 7 | 50 TOTALS | 50 | 18,250 |

B. Expenses For the entire report period.

| 1 Level of Care | 2 Patient Days by Level of Care and Primary Source of Payment | | | 4 Total | 5 |
|--------------------|--|-------------|-------|------------|----|
| | 3 Medical Recipient | Private Pay | Other | | |
| 8 SNF | 4,985 | 4,730 | 2,148 | 11,863 | 8 |
| 9 SNF/PED | | | | | 9 |
| 10 ICF | | | | | 10 |
| 11 ICF/DD | | | | | 11 |
| 12 SC | | | | | 12 |
| 13 ICD 16 OR LESS | | | | | 13 |
| 14 TOTALS | 4,985 | 4,730 | 2,148 | 11,863 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.86%

D. How many bed-held days during this year were paid by the Department? None (Do not include bed-held 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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO

I. On what date did you start providing long term care at this location? Date started: 10/31/2005

J. Was the facility purchased or leased after January 1, 1978? YES Date: 10/31/2005 NO

K. Was the facility certified for Medicare during the reporting year? YES NO If YES, enter number of beds certified: 50 and days of care provided: 1,948

Medicare Intermediary: National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASB* CASB*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015
* All facilities other than governmental must report on the accrual basis.

HFS 3745 (N-4-99)

IL478-2471

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 14,806 B. General Construction Type: Exterior Brick Frame Concrete Block Number of Stories 1

C. Does the Operating Entity? (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? (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 facilities 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/faults available (where applicable).

N/A

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

1. Total Amount Incurred: 561,394 2. Number of Years Over Which It is Being Amortized: 20

3. Current Period Amortization: 8,785 4. Dates Incurred: 2013-2014

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

XI. OWNERSHIP COSTS:

| A. Land | 1 | 2 | 3 | 4 |
|---------|----------|-------------|---------------|--------|
| | Use | Square Feet | Year Acquired | Cost |
| 1 | Facility | 52,372 | 1964 | 96,000 |
| 2 | | | | |
| 3 | TOTALS | 52,372 | | 96,000 |

HFS 3745 (N-4-99)

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XI. OWNERSHIP COSTS (continued)

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|-------|---|---------------|------------------|-----------|---------------------------|---------------|----------------------------|-------------|--------------------------|
| Code* | FOR BHP USE ONLY | Year Acquired | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |
| 4 | 30 | 2004 | | 2,182,808 | | 36 | 72,733 | 72,733 | 694,564 |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| | Improvement Type | | | | | | | | |
| 9 | Remodel Shower | 2007 | | 35,270 | | 15 | 2,351 | 2,351 | 19,984 |
| 10 | Decorative | 2007 | | 1,419 | | 18 | 742 | 742 | 1,207 |
| 11 | Carpeting | 2007 | | 9,122 | | 18 | 512 | 512 | 7,552 |
| 12 | Office Workstation | 2007 | | 2,475 | | 15 | 139 | 139 | 1,775 |
| 13 | Electric Sign | 2007 | | 4,136 | | 15 | 275 | 275 | 2,328 |
| 14 | Painting of 18 Rooms | 2007 | | 6,175 | | 15 | 412 | 412 | 5,502 |
| 15 | Wallpaper in Living Room, Dining Room, TV Room | 2007 | | 3,639 | | 15 | 243 | 243 | 2,895 |
| 16 | Flooring for Dining Room | 2007 | | 2,281 | | 15 | 179 | 179 | 1,522 |
| 17 | Hardtop Unit | 2008 | | 6,765 | | 15 | 444 | 444 | 5,488 |
| 18 | Fire Alarm Panel Replacement | 2010 | | 3,315 | | 7 | 474 | 474 | 2,607 |
| 19 | Replating for Sprinkler Work | 2011 | | 3,750 | | 15 | 250 | 250 | 1,725 |
| 20 | Sprinkler System Replacement | 2012 | | 84,550 | | 15 | 4,300 | 4,300 | 15,155 |
| 21 | Water Softener | 2014 | | 5,815 | | 7 | 722 | 722 | 1,283 |
| 22 | Shower and New Shower (Incl-South Shower Room | 2014 | | 3,812 | | 7 | 545 | 545 | 818 |
| 23 | Close Door (Incl, Flooring, Drywall Remodel-Dining Room | 2014 | | 18,511 | | 15 | 1,234 | 1,234 | 1,851 |
| 24 | Gas Pipe Repair | 2015 | | 6,439 | | 7 | 461 | 461 | 461 |
| 25 | Heat Replacement | 2015 | | 27,420 | | 25 | 549 | 549 | 549 |
| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | Building Booked | | | | 87,208 | | | (87,208) | |
| 32 | Building Improvement Booked | | | | 11,299 | | | (11,299) | |
| 33 | | | | | | | | | |
| 34 | 2015 Home Office Allocation-Building Improvements | | | 5,191 | | | 124 | 124 | |
| 35 | 2015 Home Office Allocation-Land Improvements | | | 485 | | | 31 | 31 | |
| 36 | | | | | | | | | |

*Total book on this schedule must agree with page 2. See Page 12A, Line 70 for total
 **Improvement type must be detailed in order for the cost report to be considered complete

HFS 3745 (N-4-99)

IL478-2471

GENERAL LONG-TERM CARE AREA INVENTORY AND BED NEED

| HEALTH SERVICE AREA: 1 | POPULATION | AGE 0-64 | AGE 65-74 | AGE 75 & OVER | TOTAL |
|----------------------------|------------|----------|-----------|---------------|-------|
| PLANNING AREA: Ogle County | 1982 -- | 39.9 | 3.3 | 2.3 | 45.5 |
| | 1987 -- | 41.9 | 3.6 | 2.6 | 48.1 |

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |
|------------------|---------------|----------------------|--------------|-------|--------------------|----|-----------|
| NAME OF FACILITY | CITY (COUNTY) | ---NUMBER OF BEDS--- | | TOTAL | CALCULATED PATIENT | | |
| | | NURSING | SHELTERED | # OF | -----DAYS----- | | |
| | | CATEGORY | CATEGORY | BEDS | | | |
| | | SKILLED | INTERMEDIATE | | NURSING | | SHELTERED |

Hospital Operated Long-Term Care

NONE

Non-Hospital Operated Long-Term Care

| | | | | | | | | |
|----|--|--------------|-----|-----|-----|--------|---------|---|
| | The Neighbors Nursing and Care Center | Byron (Ogle) | 29 | 62 | 91 | 31,066 | | |
| | Pinecrest Manor | Mt. Morris " | 50 | 72 | 122 | 39,694 | | |
| 1/ | White Pines Manor | Oregon " | 63 | | 63 | 18,967 | | |
| | Polo Continental Manor | Polo " | | 81 | 81 | 26,845 | | |
| | Rochelle Manor | Rochelle " | | 74 | 74 | 23,929 | | |
| 2/ | Rochelle Nursing and Rehabilitation Center | Rochelle " | 50 | | 50 | 17,096 | | |
| | TOTALS | | 192 | 289 | 0 | 481 | 157,597 | 0 |

- 1/ Licensed capacity adjusted from 57 intermediate to 57 skilled effective September 2, 1982. Licensed capacity reflects 6 beds opened effective January 27, 1984.
- 2/ Formerly shown as the "Americana Nursing Center." and "Family Tree Care Center".

ATTACHMENT-10G

GENERAL LONG-TERM CARE AREA INVENTORY AND BED NEED

| HEALTH SERVICE AREA: 1 | POPULATION | AGE 0-64 | AGE 65-74 | AGE 75 & OVER | TOTAL | | |
|----------------------------|------------|----------|-----------|---------------|-------|----|----|
| PLANNING AREA: Ogle County | 1982 -- | 39.9 | 3.3 | 2.3 | 45.5 | | |
| | 1987 -- | 41.9 | 3.6 | 2.6 | 48.1 | | |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |

| NAME OF FACILITY | CITY (COUNTY) | ---NUMBER OF BEDS--- | | TOTAL # OF BEDS | CALCULATED PATIENT -----DAYS----- NURSING SHELTERED |
|------------------|---------------|---|-----------------------|-----------------|---|
| | | NURSING CATEGORY SKILLED INTERMEDIATE | SHELTERED CATEGORY | | |
| | | | | | |

BED NEED DETERMINATION
NURSING CATEGORY OF SERVICES:

| EXPERIENCED USE RATE | MINIMUM USE RATE | PLANNED USE RATE | 1987 POPULATION TOTAL (000's) | PLANNED PATIENT DAYS | TOTAL BEDS NEEDED | EXISTING BEDS | ADDITIONAL BEDS NEEDED |
|-------------------------|---------------------|---------------------|-------------------------------------|-------------------------|----------------------|---------------|---------------------------|
| 3,464 | 1,775 | 3,464 | 48.1 | 166,618 | 507 | 481 | 26 |

ATTACHMENT-10G

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 BETHANY REHAB & HEALTHCARE CENTER DEKALB

| BETHANY REHAB & HEALTHCARE CENTER 3298 RESOURCE PARKWAY DEKALB, IL 60115 | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|--|-------------------|---|-----|---|----|
| Reference Numbers | | Aggressive/Abil-Social | 0 | DIAGNOSIS | |
| Facility ID | 6014872 | Chronic Alcoholism | 0 | Neoplasia | 0 |
| Health Service Area | 001 | Developmentally Disabled | 1 | Endocrine/Metabolic | 0 |
| Planning Service Area | 037 DeKalb | Drug Addiction | 0 | Blood Disorders | 0 |
| County | 037 DeKalb County | Medicaid Recipient | 0 | Nervous System Non Alzheimer | 0 |
| | | Medicare Recipient | 0 | Alzheimer Disease | 0 |
| | | Mental Illness | 1 | Mental Illness | 0 |
| | | Non-Alzheimer | 0 | Developmental Disability | 0 |
| | | Non-Mobile | 0 | Circulatory System | 0 |
| | | Public Aid Recipient | 0 | Respiratory System | 0 |
| | | Under 65 Years Old | 0 | Digestive System | 0 |
| | | Unable to Self-Medicare | 0 | Genitourinary System Disorders | 0 |
| | | Ventilator Dependent | 1 | Skin Disorders | 0 |
| | | Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders | 0 |
| | | Other Restrictions | 0 | Injuries and Poisonings | 0 |
| | | No Restrictions | 0 | Other Medical Conditions | 0 |
| | | | | Non-Medical Conditions | 0 |
| | | | | TOTALS | 0 |
| Registered Agent Information | | <i>Note: Reported restrictions denoted by '1'</i> | | | |
| Don Meier | | | | | |
| 412 E. Lawrence Ave | | | | | |
| | | ADMISSIONS AND DISCHARGES - 2015 | | <i>Note: Information on resident diagnoses was not collected for 2015</i> | |
| Date Questionnaire Completed | 5/3/2016 | Residents on 1/1/2015 | 62 | Total Residents Diagnosed as Mentally Ill | 31 |
| | | Total Admissions 2015 | 206 | | |
| | | Total Discharges 2015 | 207 | Total Residents Reported as Identified Offenders | 0 |
| (Not Applicable) | | Residents on 12/31/2015 | 61 | | |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 90 | 90 | 86 | 86 | 51 | 9 | 90 | 78 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 90 | 90 | 86 | 86 | 51 | 9 | 90 | 78 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public Insurance | | Private Pay | | Charity Care | | TOTAL Pat. days | Licensed Beds | Peak Bed Set Up |
|------------------|-----------|-----------|-----------|-----------|------------------------|-----------|-------------|-----------|--------------|---|-----------------|---------------|-----------------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | | | | |
| Nursing Care | 6528 | 20.2% | 14127 | 49.6% | 0 | 2480 | 4037 | 0 | 0 | 0 | 27262 | 83.0% | 83.0% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| TOTALS | 6528 | 20.2% | 14127 | 49.6% | 0 | 2480 | 4037 | 0 | 0 | 0 | 27262 | 83.0% | 83.0% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 45 to 59 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 60 to 64 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 |
| 65 to 74 | 5 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 14 | 19 |
| 75 to 84 | 5 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 20 | 25 |
| 85+ | 11 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 18 | 29 |
| TOTAL 6 | 26 | 65 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 65 | 91 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 BETHANY REHAB & HEALTHCARE CENTER DEKALB

| BETHANY REHAB & HEALTHCARE CENTER 3298 RESOURCE PARKWAY DEKALB, IL 60115 | | Classification Numbers | |
|--|------------|------------------------|-------------------|
| Facility ID | 6014872 | Health Service Area | 001 |
| Planning Service Area | 037 DeKalb | County | 037 DeKalb County |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | PAYMENT SOURCE | | | | | | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------------|----------|------------------------|-------------|---------|---------------|--------|-----------------------------|--------|-----|
| | Medicare | Medicaid | Other Public Insurance | Private Pay | Charity | LEVEL OF CARE | | SINGLE | DOUBLE | |
| Nursing Care | 18 | 45 | 0 | 8 | 10 | 0 | 81 | Nursing Care | 210 | 204 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 18 | 45 | 0 | 8 | 10 | 0 | 81 | | | |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | LEVEL OF CARE | | | | | Totals | FACILITY STAFFING | |
|-----------------------|---------------|------------------|-----------------|----------------|--------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | 0 | Physicians | 1.00 |
| Black | 5 | 0 | 0 | 0 | 0 | 5 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 10.00 |
| White | 75 | 0 | 0 | 0 | 0 | 75 | LPNs | 1.00 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | 0 | Certified Aides | 16.00 |
| Total | 81 | 0 | 0 | 0 | 0 | 81 | Other Health Staff | 6.00 |
| | | | | | | | Non-Health Staff | 11.00 |
| | | | | | | | Totals | 60.00 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 44.0% | 28.3% | 0.0% | 15.7% | 11.2% | 100.0% | 0 | 0.0% |
| 8,372,607 | 2,154,276 | 6 | 1,278,488 | 856,232 | 1,681,675 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 DEKALB COUNTY REHAB & NURSING DEKALB

| DEKALB COUNTY REHAB & NURSING 2600 N. ANNIE GLIDDEN ROAD DEKALB, IL 60115 | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSES | |
|---|-------------------|---------------------------------|---|-----------------------------------|---|
| Reference Numbers | | Aggressive/Anti-Social | 1 | DIAGNOSIS | |
| Facility ID | 8015630 | Chronic Alcoholism | 1 | Neoplasms | 0 |
| Health Service Area | 001 | Developmentally Disabled | 1 | Endocrine/Metabolic | 0 |
| Planning Service Area | 037 | Drug Addiction | 1 | Blood Disorders | 0 |
| County | 037 DeKalb County | Medicaid Recipient | 0 | Nervous System Non-Alzheimer | 0 |
| | | Medicare Recipient | 0 | Alzheimer Disease | 0 |
| | | Mental Illness | 1 | Mental Illness | 0 |
| | | Non-Ambulatory | 0 | Developmental Disability | 0 |
| | | Non-Mobile | 0 | Circulatory System | 0 |
| Administrator | | Public Aid Recipient | 0 | Respiratory System | 0 |
| Barl J. Becker | | Under 65 Years Old | 0 | Digestive System | 0 |
| | | Unable to Self-Medicare | 0 | Gastrointestinal System Disorders | 0 |
| Contact Person and Telephone | | Ventilator Dependent | 1 | Skin Disorders | 0 |
| Barl J. Becker | | Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders | 0 |
| (815)758-2477 | | Other Restrictions | 0 | Injuries and Poisonings | 0 |
| | | No Restrictions | 0 | Other Medical Conditions | 0 |
| Registered Agent Information | | | | Non-Medical Conditions | 8 |
| | | | | TOTALS | 8 |

Note: Reported restrictions denoted by "1"

| ADMISSIONS AND DISCHARGES - 2015 | | RESIDENTS ON 1/1/2015 | | RESIDENTS ON 12/31/2015 | | ADMISSIONS AND DISCHARGES - 2015 | |
|----------------------------------|----------|-------------------------|-----|--|-----|----------------------------------|-----|
| Date Questionnaire Completed | 3/2/2016 | Residents on 1/1/2015 | 178 | Total Admissions 2015 | 210 | Total Discharges 2015 | 223 |
| (Not Answered) | | Residents on 12/31/2015 | 172 | Total Discharges 2015 | 223 | Residents on 12/31/2015 | 172 |
| | | | | Total Residents Reported as Identified Offenders | 1 | | |

Note: Information on resident diagnoses was not collected for 2015

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 100 | 100 | 177 | 190 | 172 | 18 | 190 | 190 |
| Skilled Under 22 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 8 | 0 | 8 | 8 | 0 | 0 | 0 | 8 |
| Sheltered Care | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 0 |
| TOTAL BEDS | 100 | 190 | 177 | 180 | 172 | 18 | 190 | 190 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public | | Private Insurance | | Private Pay | | Charity | | TOTAL | Licensed Beds | Peak Beds |
|------------------|-----------|-----------|-----------|-----------|--------------|-----------|-------------------|-----------|-------------|-----------|-----------|-----------|-------|---------------|-----------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pat. | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | | | |
| Nursing Care | 9068 | 13.8% | 36410 | 52.5% | 0 | 0 | 15667 | 0 | 0 | 0 | 0 | 0 | 61854 | 88.0% | 88.0% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 0.0% | 8.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0.0% | 0.0% |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| TOTALS | 9068 | 13.8% | 36410 | 52.5% | 0 | 0 | 15667 | 0 | 0 | 0 | 0 | 0 | 61854 | 88.8% | 88.9% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 7 |
| 65 to 74 | 3 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 8 | 11 |
| 75 to 84 | 13 | 33 | 0 | 0 | 8 | 0 | 0 | 0 | 13 | 33 | 40 |
| 85+ | 17 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 84 | 101 |
| TOTALS | 39 | 133 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 133 | 172 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 DEKALB COUNTY REHAB & NURSING DEKALB

| DEKALB COUNTY REHAB & NURSING 2600 N. ANNIE GLIDDEN ROAD DEKALB, IL 60115 | | Classification Numbers | |
|---|-------------------|------------------------|-------------------|
| Facility ID | 6015630 | Health Service Area | 001 |
| Planning Service Area | 037 DeKalb County | County | 037 DeKalb County |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | PAYMENT SOURCE | | | | | | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 23 | 90 | 0 | 0 | 58 | 0 | 172 | Nursing Care | 204 | 204 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 23 | 90 | 0 | 0 | 58 | 0 | 172 | | | |

RESIDENTS BY RACIALETHNICITY GROUPINGS

| RACE | LEVEL OF CARE | | | | | Totals | FACILITY STAFFING | |
|-----------------------|------------------|------------------|-----------------|----------------|--------------------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Private Pay | | Employment Category | Full-Time Equivalent |
| Asian | 3 | 0 | 0 | 0 | 0 | 3 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 1 | 0 | 0 | 0 | 0 | 1 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 36.00 |
| White | 168 | 0 | 0 | 0 | 0 | 168 | LPNs | 7.60 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | 0 | Certified Aides | 82.00 |
| Total | 172 | 0 | 0 | 0 | 0 | 172 | Other Health Staff | 14.00 |
| ETHNICITY | LEVEL OF CARE | | | | | Totals | Non-Health Staff | |
| Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Private Pay | Other Health Staff | | Non-Health Staff | |
| Hispanic | 0 | 0 | 0 | 0 | 0 | 0 | Totals | 232.00 |
| Non-Hispanic | 172 | 0 | 0 | 0 | 0 | 172 | | |
| Ethnicity Unknown | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Total | 172 | 0 | 0 | 0 | 0 | 172 | | |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 26.7% | 27.4% | 0.0% | 5.2% | 87.6% | 100.0% | 0 | 0.0% |
| 4,004,209 | 5,601,194 | 0 | 700,118 | 5,065,140 | 13,460,653 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 FRANKLIN GROVE LIVING & REHAB CENTER FRANKLIN GROVE

| FRANKLIN GROVE LIVING & REHAB CENTER | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|----------------|---------------------------------|---|--------------------------------|---|
| 502 NORTH STATE ST. BOX 402 FRANKLIN GROVE, IL 61031 | | Aggressive/Abn-Social | 1 | DIAGNOSIS | |
| Reference Numbers | | Chronic Alcoholism | 0 | Neoplasms | 0 |
| Facility ID | 6003305 | Developmentally Disabled | 0 | Endocrine/Metabolic | 0 |
| Health Service Area | 001 | Drug Addiction | 1 | Blood Disorders | 0 |
| Planning Service Area | 103 | Medicaid Recipient | 8 | Nervous System Non Alzheimer | 8 |
| County | 103 Lee County | Medicare Recipient | 0 | Alzheimer Disease | 0 |
| | | Mental Illness | 0 | Mental Illness | 0 |
| Administrator | | Non-Abolatory | 0 | Developmental Disability | 0 |
| KATHY CLARK | | Non-Mobile | 0 | Circulatory System | 0 |
| | | Public Aid Recipient | 8 | Respiratory System | 0 |
| | | Under 65 Years Old | 8 | Digestive System | 0 |
| Contact Person and Telephone | | Unable to Self-Medicate | 0 | Genitourinary System Disorders | 0 |
| REBECCA FRIEDMAN | | Ventilator Dependent | 1 | Skin Disorders | 0 |
| 847-882-2300 | | Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders | 0 |
| | | Other Restrictions | 0 | Injuries and Poisonings | 0 |
| | | No Restrictions | 0 | Other Medical Conditions | 8 |
| Registered Agent Information | | | | Non-Medical Conditions | 0 |
| SHELDON WOLFE | | | | TOTALS | 0 |
| 7434 N. SKOKIE BLVD. | | | | | |

| ADMISSIONS AND DISCHARGES - 2015 | | RESIDENTS ON 1/1/2015 | | RESIDENTS ON 12/31/2015 | |
|----------------------------------|-----------|-------------------------|-----|--|-----|
| Date Questionnaire Completed | 4/11/2016 | Residents on 1/1/2015 | 98 | Total Admissions 2015 | 127 |
| (Not Answered) | | Total Discharges 2015 | 145 | Total Discharges 2016 | 145 |
| | | Residents on 12/31/2015 | 78 | Total Residents Reported as Identified Offenders | 8 |

| LEVEL OF CARE | LICENSED BEDS | | PEAK BEDS IN USE | | MEDIARE CERTIFIED BEDS | | MEDICAID CERTIFIED BEDS | |
|------------------|---------------|--------|------------------|------|------------------------|--------|-------------------------|-------|
| | BEDES | SET-UP | BEDES | USED | BEDES | IN USE | AVAILABLE | BEDES |
| Nursing Care | 121 | 121 | 00 | 121 | 78 | 43 | 70 | 121 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 8 | 8 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 121 | 121 | 00 | 121 | 78 | 43 | 70 | 121 |

| FACILITY UTILIZATION - 2015 | | | | | | | | | | | | | |
|---|-----------|-----------|-----------|-----------|------------------------|-----------|-------------|-----------|--------------|-----------|-------|---------------|------------------|
| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE | | | | | | | | | | | | | |
| LEVEL OF CARE | Medicare | | Medicaid | | Other Public Insurance | | Private Pay | | Charity Care | | TOTAL | Licensed Beds | Peak Beds Set Up |
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | | | |
| Nursing Care | 3714 | 14.5% | 14455 | 32.7% | 8 | 8 | 14830 | 0 | 32999 | 74.7% | 74.7% | | |
| Skilled Under 22 | | | 0 | 0.0% | 8 | 8 | 0 | 0 | 0 | 0.0% | 0.0% | | |
| Intermediate DD | | | 0 | 0.0% | 0 | 0 | 8 | 8 | 0 | 0.0% | 8.0% | | |
| Sheltered Care | | | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | | |
| TOTALS | 3714 | 14.5% | 14455 | 32.7% | 8 | 0 | 14830 | 0 | 32999 | 74.7% | 74.7% | | |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015 | | | | | | | | | | | |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| AGE GROUPS | NURSING CARE | | EKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 0 | 0 | 0 | 0 |
| 13 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 |
| 45 to 59 | 8 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 60 to 64 | 1 | 1 | 0 | 0 | 8 | 0 | 0 | 0 | 1 | 1 | 2 |
| 65 to 74 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 4 |
| 75 to 84 | 8 | 12 | 0 | 8 | 8 | 0 | 0 | 0 | 8 | 12 | 20 |
| 85+ | 10 | 41 | 0 | 8 | 0 | 0 | 0 | 0 | 18 | 41 | 51 |
| TOTALS | 21 | 57 | 0 | 8 | 0 | 0 | 0 | 0 | 21 | 57 | 78 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 FRANKLIN GROVE LIVING & REHAB CENTER FRANKLIN GROVE

| FRANKLIN GROVE LIVING & REHAB CENTER | | Classification Numbers | |
|---|--|------------------------|----------------|
| 502 NORTH STATE ST. BOX 402 FRANKLIN GROVE, IL 61031 | | Facility ID | 6003305 |
| | | Health Service Area | 001 |
| | | Planning Service Area | 103 Lee |
| | | County | 103 Lee County |

| LEVEL OF CARE | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE | | | | | | AVERAGE DAILY PAYMENT RATES | | |
|------------------|---|----------|------------------------|-------------|--------------|--------|-----------------------------|--------|--------|
| | Medicare | Medicaid | Other Public Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 8 | 33 | 0 | 0 | 37 | 0 | Nursing Care | 200 | 165 |
| Skilled Under 22 | 0 | 8 | 0 | 0 | 0 | 8 | Skilled Under 22 | 0 | 5 |
| Intermediate DD | 0 | 8 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 8 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 8 | 33 | 0 | 0 | 37 | 0 | | | |

| RACE | RESIDENTS BY RACIAL/ETHNICITY GROUPING | | | | | FACILITY STAFFING | |
|-----------------------|--|------------------|-----------------|----------------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | Administrators | 2.00 |
| American Indian | 0 | 8 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 0 | 0 | 0 | 0 | 0 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 8 | 0 | 8 | 0 | 0 | Registered Nurses | 4.00 |
| White | 78 | 0 | 8 | 0 | 78 | LPNs | 18.00 |
| Race Unknown | 0 | 8 | 0 | 8 | 8 | Certified Aides | 48.00 |
| Total | 78 | 8 | 0 | 0 | 78 | Other Health Staff | 8.00 |
| | | | | | | Non-Health Staff | 61.00 |
| | | | | | | Totals | 126.00 |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | | | | | | | |
|--|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
| 27.7% | 27.0% | 8.0% | 0.0% | 45.3% | 100.0% | 0 | 0.0% |
| 1,760,799 | 1,711,580 | 0 | 0 | 2,875,466 | 8,347,875 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 NEIGHBORS REHABILITATION CENTER BYRON

NEIGHBORS REHABILITATION CENTER
 P.O. BOX 565
 BYRON, IL 61010

Classification Numbers
 Facility ID 6006514
 Health Service Area 001
 Planning Service Area 141
 County Ogle
 Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other | Insurance | Private | Charity | TOTALS | LEVEL OF CARE | SINGLE | DOUBLE |
|------------------|----------|-----------|----------|-----------|----------|----------|-----------|------------------|--------|--------|
| Nursing Care | 0 | 40 | 6 | 3 | 7 | 0 | 64 | Nursing Care | 200 | 201 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 0 | 40 | 6 | 3 | 7 | 0 | 64 | | | |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS | Facility Staffing |
|-----------------|--------------|------------------|-----------------|----------------|-----------|---------------------|
| Asian | 0 | 0 | 0 | 0 | 0 | Employment Category |
| American Indian | 0 | 0 | 0 | 0 | 0 | Administrators |
| Black | 4 | 0 | 0 | 0 | 4 | Physicians |
| Hispanic/Latino | 0 | 0 | 0 | 0 | 0 | Director of Nursing |
| White | 60 | 0 | 0 | 0 | 60 | Registered Nurses |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | LPNs |
| Total | 64 | 0 | 0 | 0 | 64 | Certified Nurses |

ETHNICITY

| ETHNICITY | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|-----------|
| Hispanic | 1 | 0 | 0 | 0 | 1 |
| Non-Hispanic | 63 | 0 | 0 | 0 | 63 |
| Ethnicity Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 64 | 0 | 0 | 0 | 64 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Charity Care Expense | Charity Care Expense as % of Total Net Revenue |
|----------|-----------|--------------|-------------------|-------------|---------------|----------------------|--|
| 19.8% | 30.0% | 4.8% | 5.5% | 30.2% | 8 | 0.0% | |
| 960,643 | 1,857,919 | 234,316 | 271,027 | 1,452,157 | | | |
| | | | | | TOTALS | 100.0% | 4,907,362 |

*Charity Care Expenses does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 NEIGHBORS REHABILITATION CENTER BYRON

NEIGHBORS REHABILITATION CENTER
 P.O. BOX 565
 BYRON, IL 61010

Classification Numbers
 Facility ID 6006514
 Health Service Area 001
 Planning Service Area 141
 County Ogle
 Ogle County

RESIDENTS BY PRIMARY DIAGNOSIS

| DIAGNOSIS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | TOTALS |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Aggressive/Anti-Social | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chronic Alcoholism | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Developmentally Disabled | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drug Addiction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicaid Recipient | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicare Recipient | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental Illness | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Ambulatory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-Mobile | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Public Aid Recipient | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Under 65 Years Old | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unable to Self-Medicate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ventilator Dependent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Infectious Disease at Admission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Reservations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No Restrictions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ADMISSIONS AND DISCHARGES - 2015

| Category | 3/26/2010 | 3/26/2010 |
|-------------------------|-----------|-----------|
| Residents on 1/1/2015 | 78 | 78 |
| Total Admissions 2015 | 92 | 92 |
| Total Discharges 2015 | 107 | 107 |
| Residents on 12/31/2015 | 64 | 64 |

Note: Information on resident diagnoses was not collected for 2015

LICENSURE BEDS, BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS | USED BEDS | SET-UP BEDS | IN USE BEDS | MEDICAID CERTIFIED BEDS | MEDICARE CERTIFIED BEDS |
|-------------------|---------------|------------|-----------|-------------|-------------|-------------------------|-------------------------|
| Nursing Care | 101 | 101 | 96 | 64 | 37 | 101 | 101 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 101 | 101 | 96 | 64 | 37 | 101 | 101 |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | 7 TOTAL | UIC/Medicaid | Peak Beds |
|------------------|-------------|-------------|--------------|-------------------|-------------|------------|-------------|--------------|------------|
| Nursing Care | 2259 | 8.1% | 12035 | 52.3% | 1919 | 171 | 3277 | 72.2% | 101 |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| TOTALS | 2259 | 8.1% | 12035 | 52.3% | 1919 | 171 | 3277 | 72.2% | 101 |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | Male | Female | Male | Female | Male | Female | TOTAL |
|---------------|-----------|----------|----------|----------|----------|----------|-----------|
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 65 to 74 | 4 | 0 | 0 | 0 | 0 | 0 | 4 |
| 75 to 84 | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| 85+ | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| TOTALS | 25 | 0 | 0 | 0 | 0 | 0 | 25 |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | Male | Female | Male | Female | Male | Female | TOTAL |
|---------------|-----------|----------|----------|----------|----------|----------|-----------|
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 65 to 74 | 4 | 0 | 0 | 0 | 0 | 0 | 4 |
| 75 to 84 | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| 85+ | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| TOTALS | 25 | 0 | 0 | 0 | 0 | 0 | 25 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 OAK CREST/DEKALB

OAK CREST/DEKALB
 2044 GREENWOOD ACRES DRIVE
 DEKALB, IL. 60115
 Facility ID: 6006738
 Health Service Area: 001
 Planning Service Area: 037
 County: DeKalb

ADMISSIONS AND DISCHARGES - 2015

| Category | 4/1/2015 | Residents on 4/1/2015 | Total Admissions 2015 | Total Discharges 2015 | Residents on 12/31/2015 |
|---------------------|----------|-----------------------|-----------------------|-----------------------|-------------------------|
| Questions Completed | | 64 | 177 | 176 | 0 |
| Life Care Facility | | 06 | 06 | 06 | 06 |

RESIDENTS BY PRIMARY DIAGNOSIS

| Diagnosis | Count |
|---------------------------------|-------|
| Aggressive/Ani-Social | 0 |
| Chronic Alcoholism | 0 |
| Developmentally Disabled | 0 |
| Drug Addiction | 0 |
| Medicaid Recipient | 1 |
| Medicare Recipient | 0 |
| Mental Illness | 0 |
| Non-Ambulatory | 0 |
| Non-Native | 0 |
| Public Aid Recipient | 0 |
| Under 65 Years Old | 0 |
| Unable to Self-Medicare | 0 |
| Ventilator Dependent | 1 |
| Infectious Disease w/ Isolation | 0 |
| Other Restrictions | 0 |
| No Restrictions | 0 |
| Non-Medical Conditions | 0 |
| TOTALS | 0 |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| Level of Care | Licensed Beds | Peak Beds | Set-Up | Used | Available | Medicare Certified Beds | Medicaid Certified Beds |
|------------------|---------------|-----------|--------|------|-----------|-------------------------|-------------------------|
| Nursing Care | 73 | 73 | 70 | 70 | 3 | 6 | 0 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 40 | 49 | 49 | 49 | 26 | 0 | 0 |
| TOTAL BEDS | 122 | 122 | 122 | 122 | 29 | 6 | 0 |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYOR PAYMENT SOURCE

| Level of Care | Medicare | Medicaid | Other Public | Private Insurance | Charity Care | Uncovered | Peak Beds |
|------------------|----------|----------|--------------|-------------------|--------------|-----------|-----------|
| Nursing Care | 1810 | 82.0% | 0 | 23542 | 796 | 26154 | 98.2% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0 | 0 | 0 | 0.0% |
| Skilled Care | 1018 | 82.0% | 0 | 32470 | 796 | 36082 | 78.8% |
| TOTALS | 2828 | 82.0% | 0 | 32716 | 796 | 36136 | 78.8% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| Age Group | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
|-----------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|---|---|
| Under 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 to 84 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 85+ | 17 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 19 | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

REVENUE BY PAYOR SOURCE AND LEVEL OF CARE

| Level of Care | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Cherry Care |
|------------------|----------|----------|--------------|-------------------|-------------|---------|-------------|
| Nursing Care | 3 | 6 | 0 | 0 | 0 | 0 | 182 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 3 | 0 | 0 | 0 | 0 | 0 | 127 |
| TOTALS | 3 | 6 | 0 | 0 | 0 | 0 | 182 |

REVENUE BY RACIAL/ETHNICITY GROUPING

| Race | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | TOTALS |
|------------------|--------------|------------------|-----------------|--------------|--------|
| African American | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 0 | 0 | 0 | 0 | 0 |
| Hispanic | 0 | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 | 0 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 OAK CREST/DEKALB

OAK CREST/DEKALB
 2044 GREENWOOD ACRES DRIVE
 DEKALB, IL. 60115
 Facility ID: 6006738
 Health Service Area: 001
 Planning Service Area: 037
 County: DeKalb

ADMISSIONS AND DISCHARGES - 2015

| Category | 4/1/2015 | Residents on 4/1/2015 | Total Admissions 2015 | Total Discharges 2015 | Residents on 12/31/2015 |
|---------------------|----------|-----------------------|-----------------------|-----------------------|-------------------------|
| Questions Completed | | 64 | 177 | 176 | 0 |
| Life Care Facility | | 06 | 06 | 06 | 06 |

RESIDENTS BY PRIMARY DIAGNOSIS

| Diagnosis | Count |
|---------------------------------|-------|
| Aggressive/Ani-Social | 0 |
| Chronic Alcoholism | 0 |
| Developmentally Disabled | 0 |
| Drug Addiction | 0 |
| Medicaid Recipient | 1 |
| Medicare Recipient | 0 |
| Mental Illness | 0 |
| Non-Ambulatory | 0 |
| Non-Native | 0 |
| Public Aid Recipient | 0 |
| Under 65 Years Old | 0 |
| Unable to Self-Medicare | 0 |
| Ventilator Dependent | 1 |
| Infectious Disease w/ Isolation | 0 |
| Other Restrictions | 0 |
| No Restrictions | 0 |
| Non-Medical Conditions | 0 |
| TOTALS | 0 |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| Level of Care | Licensed Beds | Peak Beds | Set-Up | Used | Available | Medicare Certified Beds | Medicaid Certified Beds |
|------------------|---------------|-----------|--------|------|-----------|-------------------------|-------------------------|
| Nursing Care | 73 | 73 | 70 | 70 | 3 | 6 | 0 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 40 | 49 | 49 | 49 | 26 | 0 | 0 |
| TOTAL BEDS | 122 | 122 | 122 | 122 | 29 | 6 | 0 |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYOR PAYMENT SOURCE

| Level of Care | Medicare | Medicaid | Other Public | Private Insurance | Charity Care | Uncovered | Peak Beds |
|------------------|----------|----------|--------------|-------------------|--------------|-----------|-----------|
| Nursing Care | 1810 | 82.0% | 0 | 23542 | 796 | 26154 | 98.2% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0 | 0 | 0 | 0.0% |
| Skilled Care | 1018 | 82.0% | 0 | 32470 | 796 | 36082 | 78.8% |
| TOTALS | 2828 | 82.0% | 0 | 32716 | 796 | 36136 | 78.8% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| Age Group | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
|-----------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|------|--------|---|---|
| Under 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 to 84 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 85+ | 17 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 19 | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

REVENUE BY PAYOR SOURCE AND LEVEL OF CARE

| Level of Care | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Cherry Care |
|------------------|----------|----------|--------------|-------------------|-------------|---------|-------------|
| Nursing Care | 3 | 6 | 0 | 0 | 0 | 0 | 182 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 3 | 0 | 0 | 0 | 0 | 0 | 127 |
| TOTALS | 3 | 6 | 0 | 0 | 0 | 0 | 182 |

REVENUE BY RACIAL/ETHNICITY GROUPING

| Race | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | TOTALS |
|------------------|--------------|------------------|-----------------|--------------|--------|
| African American | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 0 | 0 | 0 | 0 | 0 |
| Hispanic | 0 | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 | 0 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 0 | 0 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 OREGON LIVING & REHAB CENTER OREGON
OREGON LIVING & REHAB CENTER
 811 SOUTH 10TH STREET
 OREGON, IL 61061

Classification Numbers
 Facility ID 600989
 Health Service Area 001
 Planning Service Area 141 Ogle
 County 141 Ogle County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | MEDICARE | | | | MEDICAID | | | | OTHER | | | | TOTALS | | | | AVERAGE DAILY PAYMENT RATES | | | |
|------------------|--------------|------------------|-----------------|--------------|--------------|------------------|-----------------|--------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|-----------------------------|----------|-------------|----------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | Private Pay | Charity | Private Pay | Charity | Private Pay | Charity | Private Pay | Charity | Private Pay | Charity | Private Pay | Charity |
| Nursing Care | 1 | 43 | 0 | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 1 | 43 | 0 | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | Totals |
|-----------------|--------------|------------------|-----------------|--------------|-----------|
| Asian | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 0 | 0 | 0 | 0 | 0 |
| Hispanic/Latino | 0 | 0 | 0 | 0 | 0 |
| White | 64 | 0 | 0 | 0 | 64 |
| Other Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 64 | 0 | 0 | 0 | 64 |

RESIDENTS BY ETHNICITY

| ETHNICITY | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | Totals |
|--------------|--------------|------------------|-----------------|--------------|-----------|
| Hispanic | 0 | 0 | 0 | 0 | 0 |
| Non-Hispanic | 64 | 0 | 0 | 0 | 64 |
| Total | 64 | 0 | 0 | 0 | 64 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Payor Source | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Charity Care Expense | Charity Care Expense as % of Total Net Revenue |
|---------------|----------------|------------------|--------------|-------------------|----------------|----------|----------------------|--|
| Medicare | 19.5% | 57.5% | 0.0% | 0.0% | 24.0% | 0 | 0 | 0.0% |
| TOTALS | 717,156 | 2,231,620 | 0 | 0 | 930,603 | 0 | 0 | 3,079,379 |

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 OREGON LIVING & REHAB CENTER OREGON
OREGON LIVING & REHAB CENTER
 811 SOUTH 10TH STREET
 OREGON, IL 61061

Classification Numbers
 Facility ID 600989
 Health Service Area 001
 Planning Service Area 141 Ogle
 County 141 Ogle County

RESIDENTS BY PRIMARY DIAGNOSIS

| DIAGNOSIS | Residents |
|--------------------------------|-----------|
| Neuro/Ortho | 0 |
| Endocrine/Metabolic | 0 |
| Blood Disorders | 0 |
| Nervous System Non Alzheimer | 0 |
| Alzheimer Disease | 0 |
| Mental Illness | 0 |
| Developmental Disability | 0 |
| Chronic System | 0 |
| Respiratory System | 0 |
| Digestive System | 0 |
| Genitourinary System Disorders | 0 |
| Skin Disorders | 0 |
| Musculoskeletal Disorders | 0 |
| Injuries and Poisonings | 0 |
| Other Medical Conditions | 0 |
| Non-Medical Conditions | 0 |
| TOTALS | 0 |

ADMISSIONS AND DISCHARGES - 2015

| Category | Residents on 1/1/2015 | Total Admissions 2015 | Total Discharges 2015 | Residents on 12/31/2015 |
|---|-----------------------|-----------------------|-----------------------|-------------------------|
| Admissions Completed | 69 | 55 | 55 | 69 |
| (Not Admitted) | 0 | 0 | 0 | 0 |
| Total Residents Diagnosed as Resident Admissions | 69 | 55 | 55 | 69 |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS | PEAK USE | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|-------------------|---------------|-----------|-----------|-------------------------|-------------------------|
| Nursing Care | 104 | 75 | 75 | 20 | 104 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 104 | 75 | 75 | 20 | 104 |

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYOR SOURCE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | Peak Beds |
|------------------|-------------|-------------|--------------|-------------------|-------------|----------|--------------|
| Nursing Care | 1615 | 1825 | 0 | 5208 | 0 | 0 | 65.5% |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Skilled Care | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| TOTALS | 1515 | 1825 | 0 | 5208 | 0 | 0 | 65.5% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 to 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 85+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 to 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 to 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 85+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 PINECREST MANOR

| PINECREST MANOR | | MOUNT MORRIS | |
|---|--------------------------------|---------------------------------|---|
| 414 SOUTH WESLEY AVENUE MOUNT MORRIS, IL 61054 | | | |
| Reference Numbers | | ADMISSION RESTRICTIONS | |
| Facility ID | 6007447 | Aggressive/Anti-Social | 1 |
| Health Service Area | 001 | Chronic Alcoholism | 1 |
| Planning Service Area | 141 | Developmentally Disabled | 1 |
| County | 141 Ogle County | Drug Addiction | 1 |
| | | Medicaid Recipient | 0 |
| | | Medicare Recipient | 6 |
| | | Mental Illness | 1 |
| | | Non-Ambulatory | 6 |
| | | Non-Mobile | 0 |
| | | Public Aid Recipient | 6 |
| | | Under 65 Years Old | 6 |
| | | Unable to Self-Medicate | 9 |
| | | Ventilator Dependent | 1 |
| | | Infectious Disease w/ Isolation | 0 |
| | | Other Restrictions | 6 |
| | | No Restrictions | 6 |
| | | | |
| Administrator | Feroi Labash | RESIDENTS BY PRIMARY DIAGNOSIS | |
| Contact Person and Telephone | JOLENE LECLERE 815-734-4183 | DIAGNOSIS | |
| Registered Agent Information | | Neoplasms | 6 |
| | | Endocrine/Metabolic | 6 |
| | | Blood Disorders | 6 |
| | | *Nervous System Non Alzheimer | 6 |
| | | Alzheimer Disease | 6 |
| | | Mental Illness | 6 |
| | | Developmental Disability | 6 |
| | | Respiratory System | 6 |
| | | Digestive System | 9 |
| | | Genitourinary System Disorders | 9 |
| | | Skin Disorders | 6 |
| | | Musculo-skeletal Disorders | 6 |
| | | Injuries and Poisonings | 0 |
| | | Other Medical Conditions | 0 |
| | | Non-Medical Conditions | 0 |
| | | TOTALS | 9 |

Note: Reported restrictions denoted by *.

ADMISSIONS AND DISCHARGES - 2015

| Date Questionnaire Completed | 3/14/2016 | Residents on 1/1/2015 | 183 | Total Residents Diagnosed as Mentally Ill | 2 |
|--------------------------------------|-----------|-------------------------|-----|--|---|
| Continuing Care Retirement Community | | Total Admissions 2015 | 168 | Total Residents Reported as Identified Offenders | 0 |
| | | Total Discharges 2015 | 164 | | |
| | | Residents on 12/31/2015 | 105 | | |

Note: Information on resident diagnoses was not collected for 2015.

LICENSED BEDS, BEGS IN USE, MEDICARE/MEDICAID CERTIFIED BEGS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 125 | 125 | 116 | 125 | 105 | 20 | 71 | 139 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 125 | 125 | 116 | 125 | 105 | 20 | 71 | 139 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Beds Occ Pct. | Peak Beds Set Up Occ Pct. |
|------------------|-----------|-----------|-----------|-----------|--------------|-------------------|-------------|--------------|-------|------------------------|---------------------------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | | | | | | | |
| Nursing Care | 2346 | 9.1% | 18054 | 35.6% | 6 | 761 | 19909 | 6 | 41616 | 89.0% | 89.9% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| TOTALS | 2346 | 9.1% | 18054 | 35.6% | 6 | 761 | 19909 | 6 | 41010 | 89.0% | 89.9% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51 to 64 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 65 to 74 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 6 |
| 75 to 84 | 13 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 16 | 29 |
| 85+ | 14 | 53 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 53 | 67 |
| TOTALS | 30 | 75 | 0 | 0 | 0 | 0 | 0 | 0 | 30 | 75 | 105 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 PINECREST MANOR

| PINECREST MANOR | | MOUNT MORRIS | |
|---|-----------------|------------------------|-----------------|
| 414 SOUTH WESLEY AVENUE MOUNT MORRIS, IL 61054 | | | |
| Reference Numbers | | Classification Numbers | |
| Facility ID | 6007447 | Health Service Area | 001 |
| Planning Service Area | 141 Ogle County | County | 141 Ogle County |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | PAYMENT SOURCE | | | | | | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 6 | 45 | 6 | 2 | 52 | 6 | 105 | Nursing Care | 256 | 6 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 6 | 45 | 6 | 2 | 52 | 6 | 105 | | | |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | LEVEL OF CARE | | | | Totals | FACILITY STAFFING | |
|---------------------|---------------|------------------|-----------------|----------------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | Administrators | 2.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 0 | 0 | 0 | 0 | 0 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Is | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 15.00 |
| White | 105 | 0 | 0 | 0 | 105 | LPNs | 8.00 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | Certified Aides | 50.00 |
| Total | 105 | 0 | 0 | 0 | 105 | Other Health Staff | 6.00 |
| | | | | | | Non-Health Staff | 74.00 |
| | | | | | | Totals | 158.00 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 20.9% | 24.6% | 8.0% | 0.0% | 46.5% | 100.0% | 0 | 6.0% |
| 1,725,146 | 2,081,743 | 0 | 508,609 | 4,115,115 | 8,480,613 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 PRAIRIE CROSSING LIVING & REHAB SHABSONA

| PRAIRIE CROSSING LIVING & REHAB 409 WEST COMANCHE STREET SHABSONA, IL 60650 | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|-------------------|--|---|--------------------------------|---|
| Reference Numbers | | Aggressive/Anti-Social | 1 | DIAGNOSIS | |
| Facility ID | 600802 | Chronic Alcoholism | 0 | Neoplasms | 9 |
| Health Service Area | 001 | Developmentally Disabled | 0 | Endocrine/Metabolic | 9 |
| Planning Service Area | 037 DeKalb | Drug Addiction | 1 | Blood Disorders | 9 |
| County | 037 DeKalb County | Medicaid Recipient | 0 | Nervous System Non Alzheimer | 0 |
| | | Medicare Recipient | 9 | Alzheimer Disease | 0 |
| | | Mental Illness | 0 | Mental Illness | 0 |
| | | Non-Ambulatory | 0 | Developmental Disability | 9 |
| | | Non-Mobile | 0 | Circulatory System | 0 |
| Administrator | | Public Aid Recipient | 0 | Respiratory System | 0 |
| KARI WAGNER | | Under 65 Years Old | 0 | Digestive System | 0 |
| Contact Person and Telephone | | Unable to Self-Medicate | 0 | Gonourinary System Disorders | 0 |
| REBECCA FRIEDMAN | | Verdicator Dependent | 1 | Skin Disorders | 0 |
| 647-062-2300 | | Infectious Disease w/ Isolation | 9 | Musculo-skeletal Disorders | 0 |
| | | Other Restrictions | 0 | Injuries and Poisonings | 0 |
| | | No Restrictions | 0 | Other Medical Conditions | 0 |
| Registered Agent Information | | Note: Reported restrictions desired by '1' | | Non-Medical Conditions | 0 |
| SHELDON WOLFE | | | | TOTALS | 9 |
| 7434 N. BUCKIE BLVD. | | | | | |

| Date Questionnaire Completed | | ADMISSIONS AND DISCHARGES - 2015 | | Notes: Information on resident diagnoses was not collected for 2015 | |
|------------------------------|----------|----------------------------------|----|---|---|
| | 4/7/2016 | Residents on 1/1/2015 | 67 | Total Residents Diagnosed as Mentally Ill | 0 |
| (Not Answered) | | Total Admissions 2015 | 47 | Total Residents Reported as Identified Offenders | 4 |
| | | Total Discharges 2015 | 62 | | |
| | | Residents on 12/31/2015 | 62 | | |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 01 | 01 | 70 | 01 | 62 | 29 | 91 | 91 |
| Skilled Under 22 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 91 | 91 | 70 | 91 | 62 | 29 | 91 | 91 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public | | Private Insurance | | Private Pay | | Charity | | TOTAL | Licensed Beds | Peak Bed Up |
|------------------|-----------|-----------|-----------|-----------|--------------|-----------|-------------------|-----------|-------------|-----------|-----------|---|-------|---------------|-------------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | | | | |
| Nursing Care | 1544 | 4.8% | 17056 | 51.4% | 0 | 0 | 4673 | 0 | 23219 | 0 | 0 | 0 | 23219 | 70.1% | 70.1% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| TOTALS | 1544 | 4.8% | 17056 | 51.4% | 0 | 0 | 4673 | 0 | 23219 | 0 | 0 | 0 | 23219 | 70.1% | 70.1% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|-------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 50 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 |
| 50 to 64 | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 7 |
| 65 to 74 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 10 |
| 75 to 84 | 7 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 15 | 22 |
| 85 & over | 7 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 14 | 21 |
| TOTALS | 22 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 40 | 62 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 PRAIRIE CROSSING LIVING & REHAB SHABSONA

| PRAIRIE CROSSING LIVING & REHAB 409 WEST COMANCHE STREET SHABSONA, IL 60650 | | Classification Numbers | |
|---|------------|------------------------|-------------------|
| Facility ID | 600802 | Health Service Area | 001 |
| Planning Service Area | 037 DeKalb | County | 037 DeKalb County |

| LEVEL OF CARE | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE | | | | | | AVERAGE DAILY PAYMENT RATES | | | |
|------------------|---|----------|--------------|-----------|-------------|---------|-----------------------------|------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity | TOTALS | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 2 | 48 | 9 | 9 | 12 | 0 | 62 | Nursing Care | 200 | 165 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 2 | 48 | 9 | 9 | 12 | 0 | 62 | | | |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | FACILITY STAFFING | |
|-----------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|
| Asian | 0 | 0 | 0 | 0 | 0 | Employment Category | Full-Time Equivalent |
| American Indian | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| Black | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | Director of Nursing | 1.00 |
| White | 62 | 0 | 0 | 0 | 62 | Registered Nurses | 4.00 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | LPNs | 7.00 |
| Total | 62 | 0 | 0 | 0 | 62 | Certified Aides | 32.00 |
| | | | | | | Other Health Staff | 6.00 |
| | | | | | | Non-Health Staff | 39.00 |
| | | | | | | Totals | 84.00 |

| ETHNICITY | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals |
|-------------------|--------------|------------------|-----------------|----------------|--------|
| Hispanic | 0 | 0 | 0 | 0 | 0 |
| Non-Hispanic | 0 | 0 | 0 | 0 | 0 |
| Ethnicity Unknown | 62 | 0 | 0 | 0 | 62 |
| Total | 62 | 0 | 0 | 0 | 62 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|----------|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 20.1% | 56.0% | 0.0% | 0.0% | 24.3% | 100.0% | 0 | 0.0% |
| 704,885 | 2,105,652 | 9 | 0 | 962,274 | 3,952,911 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-10H

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE GARDENS CARE CENTER ROCHELLE

ROCHELLE GARDENS CARE CENTER
1021 CAROL ROAD
ROCHELLE, IL 61069

Classification Numbers
Facility ID 000006
Health Service Area 001
Planning Service Area 141
County Ogle
Ogle County

| LEVEL OF CARE | Medicare | Medicaid | Other | Private Insurance | Private Pay | Cherry Care | TOTALS | LEVEL OF CARE | SINGLE | DOUBLE |
|------------------|----------|----------|-------|-------------------|-------------|-------------|--------|------------------|--------|--------|
| Nursing Care | 0 | 51 | 1 | 0 | 0 | 0 | 52 | Nursing Care | 185 | 146 |
| Skilled Under 22 | 6 | 0 | 0 | 0 | 0 | 0 | 6 | Skilled Under 22 | 8 | 0 |
| Intermediate D | 8 | 0 | 0 | 0 | 0 | 0 | 8 | Intermediate DD | 0 | 0 |
| Skilled Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Care | 0 | 0 |
| TOTALS | 0 | 51 | 1 | 0 | 0 | 0 | 52 | | | |

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Skilled Care | TOTALS | Facility Staffing |
|---------------------|--------------|------------------|-----------------|--------------|--------|-------------------|
| Asian | 0 | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 | 0 |
| Black | 2 | 0 | 0 | 0 | 2 | 0 |
| Hispanic | 0 | 0 | 0 | 0 | 0 | 0 |
| Hawaiian/Pacific Is | 0 | 0 | 0 | 0 | 0 | 0 |
| White | 50 | 0 | 0 | 0 | 50 | 0 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 52 | 0 | 0 | 0 | 52 | 0 |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity | Charity Case Expenses as % of Total Net Revenue |
|--|-----------|----------|--------------|-------------------|-------------|--------|---------|---|
| Medicare | 2.9% | 91.4% | 0.0% | 0.6% | 2.2% | 100.0% | 0 | 0.0% |
| 164,533 | 2,594,200 | 8 | 10,910 | 61,600 | 2,637,264 | | | |

*Charity Case Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE GARDENS CARE CENTER ROCHELLE

ROCHELLE GARDENS CARE CENTER
1021 CAROL ROAD
ROCHELLE, IL 61069

Reference Numbers 9000069
Facility ID 001
Health Service Area 141
Planning Service Area 141
County Ogle
Ogle County

| ADMISSION RESTRICTIONS | ADMISSIONS AND DISCHARGES - 2015 | 3/1/2015 | 3/1/2016 |
|----------------------------|----------------------------------|----------|----------|
| Aggravated/Abn-Social | Residents on 1/1/2015 | 65 | 65 |
| Chronic Alcoholism | Total Admissions 2015 | 52 | 52 |
| Developmentally Disabled | Total Discharges 2015 | 46 | 46 |
| Drug Addiction | Residents on 1/21/2015 | 52 | 52 |
| Medicaid Recipient | | | |
| Medicaid Recipient | | | |
| Mental Illness | | | |
| Non-Ambulatory | | | |
| Non-Mobile | | | |
| Public Aid Recipient | | | |
| Under 65 Years Old | | | |
| Unable to Self-Medications | | | |
| Violator of Department | | | |
| Verbal Abuse | | | |
| Verbal Abuse | | | |
| 300-801-8113 | | | |

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS | PEAK BEDS SET-UP | BEDS IN USE | BEDS SET-UP | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAD CERTIFIED BEDS |
|------------------|---------------|-----------|------------------|-------------|-------------|----------------|-------------------------|------------------------|
| Nursing Care | 74 | 74 | 74 | 62 | 22 | 0 | 74 | 0 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 74 | 74 | 74 | 62 | 22 | 0 | 74 | 0 |

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Peak Beds |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|-------|-----------|
| Nursing Care | 115 | 0.0% | 19683 | 73.0% | 1224 | 0 | 21987 | 61.3% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Skilled Care | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| TOTALS | 415 | 8.0% | 19683 | 73.0% | 1224 | 0 | 21987 | 61.3% |

| AGE GROUPS | Male | Female | Male | Female | Male | Female | TOTAL | GRAND TOTAL |
|------------|------|--------|------|--------|------|--------|-------|-------------|
| Under 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 to 44 | 4 | 2 | 0 | 0 | 0 | 0 | 4 | 2 |
| 45 to 59 | 12 | 6 | 0 | 0 | 0 | 0 | 12 | 6 |
| 60 to 64 | 4 | 6 | 0 | 0 | 0 | 0 | 4 | 6 |
| 65 to 74 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 75 to 84 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| 85+ | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 2 |
| TOTALS | 31 | 21 | 0 | 0 | 0 | 0 | 31 | 21 |

| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYOR SOURCE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Peak Beds |
|---|----------|----------|--------------|-------------------|-------------|--------------|-------|-----------|
| Nursing Care | 115 | 0.0% | 19683 | 73.0% | 1224 | 0 | 21987 | 61.3% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Skilled Care | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| TOTALS | 415 | 8.0% | 19683 | 73.0% | 1224 | 0 | 21987 | 61.3% |

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
Page 1651 of 2020

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE REHAB & HEALTH CARE ROCHELLE

| ROCHELLE REHAB & HEALTH CARE 900 NORTH 3RD STREET ROCHELLE, IL 61068 | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|--|-----------------|---------------------------------|---|--------------------------------|---|
| Reference Numbers | | Aggressive/Anti-Social | 0 | DIAGNOSIS | |
| Facility ID | 8006106 | Chronic Alcoholism | 5 | Neoplasms | 0 |
| Health Service Area | 001 | Developmentally Disabled | 0 | Endocrine/Metabolic | 8 |
| Planning Service Area | 141 | Drug Addiction | 0 | Blood Disorders | 0 |
| County | 141 Ogle County | Medicaid Recipient | 8 | Nervous System Non Alzheimer | 0 |
| | | Medicare Recipient | 0 | Alzheimer Disease | 0 |
| | | Mental Illness | 5 | Mental Illness | 0 |
| | | Non-Ambulatory | 0 | Developmental Disability | 0 |
| | | Non-Mobile | 0 | Circulatory System | 0 |
| Administrator | | Public Aid Recipient | 0 | Respiratory System | 0 |
| Jason Stewart | | Under 65 Years Old | 5 | Digestive System | 0 |
| Contact Person and Telephone | | Unable to Self-Medicate | 0 | Genitourinary System Disorders | 0 |
| Marilyn Snyder | | Ventilator Dependent | 1 | Skin Disorders | 0 |
| 309-881-8113 | | Infectious Disease w/ Isolation | 0 | Musculo-skeletal Disorders | 0 |
| | | Other Restrictions | 1 | Injuries and Poisonings | 0 |
| | | No Restrictions | 0 | Other Medical Conditions | 0 |
| Registered Agent Information | | | | Non-Medical Conditions | 8 |
| Marilyn Snyder | | | | TOTALS | 5 |
| 530 West Trailcreek Drive | | | | | |

Note: Reported restriction denied by '1'

ADMISSIONS AND DISCHARGES - 2015

| Date Questionnaire Completed | 3/18/2015 | Residents on 1/1/2015 | 34 | Total Residents Diagnosed as Mentally Ill | 15 |
|------------------------------|-----------|-------------------------|----|--|----|
| (Not Answered) | | Total Admissions 2015 | 64 | Total Residents Reported as Identified Offenders | 1 |
| | | Total Discharges 2015 | 68 | | |
| | | Residents on 12/31/2015 | 30 | | |

Note: Information on resident diagnoses was not collected for 2015

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USE 0 | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|-----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 50 | 50 | 36 | 50 | 36 | 28 | 50 | 50 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 50 | 50 | 36 | 50 | 36 | 28 | 50 | 50 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public | | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Beds Set Up |
|------------------|-----------|-----------|-----------|-----------|--------------|-----------|-------------------|-------------|--------------|-------|---------------|------------------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days | Pat. days | Pat. days | Pat. days | | | |
| Nursing Care | 2774 | 15.2% | 5833 | 32.0% | 420 | 145 | 5300 | 0 | 14476 | 79.3% | 79.3% | |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| TOTALS | 2774 | 15.2% | 5833 | 32.0% | 420 | 145 | 5300 | 0 | 14476 | 79.3% | 79.3% | |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 45 to 50 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 50 to 64 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 65 to 74 | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 8 |
| 75 to 84 | 4 | 4 | 0 | 0 | 0 | 0 | 5 | 5 | 4 | 4 | 8 |
| 85+ | 5 | 9 | 0 | 0 | 0 | 0 | 5 | 0 | 5 | 9 | 15 |
| TOTALS | 12 | 15 | 5 | 5 | 0 | 0 | 0 | 0 | 12 | 16 | 30 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE REHAB & HEALTH CARE ROCHELLE

| ROCHELLE REHAB & HEALTH CARE 900 NORTH 3RD STREET ROCHELLE, IL 61068 | | Classification Numbers | |
|--|---------|------------------------|-----------------|
| Facility ID | 8006106 | Health Service Area | 001 |
| Planning Service Area | 141 | County | 141 Ogle County |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | PAYMENT SOURCE | | | | | | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 4 | 16 | 5 | 8 | 10 | 0 | 30 | Nursing Care | 175 | 150 |
| Skilled Under 22 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 8 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 8 |
| Sheltered Care | 0 | 0 | 0 | 0 | 5 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 4 | 16 | 0 | 0 | 10 | 0 | 30 | | | |

RESIDENTS BY RACIALETHNICITY GROUPING

| RACE | LEVEL OF CARE | | | | | Totals | FACILITY STAFFING | |
|-----------------------|---------------|------------------|-----------------|----------------|--------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 1 | 0 | 0 | 0 | 0 | 1 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 4.00 |
| White | 25 | 0 | 0 | 0 | 0 | 25 | LPN's | 4.00 |
| Race Unknown | 1 | 0 | 0 | 0 | 0 | 1 | Certified Aides | 15.00 |
| Total | 30 | 0 | 0 | 0 | 0 | 30 | Other Health Staff | 0.00 |
| | | | | | | | Non-Health Staff | 13.00 |
| | | | | | | | Totals | 35.00 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|----------|----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| 38.6% | 30.1% | 0.0% | 3.5% | 27.9% | 100.0% | 0 | 0.0% |
| \$29,715 | \$25,998 | 0 | \$4,350 | \$74,819 | \$244,879 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Rochelle
20-Mile Radius Facilities
Resident - Mentally Ill Resident Chart

| FACID | FACNAME | CITY | 2015 PROFILE DATA | 2015 IDPH FACILITY PROFILE DETAILS | | |
|---------|--|----------------|-------------------------------|------------------------------------|----------------------------|---------------------------|
| | | | # of Licensed Nursing Beds | Total Residents | Total M.I. Residents | % of M.I. Residents |
| 6014872 | Bethany Hlth Care & Rehab Ctr. | Dekalb | 90 | 81 | 31 | 38.3% |
| 6015630 | Dekalb County Rehab & Nursing | Dekalb | 190 | 172 | 62 | 36.0% |
| 6003305 | Franklin Grove Nursing Center (1) | Franklin Grove | 121 | 78 | 2 | 2.6% |
| 6006514 | Neighbors Rehab Ctr (2) | Byron | 101 | 64 | 0 | 0.0% |
| 6006738 | Oak Crest/Oekalb (3) | Oekalb | 73 | 96 | 0 | 0.0% |
| 6009989 | Oregon Healthcare Center (4) | Oregon | 104 | 64 | 2 | 3.1% |
| 60D7413 | Pine Acres Care Center (5) | Dekalb | 119 | 88 | 4 | 4.5% |
| 6DD7447 | Pinecrest Manor | Mount Morris | 125 | 105 | 2 | 1.9% |
| 6008502 | Prairie Crossing Living & Rehabilitation (6) | Shabbona | 91 | 62 | 5 | 8.1% |
| 6008098 | Rochelle Gardens Care Center (7) | Rochelle | 74 | 52 | 48 | 92.3% |
| 6008106 | Rochelle Rehab & Health Center (8) | Rochelle | 50 | 30 | 15 | 50.0% |
| | | | 1,138 | 892 | 171 | 19.2% |
| | | | | | | |
| 6008098 | Rochelle Gardens Care Center (7) | Rochelle | 74 | 52 | 48 | 92.3% |
| 6008106 | Rochelle Rehab & Health Center (8) | Rochelle | 50 | 30 | 15 | 50.0% |
| | | | 124 | 82 | 63 | 76.8% |

- (1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (2) D1/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
- (3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
- (4) 2015 profile name: Oregon Living & Rehab Center
- (5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
- (7) formerly Rochelle Manor (1984 Inventory)
- (8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)
 American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
 Microsoft MapPoint 2009



Nursing Homes in Illinois

- [Who Regulates Nursing Homes?](#)
- [A Listing of Illinois Nursing Homes](#)
- [How to Select a Nursing Home](#)
- [Centers for Medicare and Medicaid Services Nursing Home Compare Website](#)
- [Quarterly Reports of Nursing Home Violation](#)
- [Illinois Law on Advance Directives](#)
- [Nursing Homes with No Certification Deficiencies](#)
- [Nursing Home Care Act](#)
- [Illinois Health Care Worker Registry](#)
- [Centers for Medicare and Medicaid Services Nursing Home Quality Initiative](#)

Ownership Information

ROCHELLE GARDENS CARE CENTER

1021 CARON ROAD
 ROCHELLE IL 61068
 ADMINISTRATOR: MARGARITA CORNEJO
 TELEPHONE: 815-562-4047

Licensee Name:
PETERSEN HEALTH NETWORK,LLC

| Persons with 5 percent or greater interest in licensee: | |
|---|----------------|
| Name | % of Ownership |
| <u>MARK B PETERSEN</u> | 100.0 |

Ownership Type:
 LIMITED LIABILITY CO

Click on individual's name to see other ownership interests.

General

[Facility Information](#)
[Ownership information](#)

Surveys

Administration

[Staffing](#)
[Admission Restrictions](#)
[Admissions & Discharges](#)
[Licensed Beds / Beds in use](#)

Residents

[Primary Diagnosis](#)
[Age Gender & Level of Care](#)
[Racial / Ethnic Groups](#)

Patient Days

[Level of Care](#)
[Payment Source](#)
[Private Payment Rates](#)



- [Who Regulates Nursing Homes?](#)
- [A Listing of Illinois Nursing Homes](#)
- [How to Select a Nursing Home](#)
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- [Illinois Law on Advance Directives](#)
- [Nursing Homes with No Certification Deficiencies](#)
- [Nursing Home Care Act](#)
- [Illinois Health Care Worker Registry](#)
- [Centers for Medicare and Medicaid Services Nursing Home Quality Initiative](#)

Ownership Information

ROCHELLE REHAB & HEALTHCARE CR

900 NORTH THIRD STREET
ROCHELLE IL 61068

ADMINISTRATOR: JASON STEWART
TELEPHONE: 815-562-4111

Licensee Name:
PETERSEN HEALTH NETWORK,LLC

Persons with 5 percent or greater interest in licensee:

| Name | % of Ownership |
|--|----------------|
| <u>MARK B PETERSEN</u> | 100.0 |

Ownership Type:
LIMITED LIABILITY CO

Click on individual's name to see other ownership interests.

- General**
- [Facility Information](#)
- [Ownership information](#)
- Surveys**

- Administration**
- [Staffing](#)
- [Admission Restrictions](#)
- [Admissions & Discharges](#)
- [Licensed Beds / Beds in use](#)

- Residents**
- [Primary Diagnosis](#)
- [Age Gender & Level of Care](#)
- [Racial / Ethnic Groups](#)

- Patient Days**
- [Level of Care](#)
- [Payment Source](#)
- [Private Payment Rates](#)



April 26, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

RE: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rockford Memorial Hospital ("RMH") recommends the establishment project which is proposed for Manor Court of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

We estimate the number of patients that RMH will refer annually within a 24-month period after the project completion to Manor Court of Rochelle will be an average of 30 patients per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As RMH is one of the major acute care hospitals (Non-Critical Access) in the area, we are sought after or are the preferred choice for treatment of strokes, major trauma, orthopedic injuries, spinal cord injuries, joint replacements, head injuries, pulmonary issues, heart disease, cancer, neuro-muscular disorders and severe arthritis. As such, we anticipate, a potential increased relationship, and look forward to working with you. We commend your efforts to bring Rochelle residents back to their community, improve the quality of care and quality of life for those to be served.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,


Paul Van Den Heuvel
Vice President of Legal Affairs & General Counsel

*Notarized
Subscribed & Sworn before me
30 April, 2017
Christopher Davis*



May 3, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Northwestern Medicine Kishwaukee Hospital supports the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

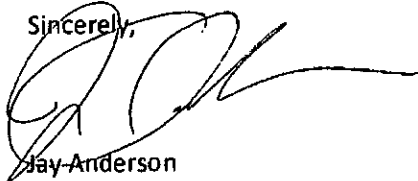
Within the past 12 months, Northwestern Medicine Kishwaukee Hospital transferred 827 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients. Patient referrals have not been used to support another pending or approved CON application.

We have experienced times when placement of patients in the existing complement of skilled nursing facilities in the area is difficult and welcome an additional area provider that would accept those patients.

As Northwestern Medicine Kishwaukee Hospital is one of the area hospitals used by residents of Rochelle and their surrounding communities, we look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

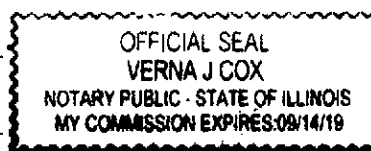


Jay Anderson
President
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital

State of Illinois
County of Knox

Sworn to before me this
3rd day of May, 2017


Notary Public



ATTACHMENT-10K

Number of Patients Referred to Skilled Nursing Facilities
from Northwestern Medicine Kishwaukee Hospital,

May 2016 – April 2017

| | | NURM RANK | | COUNT | | PAT E | | | |
|-----|----------------------|-----------|-----|-------|-----|-------|-----|-----|---|
| | | PAT | LOS | REN | DIF | F | M | PAT | E |
| SNF | SKILLED NURS (cont.) | | | | | | | | |
| SNF | SKILLED NURSING FACI | | | | | | | | |
| | 30240 | | | | | 1 | | 1 | |
| | 51040 | | | | | 1 | | 1 | |
| | 60013-1845 | | | | | | 1 | 1 | |
| | 60101 | | | | | 2 | | 2 | |
| | 60109 | | | | | | 3 | 3 | |
| | 60111 | | | | | 1 | | 1 | |
| | 60112 | | | | | 7 | 8 | 15 | |
| | 60112-0159 | | | | | 1 | | 1 | |
| | 60113 | | | | | 2 | | 2 | |
| | 60115 | | | | | 303 | 148 | 451 | |
| | 60115-0667 | | | | | | 1 | 1 | |
| | 60115-2056 | | | | | 1 | | 1 | |
| | 60115-4103 | | | | | | 1 | 1 | |
| | 60115-4467 | | | | | 1 | | 1 | |
| | 60115-4744 | | | | | 3 | | 3 | |
| | 60115-9103 | | | | | | 1 | 1 | |
| | 60119 | | | | | 2 | | 2 | |
| | 60124 | | | | | 2 | | 2 | |
| | 60129 | | | | | 3 | | 3 | |
| | 60135 | | | | | 13 | 11 | 24 | |
| | 60136 | | | | | 2 | | 2 | |
| | 60140 | | | | | 1 | 4 | 5 | |
| | 60140-0053 | | | | | 1 | | 1 | |
| | 60145 | | | | | 4 | 7 | 11 | |
| | 60146 | | | | | 1 | 1 | 2 | |
| | 60146-8803 | | | | | | 2 | 2 | |
| | 60150 | | | | | 5 | 7 | 12 | |
| | 60150-0246 | | | | | | 1 | 1 | |
| | 60151 | | | | | 1 | | 1 | |
| | 60175 | | | | | 1 | | 1 | |
| | 60178 | | | | | 98 | 53 | 146 | |
| | 60178-9008 | | | | | 1 | | 1 | |
| | 60436 | | | | | 1 | | 1 | |
| | 60505 | | | | | 2 | | 2 | |
| | 60518 | | | | | 2 | | 2 | |
| | 60520 | | | | | 1 | 1 | 2 | |
| | 60530 | | | | | | 1 | 1 | |
| | 60531 | | | | | 3 | 1 | 4 | |
| | 60536 | | | | | | 1 | 1 | |
| | 60548 | | | | | 9 | 8 | 17 | |
| | 60548-1156 | | | | | 1 | | 1 | |
| | 60548-2574 | | | | | | 1 | 1 | |
| | 60550 | | | | | 13 | 12 | 25 | |
| | 60551 | | | | | 1 | | 1 | |
| | 60552 | | | | | 3 | | 3 | |
| | 60553 | | | | | | 2 | 2 | |
| | 60556 | | | | | 8 | 1 | 9 | |
| | 60560 | | | | | | 1 | 1 | |

Note: "PAT" column refers to the total number of patients referred May 2016 through April 2017

ATTACHMENT-10K



SAINT ANTHONY MEDICAL CENTER

April 18, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

OSF Saint Anthony Medical Center recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

OSF Saint Anthony Medical Center transferred patients to multiple existing skilled care facilities throughout the region. We estimate the number of patients OSF Saint Anthony Medical Center refers annually to the Rochelle and surrounding communities that need skilled care averages 193 patients annually. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As one of the major acute care hospitals in Rockford, Illinois, OSF Saint Anthony Medical Center look forward to working with you to provide smooth and excellent transitions of care for patients from our facility to yours. We commend your efforts to improve the quality of care and quality of life for those served in the Rochelle community.

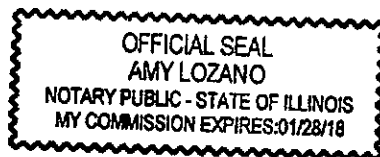
If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski, MS, RN, NEA-BC, FACHE
President

Date Notary

April 19, 2017
Amy Lozano





900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

April 24, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rochelle Community Hospital recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 24 months, Rochelle Community Hospital transferred 163 patients to existing skilled care facilities. Of these patients, 90% reside in Rochelle Community Hospital's primary market.

We estimate that 80% of these patients have the potential to be referred from Rochelle Community Hospital to Liberty Village of Rochelle over a 24 month period. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As Rochelle Hospital is the primary hospital used by residents of Rochelle and the surrounding communities, we could realistically anticipate a potential increased relationship and look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Mark J. Batty
Chief Executive Officer

Kimberly S. Louis
Notary



ATTACHMENT-10K

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued vi*

Criterion 1125.330 – Alternatives

1. Identify ALL of the alternatives to the proposed project:

Alternative options must include:

a. Proposing a project of greater or lesser scope and cost:

The alternatives considered for this project include maintaining the status quo, a 165-bed nursing facility, a 60-bed nursing facility, and the project as being proposed.

b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

The Applicant made phone inquiries to Petersen Health Network, LLC to purchase one or both facilities in Rochelle for the sole purpose of building a replacement facility. There has not been a response from Petersen on this inquiry. Therefore, this item as an alternative was considered not viable.

c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

As previously explained, the Applicant sought to utilize one or both of the existing Rochelle nursing homes, through a purchase agreement, as an off-site replacement. The Applicant did not receive a response from Petersen Health Network, LLC on this matter. Therefore, this option as an alternative was considered not viable.

d. Provide the reasons why the chosen alternative was selected.

Although the chosen alternative was not the least costly alternative, it is the most efficient alternative which provides both General Long-Term Care and Specialized Memory Care nursing beds and is still financially and economically feasible. The current IDPH Inventory of Health Care Facilities and Services and Bed Need Determinations, effective 2015, shows excess beds in the Ogle County Planning Area (see ATTACHMENT-11A). That bed need determination uses a base year of 2013 and the

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued vii*

mandated five year projection of CY 2018. As CY 2017 is more than half-way past, it would appear that the proposed bed need utilizing a timely five year projection is not current. What is interesting is that using updated demographics does produce a bed need for Ogle County through 2022; the 10-mile market radius for 2017 to 2022 grows from a need of 43 beds to a need for 71 beds. Moreover, the 20-mile market radius shows that the need jumps to 165 additional beds needed through 2022. Therefore, the majority of the need is derived not only from Ogle County, but also right from the Rochelle Community and immediate surrounding area. It should be noted that the market study and the State's bed need recognizes all existing beds and treats all nursing beds as equal, even though they do not appear to be so. Please refer to the market study performed by LRA, pages 40 – 46 (refer to **ATTACHMENT-10E**), for the bed need calculations. The future demand for beds and the patient access issue in Rochelle were the main reasons the project as proposed was the chosen alternative.

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

ALTERNATIVE #1 - Lesser Scope:

As described above, a project of lesser scope, i.e., one with less than 70 General Long-Term Care nursing beds and 22 Specialized Memory Care beds, would be one of maintaining the status quo. This is already a small project with limited economies-of-scale.

Cost

There would be no capital costs associated with this alternative.

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS Continued viii

Patient Access

Just looking at the State's current bed need methodology it would appear that there would be limited effect since it calculates an excess of nursing beds in the Ogle County Planning Area. That being said, it does not appear to be the situation in Rochelle. The Applicant's commissioned market analysis has identified a need for 165 additional nursing beds within a 20-mile radius market contour, nearly twice (55.8%) the number of beds that are being proposed. Upon closer analysis, the only two local facilities have self reported that they have a combined 76.8 percent of their existing residents who are Mentally Ill (refer to **ATTACHMENT-10I**). This is not a typical general geriatric resident mix. Anecdotally, it has been discovered that most times family members seek placement of their loved ones in facilities that are outside of Rochelle due to desirability of the area facilities. Because of the findings of the market study and the facility analysis of the area nursing homes it would appear that patient access is an issue in Rochelle and that it would not be improved by this alternative.

Quality

To maintain the status quo would not affect quality. The best way to affect quality is to introduce competition. Even though there are two facilities in Rochelle, one corporate entity has 100 percent of the market share. As such, there currently are, and under this alternative would continue to have, no incentives to improve the facilities in any way. This Applicant in no way questions the quality of care being provided. However, it does question how the best care can be provided if the basic elements of physical environment are not addressed. As far back as could be researched with the accessible records (CY1984), the two Rochelle facilities are at least 35 years old and possibly much older than that. The two facilities together average 271.5 gross square feet per bed (refer to **ATTACHMENT-10F**). Today, the Board has a square footage

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued ix*

norm for new projects that ranges from 435-713 gsf (77 IAC, Chapter II, Subchapter b, Part 1125, Section Appendix A). These buildings also only have the minimum number of required private rooms; 77 IAC Chapter I, Subchapter c, Part 300.2860 Nursing Unit states: "Not less than three percent of the total number of beds in the facility shall be located in single rooms with a private bath, water closet and lavatory." Even the minimum standards are out of compliance with current best practices. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue that would not be remedied by this alternative.

Financial Benefits

As this alternative has no costs and does nothing to positively affect patient access and quality, there are no financial benefits associated with it.

ALTERNATIVE #2 - Greater Scope:

This alternative was to develop a project that fully addressed the need for beds and services as found necessary in the commissioned market study performed by LRA. That study found that the market identified could support 165 additional nursing beds. This alternative explored a project of 165 total nursing beds.

Cost

The capital cost of this alternative would be double that of the Project as being proposed. Specifically, the proposed \$17,646,768 project equates to \$191,813 per bed. This alternative could then be expected to cost \$31,649,145 excluding land, start up costs and operating deficits. Any project of greater scope will conceivably cost more than that of the proposed project.

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS Continued x

Patient Access

Patient access would be greatly increased. The market study found that the need within the identified 20-mile radius is over and above that of the existing inventory. That being said, the State's current inventory shows that there is a surplus of nursing beds in the Ogle County Planning Area. A project of Greater scope does not balance these two sources. Moreover, although the existing two facilities in Rochelle are older and smaller with a unique population of residents, it is not the intent of this project to directly impact the existing facilities, which a much larger facility would more aptly do. Therefore, patient access is not the sole rationale for the proposed project.

Quality

This Applicant in no way questions the quality of care being provided at the two local Rochelle nursing homes. However, it should be known that the two facilities in Rochelle are under common ownership granting that parent entity 100 percent of the market share. Quality does not improve just by increasing the project size from 92 to 165 nursing care beds, even though the best way to affect quality is to introduce competition. Competition can promote more private rooms to head off common issues of isolation and gender. It can also promote developing a more homelike environment with homelike amenities that require additional space. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue, but not one that would improve from taking the proposed facility from 92 nursing beds to 165 nursing beds.

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued xi*

Financial Benefits

This alternative could have significant financial benefits as it would appear to have exponentially increased the economies-of-scale of a smaller project.

ALTERNATIVE #3 - The Proposed Project

There are many influences that have brought about this alternative of the project as being proposed. Typically, if the State's current inventory does not show a need for additional beds and services, a project is not even contemplated. However, this Rochelle 20-mile market radius tells a little different tale. Ogle County is a rural county. Geographically speaking, its towns are not spaced evenly throughout it. Rochelle is located on the south eastern part of the county. The MapPoint map (**ATTACHMENT-10A**) along with the verified travel times from MapQuest (**ATTACHMENT-10D**) illustrate that from the proposed site the only two facilities within 20-minutes travel time are those in Rochelle. Normally, knowing that a smaller community is served by two facilities could discourage an additional provider from trying to enter the market. However, upon closer examination it was found that the two local facilities share common ownership. These two facilities self-reported that 76.8 percent of their combined residents are mentally ill (refer to **ATTACHMENT-10I**). To reconcile these opposing views of the market where the community claimed that there was a great demand and need for additional nursing beds and services, the Applicant requested a market analysis to be performed to delve even further into the local situation and issues. This alternative is the melding of all of the local issues to develop an alternative that would provide patient access, yet not be competitively burdensome to the existing providers.

Cost

The capital cost of the proposed project is \$17,646,768.

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS Continued xii

Patient Access

While this alternative does not fully satisfy the issue of patient accessibility, it takes a conservative approach addressing the need for only 70 general geriatric nursing beds and offering memory care services in 22 nursing care beds for a total of 92 nursing beds.

Quality

This Applicant in no way questions the quality of care being provided at the two local Rochelle nursing homes. However, as previously noted, quality can be improved through competition. Competition can promote more private rooms to head off common issues of isolation and gender. It can also promote developing a more homelike environment with homelike amenities that require additional space. These are all items that contribute to quality. It is not only what kind of environment the resident and their loved one desire, it is what kind of work environment is most conducive to keeping employees satisfied. It is these outside influences that restrict the quality that could be provided. As such, quality appears to be an issue that this alternative can address.

Financial Benefits

The proposed project, this alternative, has put forth a project that not only addresses the need for additional patient access, but at a conservative size that still allows for financial feasibility. The alternative of lesser scope would not allow for the economies-of-scale to make this project financially feasible. A project of greater scope could provide greater economies-of-scale, but would not be as conservative, which could threaten the overall viability of the project and/or the other nursing home resources in the area. Thus, it could, in the end, threaten the financial viability/benefits of the project. The financial benefits of this alternative extend beyond the Applicant. This project provides the ability of families to stay in, or come back to, their

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS *Continued xiii*

home community of Rochelle. Families will not have to travel as far to visit their frail, loved ones. They will not have to take off of work to check up on their family member's welfare. Money, in terms of commerce and tax revenue, will stay in the community/county, with nursing home residents and their families being able remain in Rochelle. This says nothing of the jobs that developing this project will make or potentially of the improvements of the other health care resources that could be spurred by the improved competition.

3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

This alternative is not based solely, or in part, on improved quality of care as it is on improving accessibility to general geriatric care and memory care nursing residents. As the 20-mile market radius shows a 13.7 percent increase in the over 65 population, the quantifiable evidence will be the facility's ability to maintain its target use level of 90% by the end of its first two years of opening. This utilization will show more general geriatric admissions which will be the documentation of this item.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

General Long-Term Care Category of Service

8/3/2015
Page A-13

| Planning Area: Ogle | | | General Nursing Care | |
|---|--------------|-------------|----------------------|-------------------|
| Facility Name | City | County/Area | Beds | 2013 Patient Days |
| NEIGHBORS REHABILITATION CENTER | BYRON | Ogle County | 101 | 30,538 |
| NEIGHBORS REHABILITATION CENTER (PERMIT) | BYRON | Ogle County | 30 | |
| 6/3/2014 14-008 Approved for permit to add 30 Nursing Care beds to existing facility. Facility will have 131 Nursing Care beds upon completion. | | | | |
| OREGON LIVING & REHAB CENTER | OREGON | Ogle County | 104 | 25,257 |
| PINECREST MANOR | MOUNT MORRIS | Ogle County | 125 | 41,047 |
| POLO REHAB & HEALTHCARE | POLO | Ogle County | 81 | 18,975 |
| 2/1/2014 CHOW Change of ownership occurred. | | | | |
| ROCHELLE GARDENS CARE CENTER | ROCHELLE | Ogle County | 74 | 19,877 |
| ROCHELLE HOSPITAL (SWING BEDS) | ROCHELLE | Ogle County | 0 | 118 |
| ROCHELLE REHAB & HEALTH CARE | ROCHELLE | Ogle County | 50 | 14,501 |

Planning Area Totals **565** **150,313**

| HEALTH SERVICE AREA | AGE GROUPS | 2013 Patient Days | 2013 Population | 2013 Use Rates (Per 1,000) | 2013 Minimum Use Rates | 2013 Maximum Use Rates |
|---------------------|-----------------|-------------------|-----------------|----------------------------|------------------------|------------------------|
| 001 | 0-64 Years Old | 247,928 | 574,100 | 431.9 | 259.1 | 691.0 |
| | 65-74 Years Old | 200,627 | 58,900 | 3,406.2 | 2,043.7 | 5,450.0 |
| | 75+ Years Old | 1,192,721 | 47,100 | 25,323.2 | 15,193.9 | 40,517.1 |

247

| | 2013 PSA Patient Days | 2013 PSA Estimated Populations | 2013 PSA Use Rates (Per 1,000) | 2013 HSA Minimum Use Rates | 2013 HSA Maximum Use Rates | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days | Planned Average Daily Census | Planned Bed Need (90% Occ.) | Excess Beds |
|-----------------------------|-----------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|-------------|
| 0-64 Years Old | 20,760 | 43,600 | 476.1 | 259.1 | 691.0 | 476.1 | 43,800 | 20,855 | | | |
| 65-74 Years Old | 22,685 | 5,100 | 4,448.0 | 2,043.7 | 5,450.0 | 4,448.0 | 5,800 | 25,799 | | | |
| 75+ Years Old | 106,868 | 3,700 | 28,883.2 | 15,193.9 | 40,517.1 | 28,883.2 | 4,500 | 129,975 | | | |
| Planning Area Totals | | | | | | | | 176,628 | 483.9 | 538 | 27 |

ATTACHMENT-11A

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

| Planning Area | Calculated Beds Needed | Approved Beds | Additional Beds Needed or Excess Beds () |
|---|---------------------------|------------------|--|
| LONG-TERM CARE NURSING CARE BED NEED | | | |
| HEALTH SERVICE AREA 1 | | | |
| Boone | 360 | 279 | 81 |
| Carroll | 131 | 155 | (24) |
| DeKalb | 768 | 742 | 26 |
| Jo Daviess | 177 | 147 | 30 |
| Lee | 275 | 353 | (78) |
| Ogle | 538 | 565 | (27) |
| Stephenson | 581 | 646 | (65) |
| Whiteside | 595 | 819 | (224) |
| Winnebago | 2098 | 2220 | (122) |
| HEALTH SERVICE AREA 2 | | | |
| Bureau/Putnam | 378 | 377 | 1 |
| Fulton | 455 | 603 | (148) |
| Henderson/Warren | 164 | 218 | (54) |
| Knox | 740 | 916 | (176) |
| LaSalle | 1208 | 1256 | (48) |
| McDonough | 341 | 360 | (19) |
| Marshall/Stark | 300 | 427 | (127) |
| Peoria | 1483 | 1608 | (125) |
| Tazewell | 1111 | 1256 | (145) |
| Woodford | 580 | 593 | (13) |
| HEALTH SERVICE AREA 3 | | | |
| Adams | 1079 | 1294 | (215) |
| Brown/Schuyler | 147 | 179 | (32) |
| Calhoun/Pike | 264 | 337 | (73) |
| Cass | 153 | 150 | 3 |
| Christian | 373 | 427 | (54) |
| Greene | 115 | 119 | (4) |
| Hancock | 150 | 184 | (34) |
| Jersey | 323 | 369 | (46) |
| Logan | 371 | 446 | (75) |
| Macoupin | 523 | 704 | (181) |
| Mason | 120 | 164 | (44) |
| Menard | 114 | 106 | 8 |
| Montgomery | 382 | 480 | (98) |
| Morgan/Scott | 465 | 551 | (86) |
| Sangamon | 1162 | 1275 | (113) |

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued*

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

ATTACHMENT-12A identifies the facilities owned and/or operated by related entities.

A copy of all related facilities licenses and certifications as applicable are appended under **ATTACHMENT-12B**. It should be known that related are six nursing care facilities, eight Continuing Care Retirement Communities (CCRC) as well as numerous DD homes.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

The required documentation with regards to adverse action, as required under 1125.520, c) 2, is appended as **ATTACHMENT-12C**. It should be noted that the ownership and operating entities of the proposed Manor Court of Rochelle do not have any adverse action to report.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

The above requested authorization for the HFSRB and the DPH access to information is appended as **ATTACHMENT-12D**.

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

This item is not germane.

ATTACHMENT-12

Facilities operated by Frances
House, Inc.

Canterbury Place
2503 Canterbury Lane
Rockford, IL 61101

Casa Willis
910 Woodburn Avenue
Sterling, IL 61081

Freeport Terrace
2942 Highlandview Drive
Freeport, IL 61032

Glenwood Villa
3247 Glenwood Avenue
Rockford, IL 61101

Hallam Terrace
1108 Taylor Street
Rockford, IL 61103

Hammett House
1845 First Avenue
Sterling, IL 61081

Gordon Jones Terrace
421 North Rochester Street
Lanark, IL 61046

Kanthak House
724 Second Avenue
Ottawa, IL 61350

Lewis Terrace
1916 16th Street
North Chicago, IL 60064

Olson Terrace
3006 Alida Street
Rockford, IL 61103

Pine Terrace
2017 North Pine Street
Waukegan, IL 70085

Ridge Terrace
2911 Highlandview Drive
Freeport, IL 61032

Rockton Court
2615 North Rockton Avenue
Rockford, IL 61101

Rose House
7301 34th Avenue
Moline, IL 61265

Seborg Terrace
3024 Alida Street
Rockford, IL 61101

Seymour Terrace
1504 16th Street
North Chicago, IL 60064

Smith Square
7401 34th Avenue
Moline, IL 61265

Stern Square
1328 West Seventh Street
Sterling, IL 61081

Stouffer Terrace
910 South Fifth Street
Oregon, IL 61061

Waukegan Terrace
860 South Lewis Avenue
Waukegan, IL 60085

Woodburn Court
1521 Woodburn Avenue
Sterling, IL 61081

Rye Trail Court
3228 Rye Ridge Trail
Freeport, IL 61032

Facilities Operated by
Residential Alternatives of Illinois,
Inc.

Hawthorne Inn of Danville
3222 Independence Drive
Danville, IL 61832

Liberty Village of Geneseo
920 South Chicago Street
Geneseo, IL 61254

Manor Court of Peoria
6900 N. Stalworth Drive
Peoria, IL 61615

Liberty Village of Streator
2322 North Eastwood Avenue
Streator, IL 61364

Hawthorne Inn of Peoria
6906 N. Stalworth Drive
Peoria, IL 61615

Manor Court of Peru
3230 Becker Drive
Peru, IL 61354

Hawthorne Inn of Peru
1101 31st Street
Peru, IL 61354

Manor Court of Freeport
2170 W. Navajo Drive
Freeport, IL 61032

Hawthorne Inn of Freeport
2140 W. Navajo Drive
Freeport, IL 61032

Manor Court of Princeton
140 N. Sixth Street
Princeton, IL 61356

Hawthorne Inn of Princeton
140 N. Sixth Street
Princeton, IL 61356

Manor Court of Clinton
1 Park Lane West
Clinton, IL 61727

Hawthorne Inn of Clinton
1 Park Lane West
Clinton, IL 61727

Facilities operated by Pinnacle
Opportunities, Inc.

Chamness Square
340 Heritage Drive
Bourbonnais, IL 60914

Collins Square
145 South Crosswell Avenue
Bradley, IL 60915

Dearborn Court
520 South Dearborn Avenue
Kankakee, IL 60901

Eagle Court
1890 East Eagle Street
Kankakee, IL 60901

Gravlin Square
482 South Schuyler Street
Bradley, IL 60915

Hunt Terrace
1180 South Fourth Street
Kankakee, IL 60901

Kankakee Court
260 South Chicago Avenue
Kankakee, IL 60901

River Court
760 East River Street
Kankakee, IL 60901

Roy Court
362 Roy Street
Bourbonnais, IL 60914

Station Court
275 West Station Street
Kankakee, IL 60901

Facilities operated by Pioneer
Concepts, Inc.

Broadway Terrace
43 Broadway
Chicago Heights, IL 60411

Thornton CILA
27 Chippewa Drive
Thornton, IL 60476

Calumet City Terrace
1380 River Drive
Calumet City, IL 60409

Woodgate CILA
5861 Woodgate Drive
Matteson, IL 60443

Carole Lane Terrace
1641 Carole Lane
Sauk Village, IL 60411

Dolton Court
644 East Sheridan
Dolton, IL 60419

Flossmoor Terrace
3951 West 190th Street
Flossmoor, IL 60422

Holland Terrace
15175 State Street
South Holland, IL 60473

Lynwood Terrace
2317 East 207th Street
Lynwood, IL 60411

Matteson Court
237 Central Avenue
Matteson, IL 60443

Prairie House
1770 Sauk Trail
Sauk Village, IL 60411

Ravisloe Terrace
18227 Ravisloe
Country Club Hills, IL 60478

Spaulding Terrace
16307 Spaulding Avenue
Markham, IL 60426

Torrence Place
2601 223rd Street
Sauk Village, IL 60411

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---|---------------------------------------|
| <small>EXPIRES DATE</small> 06/01/2019 | <small>LIC. NUMBER</small> 0039016 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 4 BGBE |
| UNRESTRICTED | 4 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD IL 61101
EFFECTIVE DATE: 06/02/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | ID NUMBER |
|------------------------|---------------|
| 03/14/2019 | 0035071 |
| LONG TERM CARE LICENSE | CATEGORY BGBE |
| ICFDD - 16 | |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CASA WILLIS
910 WOODBURN AVENUE
STERLING IL 61081

EFFECTIVE DATE: 03/15/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | LIC. NUMBER |
|---------------------------------|---------------------|
| 04/10/2019 | 0033613 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BGBE 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT IL 61032

EFFECTIVE DATE: 04/11/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|--------------------|
| 06/01/2018 | 0039008 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BGBR 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

GLENWOOD VILLA
3247 GLENWOOD AVENUE
ROCKFORD IL 61101
EFFECTIVE DATE: 05/02/18

The face of this license has a colored background. Printed by Authority of the State of Illinois - 2/15

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | I.D. NUMBER |
|---------------------------------|---------------------|
| 05/02/2019 | 0033902 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY EGHR 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD IL 61103

EFFECTIVE DATE: 05/03/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes, rules and regulations and is hereby authorized to engage in the activities indicated herein.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|------------------------|------------|
| EXPIRES | ISSUE NO. |
| 05/25/2018 | 0038845 |
| LONG TERM CARE LICENSE | CATEGORY |
| UNRESTRICTED | B000 |
| UNRESTRICTED | TOTAL B000 |

BUSINESS ADDRESS

FRANCES HOUSE, INC.

FRANCES HOUSE

1041 N. WENONA

CHICAGO

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | IL NUMBER |
|---------------------------------|---------------------|
| 02/11/2019 | 0036970 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BGBE 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK IL 61046
EFFECTIVE DATE: 02/12/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16



State of Illinois 2208906

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

MIRAY D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES | CATEGORY | ISSUE NUMBER |
|-----------------------------|----------|--------------|
| 01/26/2010 | 803E | 8037747 |
| LONG TERM CARE LICENSE | | |
| ICFOD 016 | | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

FRANCS HOUSE, INC.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA

IL 61350

EFFECTIVE DATE: 01/29/10

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and the rules and regulations and is hereby authorized to engage in the activity as indicated herein.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

11/09/2018

0052720

| LONG TERM CARE LICENSE | CATEGORY | BQBE |
|------------------------|----------|------|
| ICFDD | 4 | |

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO IL 60064
EFFECTIVE DATE: 11/10/16

This form of the license fee is printed by the State of Illinois 5/16



State of Illinois 2209753

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR.

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|-------------------------------------|----------|-----------|
| 04/30/2018 | BGBE | 0033910 |
| LONG TERM CARE LICENSE ICFDD 016 | | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 05/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAR, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|--|
| <small>Expiration Date</small> 09/08/2018 | <small>License Number</small> 0052753 |
| LONG TERM CARE LICENSE | CATEGORY BGHE |
| TCFD 16 | |
| UNRESTRICTED | 16 TOTAL HEDS |

**BUSINESS ADDRESS
LICENSEE**

FRANCIS HOUSE, INC

**DINE TERRACE
2017 NORTH EINE STREET
WAKEGAN, IL 60087**

EFFECTIVE DATE: 09/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/14



State of Illinois 2209751

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | CATEGORY | ID. NUMBER |
|-------------------------------------|----------|------------|
| 04/10/2018 | BGBE | 0033621 |
| LONG TERM CARE LICENSE ICFDD 016 | | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 04/11/15

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|-------------------------------------|
| <small>EXPIRATION DATE</small> 06/01/2019 | <small>LO NUMBER</small> 0038992 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

**BUSINESS ADDRESS
LICENSER**

FRANCES HOUSE, INC.

**ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD IL 61101**

EFFECTIVE DATE: 06/02/17

The face of this license has a colored background. Printed by Authority of the State of Illinois 5/15

State of Illinois
Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

This is a record of registration and does not constitute a license. It is subject to the provisions of the Illinois State Board of Health and the regulations of the Department of Public Health.

06/30/2010 00000000

LONG PERRY HIRE LICENSE CATEGORY: HCBP
REGID: 16

UNRESTRICTED 15 normal hours

HUMAN SERVICES
LICENSEE

SPRINGS HOUSE, INC.

SPRINGS HOUSE
700 SOUTH AVENUE
MOLINE, ILL 61261

EXPIRES DATE 07/31/13

This record is for informational purposes only and does not constitute a license.

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES DATE | IL LICENSE NUMBER |
|---------------------------------|---------------------|
| 06/30/2019 | 0033936 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 16 BGBE |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SEBORG TERRACE
3024 ALIDA STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 07/01/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/15

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | | |
|------------------------|--------------|-----|
| EXPIRES | ISSUE | |
| 11/09/2018 | 0052738 | |
| LONG TERM CARE LICENSE | CATEGORY | AGE |
| ICFDD | 6 | |
| UNRESTRICTED | 6 TOTAL BEDS | |

BUSINESS ADDRESS
LICENSEE

FRANCIS HOUSE, INC

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO IL 60064
EFFECTIVE DATE: 11/10/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 9/16



State of Illinois 2207811

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | CATEGORY | ID. NUMBER |
|-------------------------------------|----------|------------|
| 08/30/2017 | BGBE | 0033944 |
| LONG TERM CARE LICENSE ICFDD 016 | | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SMITH SQUARE
7401 34TH AVENUE
MOLINE IL 61265

EFFECTIVE DATE: 08/30/15

The validity of this license has a limited background check by authority of the State of Illinois • 4/97 •

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|----------------|
| 05/25/2019 | 0033852 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

STERN SQUARE
1328 WEST 7TH STREET
STERLING IL 61081
EFFECTIVE DATE: 05/26/17

The face of the license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
 Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

The information is computerized and does not appear on this license. Information is provided in the Illinois State Register of Laws and Regulations and is hereby authorized to be used in the records being indicated below.

Issued Under the authority of
 The State of Illinois
 Department of Public Health

| | |
|------------------------|---------------|
| 08/30/2019 | 0053951 |
| LONG TERM CARE LICENSE | CATEGORY 508A |
| ICEDD | 16 |
| UNRESTRICTED | 16 TOTAL BBS |

BUSINESS ADDRESS
 LICENSEE

FRANCES HOUSE, INC
 STOFFER TERRACE
 440 SOUTH RICH STREET
 OREGON IL 61651
 EXPIRES DATE 07/01/17

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
the State of Illinois
Department of Public Health

| | | |
|---------------------------------|----------------------------|------|
| 11/09/2017 | 0052746 | |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 6 UNRESTRICTED | BCBE |
| 6 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN IL 60085
EFFECTIVE DATE: 11/10/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/16

State of Illinois
Department of Human Services

License No. 201300005S

Expires: March 31, 2020

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements

*Frances House, Inc.
285 S. Farnham St.
Galesburg, Illinois 61401*

Date of Issuance: April 1, 2016

Revised form 1/14/04

Felicia Stanton Dray
Bureau of Accreditation, Licensure and Certification

AUG 26 2016

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | ISS. NUMBER |
|-----------------------------------|----------------------|
| 04/14/2018 | 0047134 |
| LONG TERM CARE LICENSE SKILLED | CATEGORY BQBE 134 |
| UNRESTRICTED | 134 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF CLINTON
1 PARK LANE WEST
CLINTON IL 61727
EFFECTIVE DATE: 04/15/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Clinton

Address 1 Park Lane West

City/State/Zip Clinton, Illinois 61727

Number of
Units 21 Maximum Number of Residents 27

January 2, 2007
Effective Date



276

ATTACHMENT-12B

TOTAL P.02

Received Time Jan. 2, 2007 11:16AM No. 2475

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|--|
| <small>EXPIRATION DATE</small> 12/15/2017 | <small>LICENSE NUMBER</small> 0046839 |
| LONG TERM CARE LICENSE SKILLED | CATEGORY BGBE 117 |
| UNRESTRICTED | 117 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 12/16/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

| | | | |
|------------------------|---------------|-----------|----------|
| EXPIRES | 08/02/2019 | ISSUE NO. | 00047068 |
| LONG TERM CARE LICENSE | CATEGORY | BCHB | |
| SKILLED | 50 | | |
| UNRESTRICTED | 50 TOTAL BEDS | | |

BUSINESS ADDRESS OF LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA IL 61615
EFFECTIVE DATE 08/03/17

The face of this license has a colored background. Printed by Authority of the State of Illinois.

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

issued under the authority of
The State of Illinois
Department of Public Health

| | |
|-----------------------------------|----------------|
| 11/30/2017 | 0047316 |
| LONG TERM CARE LICENSE . CATEGORY | BGBE |
| SKILLED 104 SHELTERED | 26 |
| UNRESTRICTED | 130 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU

IL 61354

EFFECTIVE DATE: 12/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/16

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

(The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.)

NIKAY D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|-------------------------------------|
| <small>EXPIRATION DATE</small> 06/15/2019 | <small>LD NUMBER</small> 0041372 |
| LONG TERM CARE LICENSE | CATEGORY: HCBE |
| EXEMPTED: 125 | |
| UNRESTRICTED | 125 TOTAL BEDS |

**BUSINESS ADDRESS
LICENSEE**

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

**MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, ILL. 61356**

EFFECTIVE DATE: 06/16/17

The face of this license has a colored background. Printed by Authority of the State of Illinois 2/16

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Princeton

Address 140 North Sixth Street

City/State/Zip Princeton, Illinois 61356

Number of
Units 21 Maximum Number of Residents 27

January 29, 2007
Effective Date



**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | | LIC. NUMBER | |
|------------------------|----------------|-------------|--|
| 07/31/2018 | | 0046367 | |
| LONG TERM CARE LICENSE | CATEGORY | EGBE | |
| SKILLED | 80 SHELTERED | 60 | |
| UNRESTRICTED | 140 TOTAL BEDS | | |

**BUSINESS ADDRESS
LICENSEE**

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

**HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE IL 61832**

EFFECTIVE DATE: 08/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Healthcare and Family Services

**Supportive Living Program
Certification**

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Hawthorne Inn of Freeport

Address 2140 Navajo Drive

City/State/Zip Freeport, Illinois 61032

Number of Units 29 Maximum Number of Residents 37

Effective Date November 19, 2007

Rod R. Blagojevich, Governor

Barry S. Maram, Director



State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | ID NUMBER |
|--------------------------------------|---------------------|
| 02/07/2019 | 5100695 |
| Issued: 02/07/2017 Category: A14-A15 | |
| ASSISTED LIVING LICENSE | |
| Alzheimer Units | 13 Regular Units 39 |
| Total Units | 52 |

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PERU
1101 31ST ST.
PERU IL 61354

The face of this license has a colored background. Printed by Authority of the State of Illinois * 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | LE NUMBER |
|-----------------------------------|------------------|
| 02/28/2018 | 5100687 |
| Issued: 02/28/2017 Category: A-14 | |
| ASSISTED LIVING LICENSE | |
| Alzheimer Units 13 | Regular Units 39 |
| Total Units 52 | |

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PEORIA
5906 N. STALWORTH DR.
PEORIA IL 61615

The face of this license has a colored background. Printed by Authority of the State of Illinois - 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES DATE | TC NUMBER |
|--------------------------------------|-----------|
| 09/26/2018 | 5100885 |
| Issued: 09/26/2016 Category: A14-A15 | |
| ASSISTED LIVING LICENSE | |
| Floating Units | 30 |
| Total Units | 30 |

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF GENESEO
920 S. CHICAGO ST.
GENESEO IL 61254

The face of this license has a colored background. Printed by Authority of The State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAR, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | EX. NUMBER |
|-----------------------------------|---------------------|
| 09/20/2017 | 5100901 |
| Issued: 09/20/2016 Category: A-14 | |
| ASSISTED LIVING LICENSE | |
| Floating Units | 14 Regular Units 16 |
| Total Units | 30 |

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF STREATOR
2322 N. EASTWOOD DR.
STREATOR IL 61364

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/15

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or organization whose name appears on this certificate has complied with the provisions of the Illinois Statutes, regulations and rules and is hereby authorized to engage in the activity described below:

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|------------------------------------|---------------|
| 06/30/2018 | 0048017 |
| LONG TERM CARE LICENSE ICFDD 16 | CATEGORY BGBE |
| UNRESTRICTED | 16 TOTAL BEDS |

DIAGNOSTIC ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS IL 60914
EFFECTIVE DATE: 07/01/16

The term of this license was a calendar year, beginning on the first day of the month of July of the year 2016.

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois State Code and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | | | |
|------------------------|---------------|-----------|---------|
| EXPIRES | 06/30/2018 | ISSUE NO. | 0048009 |
| LONG TERM CARE LICENSE | ICFDD | CATEGORY | BGBE |
| | 16 | | |
| UNRESTRICTED | 16 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY IL 60915

EFFECTIVE DATE: 07/01/16

The face of this license has a criminal background, obtained by Authority of the State of Illinois • 2/16

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--------------------------------------|-------------------------------------|
| <small>EXPIRES</small> 09/30/2018 | <small>ISSUE NO.</small> 0043208 |
| LONG TERM CARE LICENSE | CATEGORY |
| ICFDD | 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

**DEARBORN COURT
520 SOUTH DEARBORN AVENUE
KANKAKEE IL 60901
EFFECTIVE DATE: 10/01/16**

The face of this license has a colored background. Printed by Authority of the State of Illinois 5/16

State of Illinois
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
 DIRECTOR

Issued under the authority of
 The State of Illinois
 Department of Public Health

| | |
|---------------------------------|--------------------|
| EXPIRES | ISSUE# |
| 12/08/2018 | 0043224 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BQBE 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
 LICENSEE

PINNACLE OPPORTUNITIES, INC.

EAGLE COURT
 1890 EAST EAGLE STREET
 KANKAKEE IL 60901
 EFFECTIVE DATE: 12/09/16

The face of this license has a colored background. Printed by authority of the State of Illinois • 5/16



State of Illinois 2209164

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

RAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| ISSUANCE DATE | CATEGORY | EXPIRES |
|------------------------------------|----------|---------|
| 02/06/2018 | 868E | 0047905 |
| LONG TERM CARE LICENSE ICFD 016 | | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

HUNT TERRACE
1100 SOUTH FOURTH STREET
KANKAKEE IL 60901

EFFECTIVE DATE: 02/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/07



State of Illinois 2209159

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

STRAV D. SMITH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES | CATEGORY | ISSUE NO. |
|---------------------------------|----------|-----------|
| 02/08/2018 | 062E | 0043257 |
| LONG TERM CARE LICENSE ICFDD | | |
| UNRESTRICTED - 000 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANKAKEE, IL 60901

EFFECTIVE DATE: 02/07/16

The face of this license has a colored background. Printed by authority of the State of Illinois - 4/97

State of Illinois
Department of Human Services

License No: 2011000045

Expires: November 30, 2018

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements.

Pinnacle Opportunities, Inc.

285 South Farnham

Galesburg, Illinois 61401

FEDN: 504143698

Date of Issuance: December 1, 2015

Exam form 618605

J. Lewis Stanton, Director
Bureau of Accreditation, Licensure and Certification



State of Illinois 2208517

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DIRA V. D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
the State of Illinois
Department of Public Health

| EXPIRES | AGENCY | IL NUMBER |
|-------------------------------------|--------|-----------|
| 10/09/2017 | 069E | 0043315 |
| LONG TERM CARE LICENSE ICFDD 004 | | |
| UNRESTRICTED 004 TOTAL BEDS: | | |

BUSINESS ADDRESS

LICENSEE

PINNACLE OPPORTUNITIES, INC.

RIVER COURT
760 EAST RIVER STREET
KANKAKEE IL 60901

Effective Date: 10/09/15
No fee for license fee - Initial background check by authority of the State of Illinois - 2017

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health.

| | |
|---------------------------------|--------------------|
| 12/09/2018 | 0043331 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 6 BGBE |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

ROY COURT
362 ROY STREET
BOURBONNAIS IL 60914
EFFECTIVE DATE: 12/10/16

The face of this license has a colored background. Released by Authority of the State of Illinois 2/10

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|---------------|
| 10/08/2018 | 0043356 |
| LONG TERM CARE LICENSE ICPDD | CATEGORY 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PINNACLE OPPORTUNITIES, INC.

STATION COURT
275 WEST STATION STREET
KANKAKEE IL 60901
EFFECTIVE DATE: 10/09/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|--------------------------|
| <small>EXPIRATION DATE</small> | <small>LD NUMBER</small> |
| 04/23/2018 | 0043182 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BGBE 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS

LICENSEE

PIONEER CONCEPTS, INC.

**BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS IL 60411**

EFFECTIVE DATE: 04/24/16

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97

**State of Illinois
Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|----------------------|
| 09/01/2017 | 0043190 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

**BUSINESS ADDRESS
LICENSEE**

PIONEER CONCEPTS, INC.

**CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY IL 60409
EFFECTIVE DATE: 09/02/16**

The face of this license has a colored background printed by authority of the State of Illinois - 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES DATE | ID NUMBER |
|---------------------------------|---------------------|
| 03/31/2019 | 0047977 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 16 BGBE |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE IL 60411
EFFECTIVE DATE: 04/01/17

The face of this license has a colored background. Printed by Authority of the State of Illinois • S/16.

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and the rules and regulations that govern a business or engage in the activity as indicated herein.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|--------------------|
| 09/01/2018 | 0043216 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 4 BOBE |
| UNRESTRICTED | 4 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

DOLTON COURT
644 SHERIDAN AVENUE
DOLTON

IL 60419

EFFECTIVE DATE: 09/02/16

The fee of this license has been paid in full. Printed by authority of the State of Illinois - 5/18

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

State of Illinois
Department of Public Health

08/19/2018

0043232

LONG TERM CARE LICENSE CATEGORY BGBE
ICFDD 4

UNRESTRICTED 4 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR IL 60422

EFFECTIVE DATE: 08/20/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|--|-------------------------------------|
| <small>EXPIRATION DATE</small> 08/06/2018 | <small>IL NUMBER</small> 0043240 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY BGRB 16 |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND IL 60473
EFFECTIVE DATE: 08/07/17

The face of this license has a colored background. Printed by Authority of the State of Illinois 4/5/16

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|----------------------|
| EXPIRES ON | ISSUE NO. |
| 10/01/2018 | 0043273 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY - BGBE 6 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD IL 60411

EFFECTIVE DATE: 10/02/16

The face of this license has a colored background printed by authority of the State of Illinois - 3/78

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes, rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAH, M.D., J.D. Issued under the authority of
DIRECTOR The State of Illinois
Department of Public Health

| | |
|------------------------------------|---------------|
| 06/30/2018 | 0043281 |
| LONG TERM CARE LICENSE ICFDD 16 | CATEGORY BGBE |
| UNRESTRICTED | 16 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE
PIONEER CONCEPTS, INC.

MATTESON COURT
237 CENTRAL AVENUE
MATTESON IL 60443
EFFECTIVE DATE: 07/01/16

The face of this license has a color-coded background that may be Authority of the State of Illinois • 3/78

State of Illinois
Department of Human Services

License No. 201300003S

Expires: March 31, 2017

The person, firm or corporation whose name appears on this license has complied with the required provisions of Illinois Statutes and Rules and is hereby authorized to provide Community Integrated Living Arrangements

Pomeroy Center, Inc.
200 S. Franklin St.
Galesburg, Illinois 61201

FELIX M. DRAY

Director of Licensure: April 2, 2015

8-14-14/14

FELIX M. DRAY
Director of Licensure, Planning and Compliance



State of Illinois 2209453

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

SIRAV D. SHAM, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRES | CATEGORY | IC NUMBER |
|-----------------------------|----------|-----------|
| 03/31/2018 | BSSE | 0048025 |
| LONG TERM CARE LICENSE | | |
| ICFDD 016 | | |
| UNRESTRICTED D16 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL 62551
EFFECTIVE DATE: 04/01/18

This file of this license has a colored background. Printed by Authority of the State of Illinois • 487 •

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and all rules and regulations and is hereby authorized to engage in the activity as mentioned below.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|----------------------------|
| 10/01/2018 | 0043307 |
| LONG TERM CARE LICENSE ICFDD | CATEGORY 6 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIIONEER CONCEPTS, INC.

RAVISLOE TERRACE
18227 RAVISLOE
CENTRY CLOB HILLS IL 60478
EFFECTIVE DATE: 10/02/16

The face of this license has a criminal background. Provided by Authority of the State of Illinois - SPB

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated herein.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| | |
|---------------------------------|---------------|
| ISSUANCE DATE | ISSUE NUMBER |
| 10/01/2018 | 0043349 |
| LONG TERM CARE LICENSE ICEDB | CATEGORY 5 |
| UNRESTRICTED | 6 TOTAL BEDS |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARRHAM IL 60426
EFFECTIVE DATE: 10/02/16

The face of this license has a related background. Printed by Authority of the State of Illinois • 5/16



State of Illinois 2207890

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

NIRAV D. SHAM, M.D., J.D.
DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

| EXPIRATION DATE | CATEGORY | TS NUMBER |
|-----------------------------|----------|-----------|
| 10/01/2017 | BGBE | 0043364 |
| LONG TERM CARE LICENSE | | |
| ICFDD | 016 | |
| UNRESTRICTED 016 TOTAL BEDS | | |

BUSINESS ADDRESS
LICENSEE

PIONEER CONCEPTS, INC.

TORRENCE PLACE
3601 223RD STREET
SAUK VILLAGE, IL 60411
EFFECTIVE DATE: 10/02/15

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ii

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (<http://hfsrb.illinois.gov>) and click on “Health Facilities Inventories & Data”.

According to the May 3, 2017 Update to the 2015 Inventory of Health Care Facilities and Services and Need Determinations, the Board’s website (hard copy appended as **ATTACHMENT-13A**) identifies an excess of 27 beds.

2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.

Through the signing of this application, the Applicant attests that the primary purpose of this project is to serve primarily the residents of Ogle County.

3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

Appended as **ATTACHMENT-13B**, are four (4) hospital referral letters providing both historical and projected referrals. Collectively, these hospitals have identified 1,131.5 referrals made to area nursing facilities in the most recent 12-month period. These letters also indicate their willingness to make 307.2 potential referrals to Manor Court of Rochelle each year for the first two years after project completion.

It should be noted that the projected (anticipated) referrals are well within the number of historical referrals made and are more than enough to fill the proposed project’s beds. Of the four letters received, three of the letters only submitted referrals that were sent out, for which the patients originated from within and around Rochelle. The fourth letter, from Northwestern Medicine's Kishwaukee Hospital in DeKalb, provided patient origin for all of its historical referrals and only historical patients from a conservative radius of 12 miles of Rochelle were

ATTACHMENT-13

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued iii*

used as referrals to support the project. What each of the referral sources have in common is the understanding that there is no alternative in Rochelle, and that many families chose to send loved ones to facilities outside of the community at significant inconveniences and cost. It is the identified referrals that are the methodology of support for this project. However, those numbers only scratch the surface of the real situation in Rochelle considering lack of modern amenities and provider choice. This project is being proposed to allow Rochelle and the immediate area an alternative so that residents can stay in their community.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

5/3/2017

CALCULATED BED NEEDS

| Planning Area | Calculated Beds Needed | Approved Beds | Additional Beds Needed or Excess Beds () |
|---|---------------------------|------------------|--|
| LONG-TERM CARE NURSING CARE BED NEED | | | |
| HEALTH SERVICE AREA 1 | | | |
| Boone | 360 | 279 | 81 |
| Carroll | 131 | 155 | (24) |
| DeKalb | 768 | 742 | 26 |
| Jo Daviess | 177 | 147 | 30 |
| Lee | 275 | 353 | (78) |
| Ogle | 538 | 565 | (27) |
| Stephenson | 581 | 646 | (65) |
| Whiteside | 595 | 819 | (224) |
| Winnebago | 2098 | 2220 | (122) |
| HEALTH SERVICE AREA 2 | | | |
| Bureau/Putnam | 378 | 377 | 1 |
| Fulton | 455 | 603 | (148) |
| Henderson/Warren | 164 | 218 | (54) |
| Knox | 740 | 916 | (176) |
| LaSalle | 1208 | 1256 | (48) |
| McDonough | 341 | 360 | (19) |
| Marshall/Stark | 300 | 427 | (127) |
| Peoria | 1483 | 1608 | (125) |
| Tazewell | 1111 | 1256 | (145) |
| Woodford | 580 | 593 | (13) |
| HEALTH SERVICE AREA 3 | | | |
| Adams | 1079 | 1294 | (215) |
| Brown/Schuyler | 147 | 179 | (32) |
| Calhoun/Pike | 264 | 337 | (73) |
| Cass | 153 | 150 | 3 |
| Christian | 373 | 427 | (54) |
| Greene | 115 | 119 | (4) |
| Hancock | 150 | 184 | (34) |
| Jersey | 323 | 369 | (46) |
| Logan | 371 | 446 | (75) |
| Macoupin | 523 | 704 | (181) |
| Mason | 120 | 164 | (44) |
| Menard | 114 | 106 | 8 |
| Montgomery | 382 | 480 | (98) |
| Morgan/Scott | 465 | 551 | (86) |
| Sangamon | 1162 | 1275 | (113) |

May 3, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Northwestern Medicine Kishwaukee Hospital supports the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 12 months, Northwestern Medicine Kishwaukee Hospital transferred 827 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients. Patient referrals have not been used to support another pending or approved CON application.

We have experienced times when placement of patients in the existing complement of skilled nursing facilities in the area is difficult and welcome an additional area provider that would accept those patients.

As Northwestern Medicine Kishwaukee Hospital is one of the area hospitals used by residents of Rochelle and their surrounding communities, we look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

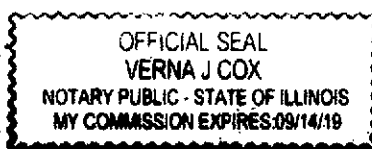


Jay Anderson
President
Northwestern Medicine Kishwaukee Hospital
Northwestern Medicine Valley West Hospital

State of Illinois
County of Knox

Sworn to before me this
3rd day of May, 2017


Notary Public



ATTACHMENT-13B

Number of Patients Referred to Skilled Nursing Facilities
from Northwestern Medicine Kishwaukee Hospital,

May 2016 – April 2017

| SNF | SKILLED NURS (cont.) | NURS RANK | | COUNT | | PAT | E |
|-----|----------------------|-----------|-----|-------|-----|-----|-----|
| | | PAT | LOS | REN | DIF | | |
| SNF | SKILLED NURSING FACI | | | | | | |
| | 30240 | | | | | 1 | 1 |
| | 51040 | | | | | 1 | 1 |
| | 60013-1845 | | | | | | 1 |
| | 60101 | | | | | 2 | 2 |
| | 60109 | | | | | | 3 |
| | 60111 | | | | | 1 | 1 |
| | 60112 | | | | | 7 | 8 |
| | 60112-0159 | | | | | 1 | 1 |
| | 60113 | | | | | 2 | 2 |
| | 60115 | | | | | 303 | 149 |
| | 60115-0667 | | | | | | 1 |
| | 60115-2056 | | | | | 1 | 1 |
| | 60115-4103 | | | | | | 1 |
| | 60115-4467 | | | | | 1 | 1 |
| | 60115-4744 | | | | | 3 | 3 |
| | 60115-9103 | | | | | | 1 |
| | 60119 | | | | | 2 | 2 |
| | 60124 | | | | | 2 | 2 |
| | 60129 | | | | | 3 | 3 |
| | 60135 | | | | | 13 | 11 |
| | 60136 | | | | | 2 | 2 |
| | 60140 | | | | | 1 | 4 |
| | 60140-0053 | | | | | 1 | 1 |
| | 60146 | | | | | 4 | 7 |
| | 60146 | | | | | 1 | 1 |
| | 60146-8803 | | | | | | 2 |
| | 60150 | | | | | 5 | 7 |
| | 60150-0246 | | | | | | 1 |
| | 60151 | | | | | 1 | 1 |
| | 60175 | | | | | 1 | 1 |
| | 60178 | | | | | 99 | 53 |
| | 60178-9008 | | | | | 1 | 1 |
| | 60436 | | | | | 1 | 1 |
| | 60505 | | | | | 2 | 2 |
| | 60518 | | | | | 2 | 2 |
| | 60520 | | | | | 1 | 1 |
| | 60530 | | | | | | 1 |
| | 60531 | | | | | 3 | 1 |
| | 60536 | | | | | | 1 |
| | 60548 | | | | | 9 | 8 |
| | 60548-1156 | | | | | 1 | 1 |
| | 60548-2574 | | | | | | 1 |
| | 60550 | | | | | 13 | 12 |
| | 60551 | | | | | 1 | 1 |
| | 60552 | | | | | 3 | 3 |
| | 60553 | | | | | | 2 |
| | 60556 | | | | | 8 | 1 |
| | 60560 | | | | | | 1 |

Note: "PAT" column refers to the total number of patients referred May 2016 through April 2017

ATTACHMENT-13B



SAINT ANTHONY MEDICAL CENTER

April 18, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

OSF Saint Anthony Medical Center recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

OSF Saint Anthony Medical Center transferred patients to multiple existing skilled care facilities throughout the region. We estimate the number of patients OSF Saint Anthony Medical Center refers annually to the Rochelle and surrounding communities that need skilled care averages 193 patients annually. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As one of the major acute care hospitals in Rockford, Illinois, OSF Saint Anthony Medical Center look forward to working with you to provide smooth and excellent transitions of care for patients from our facility to yours. We commend your efforts to improve the quality of care and quality of life for those served in the Rochelle community.

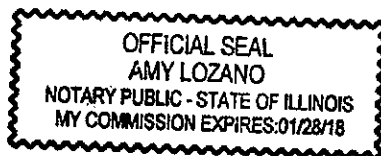
If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski, MS, RN, NEA-BC, FACHE
President

Date Notary

April 19, 2017
Amy Lozano





900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

April 24, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, Illinois 61401

Re: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rochelle Community Hospital recommends the establishment project which is proposed for Liberty Village of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

Within the past 24 months, Rochelle Community Hospital transferred 163 patients to existing skilled care facilities. Of these patients, 90% reside in Rochelle Community Hospital's primary market.

We estimate that 80% of these patients have the potential to be referred from Rochelle Community Hospital to Liberty Village of Rochelle over a 24 month period. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

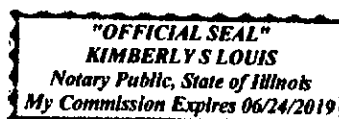
As Rochelle Hospital is the primary hospital used by residents of Rochelle and the surrounding communities, we could realistically anticipate a potential increased relationship and look forward to working with you. We appreciate your efforts to keep Rochelle residents in their community and improve the quality of care to those you serve.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Mark J. Batty
Chief Executive Officer

Kimberly S. Louis
Notary



ATTACHMENT-13B



Mercyhealth Campus
1000 Mineral Point Ave.
Janesville, WI 53548
MercyHealthSystem.org

April 26, 2017

John Kniery, President
Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

RE: Proposed Nursing Facility, Rochelle, Ogle County, Illinois

Dear Mr. Kniery:

Rockford Memorial Hospital ("RMH") recommends the establishment project which is proposed for Manor Court of Rochelle, in Rochelle, Illinois. We support your application for CON Board approval.

We estimate the number of patients that RMH will refer annually within a 24-month period after the project completion to Manor Court of Rochelle will be an average of 30 patients per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As RMH is one of the major acute care hospitals (Non-Critical Access) in the area, we are sought after or are the preferred choice for treatment of strokes, major trauma, orthopedic injuries, spinal cord injuries, joint replacements, head injuries, pulmonary issues, heart disease, cancer, neuro-muscular disorders and severe arthritis. As such, we anticipate, a potential increased relationship, and look forward to working with you. We commend your efforts to bring Rochelle residents back to their community, improve the quality of care and quality of life for those to be served.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paul Van Den Heuvel
Vice President of Legal Affairs & General Counsel

*Notarized
Subscribed & Sworn before me
30 April, 2017
Christopher Davis*



SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iv

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**
- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**
- 1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.

Appended as **ATTACHMENT-13B** are four (4) area hospital referral letters identifying 1131.5 annual referrals that they have made to area nursing homes for the most recent two years.

These historical referrals break out as follows:

Mercyhealth - Rockford Memorial Hospital - 60 historical referrals for the Rochelle Area are identified.

Northwestern Medicine – 827 historical referrals in the past 12 months, based upon patient zip code information, 19 from within a 12-mile radius of Rochelle, Illinois. Only these historical 19 were used to support the project.

OSF Saint Anthony Medical Center – refers 193 patients annually to Rochelle and surrounding communities.

Rochelle Community Hospital - has referred 163 patients to existing skilled care facilities and 80% of that total is expected to be referred to the proposed project. All but 10 percent of the total referrals are derived from the hospital's service area.

Cumulatively, these four referral sources identified 1131.5 historical referrals made, of which 307.2 referrals had origins of Rochelle and its immediate service area.

ATTACHMENT-14

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued v*

2. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used.

The hospital referral letters appended in **ATTACHMENT-13B** use the historical referrals to area facilities as their basis of making projections. Specifically, these referral sources have identified the referrals that have come to them from the Rochelle area. In the case of Northwestern Medicine's Kishwaukee Hospital, the referrals were identified by the historical referrals that were derived from within a 12-mile radius of Rochelle (Applicant's proposed site). Individually, it should be noted that the hospitals/physicians reviewed their patient files, and to the level that the information was available or allowed, were able to make conservative projections of referrals to the proposed project. It should be noted that the source estimated an allowance for increased patient load which is inevitable with the substantially growing 65+ age cohort.

3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note:

- The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.
- The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion.
- Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address.

The referral resources have identified 1,131.5 historical referrals tied to the Rochelle community/service area. These letters indicate that they will refer annually for the next two years, should the service be available, 307.2 referrals. This does not include that the health

ATTACHMENT-14

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vi

care providers are facing a substantial increase in the 65+ age cohort within the area and their practices. It does not include that their respective practices have been, and are expected to continue, growing. The chart provided herein illustrates that both the Ogle County Planning area and the PSA (20-minute travel time) have substantial aging of their respective populations. As the rules only allow referrals to look backwards to historical referrals, this high growth rate of the 65+ age cohort provide a further indicator of need for the project.

| 65+Population by Counties and Service Area | | | | | |
|---|-------------|-------------|-----------------|-------------|-----------------|
| | <u>2015</u> | <u>2020</u> | <u>% Change</u> | <u>2025</u> | <u>% Change</u> |
| Ogle County 65+ | 9,388 | 10,921 | 16.4% | 12,690 | 16.1% |
| DeKalb County 65+ | 11,625 | 13,447 | 15.7% | 15,570 | 15.8% |
| Lee County 65+ | 6,167 | 6,853 | 11.1% | 7,707 | 12.5% |
| | | <u>2017</u> | | <u>2022</u> | <u>% Change</u> |
| Rochelle 20-Mile Radius 65+ | | 19,640 | | 22,327 | 13.7% |

Source: County Population from IDPH demographic data and Service Area data from Scan/US

The referral letters each state that the referrals have not been used to justify or support another Certificate of Need application. Moreover, the number of historical referrals alone adequately addresses meeting and obtaining the optimal use rate of 90 percent.

Each referral letter has the required notarized signature, name and address.

4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.

Please note that each referral letter states that its patients' referrals have not been used to support any other pending or approved CON application for this area. Refer to **ATTACHMENT-13B.**

5. If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

This item is not germane.

ATTACHMENT-14

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vii

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

- o The absence of the proposed service within the planning area;

This item does not address service restrictions within Ogle County.

- o Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;

Three area facilities have access limitations due to payer status for individuals with LTC coverage through Medicaid. Bethany Health Care and Rehab Center in DeKalb is licensed for 90 nursing beds, of which only 7 beds are dual Medicare and Medicaid Certified, and no additional beds are Medicaid Certified. Eighty-three beds are not accessible to the Medicaid Population from this facility. Oak Crest/DeKalb in DeKalb is licensed for 73 nursing beds, of which no beds are certified for Medicaid. Prairie Crossing Living & Rehabilitation is a 91-bed all private pay facility without Medicare or Medicaid beds. These facilities present significant access limitations; 21.1% (247 beds) of all beds are not accessible to the Medicaid population.

- o Restrictive admission policies of existing providers; or

There are four facilities within the identified service area that appear to have restrictive admission policies due to high rates of a specialized population, as compared to a more general geriatric population. Specifically, Rochelle Rehab & Health Center, a 50-bed nursing facility, has 50% of its total resident compliment as Mentally Ill (MI). Likewise, Rochelle Gardens Care Center (74-beds), DeKalb County Rehab & Nursing (190-beds) and Bethany Health Care & Rehab Center (90-beds) have 92.3%, 36% and

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued VIII

38.3% of their respective total resident compliment as MI. The reality is that an MI population is typically younger, less physically frail and more mobile. This is starkly opposite of the more traditional geriatric population. This difference is important as the populations require different services, staffing, and activities. Even more importantly, an older more frail population is more vulnerable to abuse, where a more MI population is less susceptible to physical abuse but potentially more in danger to being exploited. These two distinct populations need to be catered to differently and separately. Therefore, with such high percentages of specific (MI) populations, especially in the two Rochelle nursing facilities, there is restrictive admissions for the general geriatric populations.

- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

This item is not germane to the project.

2. Additional documentation required:

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

- a. The location and utilization of other planning area service providers;

Appended as **ATTACHMENT-10B**, is a listing of the names and locations of the other planning area service providers. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT- 17A**.

- b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a service, and as a result there are no existing residents, location information by zip code is not germane.

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ix

c. Independent time-travel studies;

Refer to **ATTACHMENT-17B** for a summary listing of the independent time-travel studies. The individual MapQuest travel-time studies are appended as **ATTACHMENT-10D**.

d. Certification of a waiting list;

As the proposed project is for the establishment of a service, and as a result there are no existing residents, a wait list is not germane.

e. Admission restrictions that exist in area providers;

There appears to be four area facilities with high percentages of MI populations. This is documented by the IDPH facility profiles for these respective facilities, appended as **ATTACHMENT-17C**, which self-report total residents diagnosed as MI and total residents reported as sex offenders.

f. An assessment of area population characteristics that document that access problems exist;

Appended as **ATTACHMENT-10E**, is a market study performed by Laurel Research Associates, Inc. This study found that in the next five years, as set forth by rule, that there will be a strong need for additional beds and services in Rochelle. This need around Rochelle is stronger than looking at the County (Ogle) by itself. The study also presumes that all nursing beds are equal, meaning the need assumes first that the existing beds would be fully utilized. Finally, this project only in part addresses the projected outstanding need and is therefore rather conservative in nature.

g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued x*

Appended as **ATTACHMENT-17D** is a copy of the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for Ogle County Planning Area.

ATTACHMENT-17

Manor Court of Rochelle
20-Mile Market Radius
Utilization Data

2015 PROFILE DATA

| FACID | FACNAME | ADDRESS | # of Licensed Nursing Beds | Peak Beds Set-up | Nursing Patient Days | Nursing Occupancy | Set-Up NRSO Occupancy | Admissions | ALOS |
|---------|--|----------------------------|----------------------------|------------------|----------------------|-------------------|-----------------------|--------------|--------------|
| 6014872 | Bethany Hlth Care & Rehab Ctr. | 3298 Resource Parkway | 90 | 90 | 27,252 | 82.96% | 82.96% | 206 | 132.3 |
| 6015630 | Dekalb County Rehab & Nursing | 2600 N. Annie Glidden Road | 190 | 190 | 61,654 | 88.90% | 88.90% | 219 | 281.5 |
| 6003305 | Franklin Grove Nursing Center (1) | 502 N. State St | 121 | 121 | 32,999 | 74.72% | 74.72% | 127 | 259.8 |
| 6006514 | Neighbors Rehab Ctr (2) | 811 W 2nd St | 101 | 101 | 26,620 | 72.21% | 72.21% | 93 | 286.2 |
| 6006738 | Oak Crest/Dekalb (3) | 2944 Greenwood Acres Drive | 73 | 73 | 26,154 | 98.16% | 98.16% | 177 | 198.2 |
| 6009989 | Oregon Healthcare Center (4) | 811 South 10th Street | 104 | 104 | 24,868 | 65.51% | 65.51% | 55 | 452.1 |
| 6007413 | Pine Acres Care Center (5) | 1212 South Second Street | 119 | 115 | 30,106 | 69.31% | 71.72% | 132 | 228.1 |
| 6007447 | Pinecrest Manor | 414 South Wesley Avenue | 125 | 125 | 41,010 | 89.88% | 89.88% | 166 | 247.0 |
| 6008502 | Prairie Crossing Living & Rehabilitation (6) | 4 South Sequoia St | 91 | 91 | 23,273 | 70.07% | 70.07% | 47 | 495.2 |
| 6008098 | Rochelle Gardens Care Center (7) | 1021 North Caron Road | 74 | 74 | 21,967 | 81.33% | 81.33% | 32 | 686.5 |
| 6008106 | Rochelle Rehab & Health Center (8) | 900 North 3rd Street | 50 | 50 | 14,478 | 79.33% | 79.33% | 84 | 172.4 |
| | | | 1,138 | 1,134 | 330,381 | 79.54% | 79.82% | 1,338 | 253.6 |

- (1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (2) D1/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
- (3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
- (4) 2015 profile name: Oregon Living & Rehab Center
- (5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (6) Formerly Shabbona Nursing Home (1984 Inventory); 2D11-2015 profiles address: 409 West Comanche Street
- (7) formerly Rochelle Manor (1984 Inventory)
- (8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services
 Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)
 American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates
 Microsoft MapPoint 2009

Manor Court of Rochelle
20-Mile Market Radius
Travel Times

| FACID | FACNAME | ADDRESS | CITY | ZIP | 2015 PROFILE DATA | Drive Distance | Drive Time |
|---------|--|----------------------------|----------------|------------|-------------------------------|-------------------|---------------|
| | | | | | # of Licensed Nursing Beds | | |
| 6014872 | Bethany Hlth Care & Rehab Ctr. | 3298 Resource Parkway | Dekalb | 60115 | 90 | 21.1 | 32 |
| 6015630 | Dekalb County Rehab & Nursing | 2600 N. Annie Glidden Road | Dekalb | 60115-0000 | 190 | 18 | 26 |
| 6003305 | Franklin Grove Nursing Center (1) | 502 N. State St | Franklin Grove | 61031-0000 | 121 | 16.7 | 20 |
| 6006514 | Neighbors Rehab Ctr (2) | 811 W 2nd St | Byron | 61010-0000 | 101 | 22.6 | 28 |
| 6006738 | Oak Crest/Dekalb (3) | 2944 Greenwood Acres Drive | Dekalb | 60115-0000 | 73 | 21 | 32 |
| 6009989 | Oregon Healthcare Center (4) | 811 South 10th Street | Oregon | 61061-0000 | 104 | 19 | 25 |
| 6007413 | Pine Acres Care Center (5) | 1212 South Second Street | Dekalb | 60115-0000 | 119 | 18.4 | 28 |
| 6007447 | Pinecrest Manor | 414 South Wesley Avenue | Mount Morris | 61054-0000 | 125 | 23.9 | 31 |
| 6008502 | Prairie Crossing Living & Rehabilitation (6) | 4 South Sequoia St | Shabbona | 60550-0000 | 91 | 22.5 | 26 |
| 6008098 | Rochelle Gardens Care Center (7) | 1021 North Caron Road | Rochelle | 61068-0000 | 74 | 2.2 | 3 |
| 6008106 | Rochelle Rehab & Health Center (8) | 900 North 3rd Street | Rochelle | 61068-0000 | 50 | 1.9 | 4 |
| | | | | | 1,138 | | |

- (1) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (2) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 585
- (3) Formerly Oak Crest/DeKalb Area Ret. Center (1984 Inventory)
- (4) 2015 profile name: Oregon Living & Rehab Center
- (5) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (6) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
- (7) formerly Rochelle Manor (1984 Inventory)
- (8) formerly Rochelle Nursing and Rehabilitation Center (1984 Inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development

www.mapquest.com

Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services

Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services

Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)

American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

Microsoft MapPoint 2009

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 BETHANY REHAB & HEALTHCARE CENTER DEKALB

BETHANY REHAB & HEALTHCARE CENTER
 3206 RESOURCE PARKWAY
 DEKALB, IL 60115

Reference Numbers: 8014872
 Facility ID: 001
 Health Service Area: 037
 Planning Service Area: 037
 County: DeKalb

ADMISSION RESTRICTIONS

| ADMISSION RESTRICTIONS | RESTRICTED | UNRESTRICTED |
|---------------------------------|------------|--------------|
| Aggravated/Anti-Social | 0 | 0 |
| Chronic Alcoholism | 0 | 0 |
| Developmentally Disabled | 1 | 0 |
| Drug Addiction | 0 | 0 |
| Medicaid Recipient | 0 | 0 |
| Medicare Recipient | 0 | 0 |
| Mental Illness | 1 | 0 |
| Non-Ambulatory | 0 | 0 |
| Non-Nursing | 0 | 0 |
| Public Aid Recipient | 0 | 0 |
| Under 65 Years Old | 0 | 0 |
| Unable to Self-Medicate | 0 | 0 |
| Verbal/Dependent | 1 | 0 |
| Contact Person and Telephone | 0 | 0 |
| Infectious Disease w/ Isolation | 0 | 0 |
| Other Restrictions | 0 | 0 |
| No Residents | 0 | 0 |
| TOTALS | 3 | 0 |

Note: Reported restrictions created by 1/1/2015

ADMISSIONS AND DISCHARGES - 2015

| DATE QUESTIONNAIRE COMPLETED | 5/3/2015 | 6/2/2015 | 7/2/2015 | 8/2/2015 | 9/2/2015 | 10/2/2015 | 11/2/2015 | 12/2/2015 | TOTAL |
|------------------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-------|
| Residents on 1/1/2015 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 |
| Total Admissions 2015 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 |
| Total Discharges 2015 | 207 | 207 | 207 | 207 | 207 | 207 | 207 | 207 | 207 |
| Residents on 12/31/2015 | 81 | 81 | 81 | 81 | 81 | 81 | 81 | 81 | 81 |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|-----------|
| Asian | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 8 | 0 | 0 | 0 | 8 |
| Hispanic/Pacific Isl. | 0 | 0 | 0 | 0 | 0 |
| White | 75 | 0 | 0 | 0 | 75 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 83 | 0 | 0 | 0 | 83 |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other | Private Insurance | Private Pay | Charity | TOTAL |
|------------------|-----------|-----------|----------|-------------------|-------------|----------|-----------|
| Nursing Care | 18 | 45 | 0 | 0 | 10 | 0 | 73 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 18 | 45 | 0 | 0 | 10 | 0 | 73 |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|-----------|
| Asian | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 8 | 0 | 0 | 0 | 8 |
| Hispanic/Pacific Isl. | 0 | 0 | 0 | 0 | 0 |
| White | 75 | 0 | 0 | 0 | 75 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 83 | 0 | 0 | 0 | 83 |

ETHNICITY

| ETHNICITY | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|-----------|
| Hispanic | 4 | 0 | 0 | 0 | 4 |
| Non-Hispanic | 77 | 0 | 0 | 0 | 77 |
| Ethnicity Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 81 | 0 | 0 | 0 | 81 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTALS |
|------------|-----------|--------------|-------------------|-------------|---------|-----------|
| 44.0% | 28.1% | 0.0% | 18.7% | 11.2% | 0.0% | 100.0% |
| \$,972,867 | 2,154,278 | 0 | 1,478,408 | 858,232 | 0 | 7,463,785 |

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 BETHANY REHAB & HEALTHCARE CENTER DEKALB

BETHANY REHAB & HEALTHCARE CENTER
 3206 RESOURCE PARKWAY
 DEKALB, IL 60115

Reference Numbers: 8014872
 Facility ID: 001
 Health Service Area: 037
 Planning Service Area: 037
 County: DeKalb

ADMISSION RESTRICTIONS

| ADMISSION RESTRICTIONS | RESTRICTED | UNRESTRICTED |
|---------------------------------|------------|--------------|
| Aggravated/Anti-Social | 0 | 0 |
| Chronic Alcoholism | 0 | 0 |
| Developmentally Disabled | 1 | 0 |
| Drug Addiction | 0 | 0 |
| Medicaid Recipient | 0 | 0 |
| Medicare Recipient | 0 | 0 |
| Mental Illness | 1 | 0 |
| Non-Ambulatory | 0 | 0 |
| Non-Nursing | 0 | 0 |
| Public Aid Recipient | 0 | 0 |
| Under 65 Years Old | 0 | 0 |
| Unable to Self-Medicate | 0 | 0 |
| Verbal/Dependent | 1 | 0 |
| Contact Person and Telephone | 0 | 0 |
| Infectious Disease w/ Isolation | 0 | 0 |
| Other Restrictions | 0 | 0 |
| No Residents | 0 | 0 |
| TOTALS | 3 | 0 |

Note: Reported restrictions created by 1/1/2015

ADMISSIONS AND DISCHARGES - 2015

| DATE QUESTIONNAIRE COMPLETED | 5/3/2015 | 6/2/2015 | 7/2/2015 | 8/2/2015 | 9/2/2015 | 10/2/2015 | 11/2/2015 | 12/2/2015 | TOTAL |
|------------------------------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-------|
| Residents on 1/1/2015 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 |
| Total Admissions 2015 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 |
| Total Discharges 2015 | 207 | 207 | 207 | 207 | 207 | 207 | 207 | 207 | 207 |
| Residents on 12/31/2015 | 81 | 81 | 81 | 81 | 81 | 81 | 81 | 81 | 81 |

RESIDENTS BY RACE/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-----------------------|--------------|------------------|-----------------|----------------|-----------|
| Asian | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 8 | 0 | 0 | 0 | 8 |
| Hispanic/Pacific Isl. | 0 | 0 | 0 | 0 | 0 |
| White | 75 | 0 | 0 | 0 | 75 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 83 | 0 | 0 | 0 | 83 |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other | Private Insurance | Private Pay | Charity | TOTAL |
|------------------|-----------|-----------|----------|-------------------|-------------|----------|-----------|
| Nursing Care | 18 | 45 | 0 | 0 | 10 | 0 | 73 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 18 | 45 | 0 | 0 | 10 | 0 | 73 |

ETHNICITY

| ETHNICITY | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | TOTALS |
|-------------------|--------------|------------------|-----------------|----------------|-----------|
| Hispanic | 4 | 0 | 0 | 0 | 4 |
| Non-Hispanic | 77 | 0 | 0 | 0 | 77 |
| Ethnicity Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 81 | 0 | 0 | 0 | 81 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity | TOTALS |
|------------|-----------|--------------|-------------------|-------------|---------|-----------|
| 44.0% | 28.1% | 0.0% | 18.7% | 11.2% | 0.0% | 100.0% |
| \$,972,867 | 2,154,278 | 0 | 1,478,408 | 858,232 | 0 | 7,463,785 |

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 DEKALB COUNTY REHAB & NURSING DEKALB

| DEKALB COUNTY REHAB & NURSING 2600 N. ANNE GLIDDEN ROAD DEKALB, IL. 60115 | | DEKALB COUNTY | |
|---|-----------------------------|-------------------------|--------|
| Reference Numbers | Facility ID 6015630 | Health Service Area 001 | DeKalb |
| Planning Service Area 037 | County 037 | DeKalb County | |
| Administrator | Bar J. Becker | | |
| Contact Person and Telephone | Bar J. Becker (815)756-2477 | | |
| Registered Agent Information | | | |

| ADMISSION RESTRICTIONS | RESIDENTS BY PRIMARY DIAGNOSIS |
|-----------------------------------|----------------------------------|
| Aggressive/Anti-Social 1 | DIAGNOSIS |
| Chronic Alcoholism 1 | Neoplasms 0 |
| Developmentally Disabled 1 | Endocrine/Metabolic 0 |
| Drug Addiction 1 | Blood Disorders 0 |
| Medicaid Recipient 8 | *Nervous System Non Alzheimer 0 |
| Medicare Recipient 8 | Alzheimer Disease 0 |
| Mental Illness 1 | Mental Illness 0 |
| Non-Ambulatory 0 | Developmental Disability 0 |
| Non-Mobile 0 | Circulatory System 0 |
| Public Aid Recipient 0 | Respiratory System 0 |
| Under 63 Years Old 0 | Digestive System 0 |
| Unable to Self-Medicare 0 | Genitourinary System Disorders 0 |
| Ventilator Dependent 1 | Skin Disorders 0 |
| Infectious Disease w/ Isolation 0 | Musculo-skeletal Disorders 0 |
| Other Restrictions 0 | Injuries and Poisonings 0 |
| No Restrictions 0 | Other Medical Conditions 0 |
| | Non-Medical Conditions 0 |
| | TOTALS 0 |

| ADMISSIONS AND DISCHARGES - 2015 | RESIDENTS ON 1/1/2015 | TOTAL RESIDENTS DIAGNOSED AS MENTALLY ILL |
|---------------------------------------|-----------------------------|--|
| Date Questionnaire Completed 3/2/2015 | Residents on 1/1/2015 176 | Total Residents Diagnosed as Mentally Ill 52 |
| (Not Answered) | Total Admissions 2015 219 | Total Residents Reported as Identified Offenders 1 |
| | Total Discharges 2015 223 | |
| | Residents on 12/31/2015 172 | |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | UCENSED BEDS | PEAK BED 3 SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|--------------|-------------------|----------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 190 | 190 | 177 | 160 | 172 | 16 | 186 | 186 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 190 | 190 | 177 | 160 | 172 | 16 | 186 | 186 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Beds |
|------------------|------------|-------------|--------------|-------------------|-------------|--------------|-------------|---------------|-----------|
| Nursing Care | 9588 13.8% | 36410 52.5% | 0 0.0% | 0 0.0% | 15667 0.0% | 0 0.0% | 61654 86.0% | 186 | 190 |
| Skilled Under 22 | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 | 0 |
| Intermediate DD | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 | 0 |
| Sheltered Care | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 0 | 0 |
| TOTALS | 9588 13.8% | 36410 52.5% | 0 0.0% | 0 0.0% | 15667 0.0% | 0 0.0% | 61654 86.0% | 186 | 190 |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 45 to 59 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 |
| 60 to 64 | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 7 |
| 65 to 74 | 3 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 6 | 9 |
| 75 to 84 | 15 | 33 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 33 | 48 |
| 85+ | 17 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 64 | 81 |
| TOTALS | 39 | 133 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 133 | 172 |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 DEKALB COUNTY REHAB & NURSING DEKALB

| DEKALB COUNTY REHAB & NURSING 2600 N. ANNE GLIDDEN ROAD DEKALB, IL. 60115 | Classification Numbers |
|---|---------------------------|
| | Facility ID 6015630 |
| | Health Service Area 001 |
| | Planning Service Area 037 |
| | County 037 |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|-----------------------------|--------|--------|
| | | | | | | | | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 23 | 60 | 0 | 5 | 59 | 0 | 172 | Nursing Care | 204 | 204 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 23 | 60 | 0 | 5 | 59 | 0 | 172 | | | |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | FACILITY STAFFING | |
|-----------------------|--------------|------------------|-----------------|----------------|--------|---------------------|----------------------|
| | | | | | | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 1 | 0 | 0 | 0 | 1 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 36.00 |
| White | 198 | 0 | 0 | 0 | 198 | LPN's | 7.00 |
| Race Unknown | 0 | 0 | 0 | 0 | 0 | Certified Aides | 62.00 |
| Total | 172 | 0 | 0 | 0 | 172 | Other Health Staff | 14.86 |
| | | | | | | Non-Health Staff | 81.00 |
| | | | | | | Totals | 232.00 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|-----------|-----------|--------------|-------------------|-------------|------------|-----------------------|--|
| 29.7% | 27.4% | 8.9% | 5.2% | 37.6% | 100.0% | 0 | 0.0% |
| 4,004,200 | 3,691,194 | 0 | 760,110 | 5,065,140 | 13,450,653 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-17C

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE GARDENS CARE CENTER ROCHELLE

| ROCHELLE GARDENS CARE CENTER | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|------------------------------|--|--|--|----------------------------------|--|
| 1021 CARON ROAD | | Aggressive/Ano-Social 0 | | DIAGNOSIS | |
| ROCHELLE, IL. 61058 | | Chronic Alcoholism 0 | | Neoplasms 0 | |
| Reference Numbers | | Developmentally Disabled 0 | | Endocrine/Metabolic 0 | |
| Facility ID 6008098 | | Drug Addiction 0 | | Blood Disorders 0 | |
| Health Service Area 001 | | Medicaid Recipient 0 | | Nervous System Non Alzheimer 0 | |
| Planning Service Area 141 | | Medicare Recipient 0 | | Alzheimer Disease 8 | |
| County 141 Ogle | | Mental Illness 0 | | Mental Illness 0 | |
| County 141 Ogle County | | Non-Ambulatory 0 | | Developmental Disability 0 | |
| Administrator | | Non-Mobile 0 | | Circulatory System 0 | |
| Greg Wilson | | Public Aid Recipient 0 | | Respiratory System 0 | |
| Contact Person and Telephone | | Under 65 Years Old 0 | | Digestive System 0 | |
| Marilyn Snyder | | Unable to Self-Medicate 0 | | Genitourinary System Disorders 0 | |
| 309-801-8113 | | Ventilator Dependent 1 | | Skin Disorders 0 | |
| Registered Agent Information | | Infectious Disease w/ Isolation 8 | | Musculo-skeletal Disorders 0 | |
| Marilyn Snyder | | Other Restrictions 1 | | Injuries and Poisonings 0 | |
| 530 West Tremont Drive | | No Restrictions 0 | | Other Medical Conditions 0 | |
| | | Note: Reported restrictions denoted by '1' | | Non-Medical Conditions 0 | |
| | | | | TOTALS 0 | |

| ADMISSIONS AND DISCHARGES - 2015 | | Residents on 11/1/2015 | | Residents on 12/31/2015 | |
|----------------------------------|-----------|-------------------------|----|--|----|
| Date Questionnaire Completed | 3/18/2018 | Total Admissions 2015 | 32 | Total Discharges 2015 | 45 |
| Life Care Facility | | Residents on 12/31/2015 | 62 | Total Residents Reported as Identified Offenders | 10 |

| LEVEL OF CARE | LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS | | | | | |
|------------------|--|------------------|---------------|-------------|-------------|----------------|
| | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USE | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS |
| Nursing Care | 74 | 74 | 71 | 74 | 62 | 22 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 74 | 74 | 71 | 74 | 62 | 22 |

| FACILITY UTILIZATION - 2015 | | | | | | | | | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|-----------|------------------------|-----------|-----------|-------------|--------------|-------|---------------|-------------|
| PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE | | | | | | | | | | | | | | |
| LEVEL OF CARE | Medicare | | | Medicaid | | | Other Public Insurance | | | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Set Up |
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | | | | | |
| Nursing Care | 415 | 0.0% | 10863 | 73.5% | 1224 | 0 | 0 | 0 | 465 | 0 | 21987 | 81.3% | 81.3% | |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | |
| TOTALS | 415 | 0.0% | 10863 | 73.5% | 1224 | 0 | 0 | 0 | 465 | 0 | 21987 | 81.3% | 81.3% | |

| RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015 | | | | | | | | | | | | |
|---|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|--|
| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DO | | SHELTERED | | TOTAL | | GRAND TOTAL | |
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18 to 44 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 6 | |
| 45 to 59 | 12 | 6 | 0 | 0 | 8 | 0 | 0 | 0 | 12 | 6 | 18 | |
| 60 to 64 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 4 | |
| 65 to 74 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 11 | |
| 75 to 84 | 4 | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 4 | 0 | 4 | |
| 85+ | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | |
| TOTALS | 31 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 31 | 21 | 52 | |

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE GARDENS CARE CENTER ROCHELLE

| ROCHELLE GARDENS CARE CENTER | | Classification Numbers | |
|------------------------------|--|------------------------|-----------------|
| 1021 CARON ROAD | | Facility ID | 6008098 |
| ROCHELLE, IL. 61058 | | Health Service Area | 001 |
| | | Planning Service Area | 141 Ogle |
| | | County | 141 Ogle County |

| LEVEL OF CARE | RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE | | | | | | AVERAGE DAILY PAYMENT RATES | | | |
|------------------|---|----------|--------------|-----------|-------------|--------------|-----------------------------|------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 0 | 51 | 1 | 0 | 0 | 0 | 52 | Nursing Care | 185 | 146 |
| Skilled Under 22 | 0 | 8 | 0 | 0 | 0 | 0 | 8 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 0 | 51 | 1 | 0 | 0 | 0 | 52 | | | |

| RACE | RESIDENTS BY RACIAL/ETHNICITY GROUPING | | | | | FACILITY STAFFING | |
|----------------------|--|------------------|-----------------|----------------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Totals | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 2 | 0 | 0 | 0 | 2 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 5.00 |
| White | 50 | 0 | 0 | 0 | 50 | LPNs | 3.00 |
| Race Unknown | 8 | 0 | 0 | 0 | 8 | Certified Aides | 13.00 |
| Total | 52 | 0 | 0 | 0 | 52 | Other Health Staff | 0.00 |
| | | | | | | Non-Health Staff | 10.00 |
| | | | | | | Totals | 43.00 |

| NET REVENUE BY PAYOR SOURCE (Fiscal Year Data) | | | | | | | |
|--|-----------|--------------|-------------------|-------------|-----------|-----------------------|--|
| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
| 5.2% | 91.4% | 0.0% | 0.6% | 2.2% | 100.0% | 0 | 0.0% |
| 164,533 | 2,594,203 | 0 | 16,818 | 51,630 | 2,837,284 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

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ATTACHMENT-17C

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2016 ROCHELLE REHAB & HEALTH CARE

| ROCHELLE REHAB & HEALTH CARE | | ADMISSION RESTRICTIONS | | RESIDENTS BY PRIMARY DIAGNOSIS | |
|--|--|--|--|--------------------------------|--|
| 900 NORTH 3RD STREET | | Aggressive/Anti-Social | | DIAGNOSIS | |
| ROCHELLE, IL 61068 | | Chronic Alcoholism | | Neoplasms | |
| Reference Numbers | | Developmentally Disabled | | Endocrine/Metabolic | |
| Facility ID 6006106 | | Drug Addiction | | Blood Disorders | |
| Health Services Area 001 | | Medicaid Recipient | | Nervous System Non Alzheimer | |
| Planning Service Area 141 | | Medicare Recipient | | Alzheimer Disease | |
| County 141 | | Mental Illness | | Mental Illness | |
| Ogle County | | Non-Ambulatory | | Developmental Disability | |
| Administrator Jason Stewart | | Non-Mobile | | Circulatory System | |
| Contact Person and Telephone Marjory Snyder 309-661-3113 | | Public Aid Recipient | | Respiratory System | |
| Registered Agent Information Marjory Snyder 530 West Trailhawk Drive | | Under 65 Years Old | | Digestive System | |
| Date Questionnaire Completed 3/19/2016 | | Unable to Self-Medicate | | Genitourinary System Disorders | |
| (Not Answered) | | Ventilator Dependent | | Skin Disorders | |
| | | Infectious Disease w/ Isolation | | Musculo-skeletal Disorders | |
| | | Other Restrictions | | Injuries and Poisonings | |
| | | No Restrictions | | Other Medical Conditions | |
| | | Note: Reported restrictions denoted by '1' | | Non-Medical Conditions | |
| | | ADMISSIONS AND DISCHARGES - 2015 | | TOTALS | |
| | | Residents on 1/1/2015 34 | | TOTALS | |
| | | Total Admissions 2015 84 | | TOTALS | |
| | | Total Discharges 2015 88 | | TOTALS | |
| | | Residents on 12/31/2015 30 | | TOTALS | |
| | | Note: Information on resident diagnoses was not collected for 2015 | | TOTALS | |
| | | Total Residents Diagnosed as Mentally Ill 15 | | TOTALS | |
| | | Total Residents Reported as Identified Offenders 1 | | TOTALS | |

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USE | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED BEDS | MEDICAID CERTIFIED BEDS |
|------------------|---------------|------------------|---------------|-------------|-------------|----------------|-------------------------|-------------------------|
| Nursing Care | 50 | 50 | 36 | 50 | 30 | 20 | 30 | 50 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL BEDS | 50 | 50 | 36 | 50 | 30 | 20 | 30 | 50 |

FACILITY UTILIZATION - 2015

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

| LEVEL OF CARE | Medicare | | Medicaid | | Other Public Insurance | | Private Pay | Charity Care | TOTAL | Licensed Beds | Peak Set Up |
|------------------|-----------|-----------|-----------|-----------|------------------------|-----------|-------------|--------------|-------|---------------|-------------|
| | Pat. days | Occ. Pct. | Pat. days | Occ. Pct. | Pat. days | Pat. days | Pat. days | | | | |
| Nursing Care | 2774 | 15.2% | 5633 | 32.0% | 420 | 146 | 5308 | 0 | 14478 | 70.3% | 70.3% |
| Skilled Under 22 | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Sheltered Care | 0 | 0.0% | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| TOTALS | 2774 | 15.2% | 5633 | 32.0% | 420 | 146 | 5308 | 0 | 14478 | 70.3% | 70.3% |

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2015

| AGE GROUPS | NURSING CARE | | SKL UNDER 22 | | INTERMED. DD | | SHELTERED | | TOTAL | | GRAND TOTAL |
|------------|--------------|--------|--------------|--------|--------------|--------|-----------|--------|-------|--------|-------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 to 44 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 45 to 59 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| 60 to 64 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 65 to 74 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 |
| 75 to 84 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 8 |
| 85+ | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 15 |
| TOTALS | 12 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 18 | 30 |

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

9/23/2016

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2015 ROCHELLE REHAB & HEALTH CARE

| ROCHELLE REHAB & HEALTH CARE | | Classification Numbers | |
|------------------------------|--|------------------------|-----------------|
| 900 NORTH 3RD STREET | | Facility ID | 6006106 |
| ROCHELLE, IL 61068 | | Health Services Area | 001 |
| | | Planning Service Area | 141 Ogle |
| | | County | 141 Ogle County |

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | PAYMENT SOURCE | | | | | | TOTALS | AVERAGE DAILY PAYMENT RATES | | |
|------------------|----------------|----------|--------------|-----------|-------------|--------------|--------|-----------------------------|--------|--------|
| | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | | LEVEL OF CARE | SINGLE | DOUBLE |
| Nursing Care | 4 | 16 | 0 | 0 | 10 | 0 | 30 | Nursing Care | 175 | 160 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Intermediate DD | 0 | 0 |
| Sheltered Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Sheltered Care | 0 | 0 |
| TOTALS | 4 | 16 | 0 | 0 | 10 | 0 | 30 | | | |

RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | LEVEL OF CARE | | | | | Totals | FACILITY STAFFING | |
|-----------------------|---------------|------------------|-----------------|----------------|---------|--------|---------------------|----------------------|
| | Nursing Care | Skilled Under 22 | Intermediate DD | Sheltered Care | Charity | | Employment Category | Full-Time Equivalent |
| Asian | 0 | 0 | 0 | 0 | 0 | 0 | Administrators | 1.00 |
| American Indian | 0 | 0 | 0 | 0 | 0 | 0 | Physicians | 0.00 |
| Black | 1 | 0 | 0 | 0 | 0 | 1 | Director of Nursing | 1.00 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 | 0 | Registered Nurses | 4.00 |
| White | 28 | 0 | 0 | 0 | 0 | 28 | LPN's | 4.00 |
| Race Unknown | 1 | 0 | 0 | 0 | 0 | 1 | Certified Aides | 15.00 |
| Total | 30 | 0 | 0 | 0 | 0 | 30 | Other Health Staff | 5.00 |
| | | | | | | | Non-Health Staff | 13.00 |
| | | | | | | | Totals | 38.00 |

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expose as % of Total Net Revenue |
|----------|----------|--------------|-------------------|-------------|-----------|-----------------------|---|
| 38.5% | 30.1% | 0.0% | 3.5% | 27.9% | 100.0% | \$ | 0.9% |
| \$29,715 | 725,895 | 0 | 84,355 | 874,613 | 2,414,578 | | |

*Charity Care Expense does not include expenses which may be considered a community benefit.

Source: Long-Term Care Facility Questionnaire for 2016, Illinois Department of Public Health, Health Systems Development

9/23/2016

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

General Long-Term Care Category of Service

8/3/2015
Page A-13

| Planning Area: Ogle | | | General Nursing Care | |
|--|---|-------------|----------------------|-------------------|
| Facility Name | City | County/Area | Beds | 2013 Patient Days |
| NEIGHBORS REHABILITATION CENTER | BYRON | Ogle County | 101 | 30,538 |
| NEIGHBORS REHABILITATION CENTER (PERMIT) | BYRON | Ogle County | 30 | |
| 6/3/2014 14-008 | Approved for permit to add 30 Nursing Care beds to existing facility. Facility will have 131 Nursing Care beds upon completion. | | | |
| OREGON LIVING & REHAB CENTER | OREGON | Ogle County | 104 | 25,257 |
| PINECREST MANOR | MOUNT MORRIS | Ogle County | 125 | 41,047 |
| POLO REHAB & HEALTHCARE | POLO | Ogle County | 81 | 18,975 |
| 2/1/2014 CHOW | Change of ownership occurred. | | | |
| ROCHELLE GARDENS CARE CENTER | ROCHELLE | Ogle County | 74 | 19,877 |
| ROCHELLE HOSPITAL (SWING BEDS) | ROCHELLE | Ogle County | 0 | 118 |
| ROCHELLE REHAB & HEALTH CARE | ROCHELLE | Ogle County | 50 | 14,501 |

Planning Area Totals 565 150,313

| HEALTH SERVICE AREA | AGE GROUPS | 2013 Patient Days | 2013 Population | 2013 Use Rates (Per 1,000) | 2013 Minimum Use Rates | 2013 Maximum Use Rates |
|---------------------|-----------------|-------------------|-----------------|----------------------------|------------------------|------------------------|
| 001 | 0-64 Years Old | 247,928 | 574,100 | 431.9 | 259.1 | 691.0 |
| | 65-74 Years Old | 200,627 | 58,900 | 3,406.2 | 2,043.7 | 5,450.0 |
| | 75+ Years Old | 1,192,721 | 47,100 | 25,323.2 | 15,193.9 | 40,517.1 |

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| | 2013 PSA Patient Days | 2013 PSA Estimated Populations | 2013 PSA Use Rates (Per 1,000) | 2013 HSA Minimum Use Rates | 2013 HSA Maximum Use Rates | 2018 PSA Planned Use Rates | 2018 PSA Projected Populations | 2018 PSA Planned Patient Days | Planned Average Daily Census | Planned Bed Need (90% Occ.) | Excess Beds |
|-----------------------------|-----------------------|--------------------------------|--------------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|-------------|
| 0-64 Years Old | 20,760 | 43,600 | 476.1 | 259.1 | 691.0 | 476.1 | 43,800 | 20,855 | 483.9 | 538 | 27 |
| 65-74 Years Old | 22,685 | 5,100 | 4,448.0 | 2,043.7 | 5,450.0 | 4,448.0 | 5,800 | 25,799 | | | |
| 75+ Years Old | 106,868 | 3,700 | 28,883.2 | 15,193.9 | 40,517.1 | 28,883.2 | 4,500 | 129,975 | | | |
| Planning Area Totals | | | | | | | | | 483.9 | 538 | 27 |

ATTACHMENT-17D

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xi

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

- a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

Appended as **ATTACHMENT-18A**, is a listing of all zip code areas that are located in total or in part within the 30-minute travel contour from the proposed project's site.

- b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

ATTACHMENT-18A, also lists the corresponding population for the zip code areas. The census data from <http://factfinder.census.gov> is appended as **ATTACHMENT-18B**.

- c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

A list of names and locations of all existing and approved Long-Term Care facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified by having too many facilities together within the service area where as the ratio of "beds to population" is one and one half times greater than the ratio of the State as a whole.

The market area of Ogle County has a ratio of beds to population that equals one nursing bed to every 95.8 persons. The over-65 age cohort's ratio equates to one nursing bed to every 18.2 persons, as compared to the State's ratios that respectively are one nursing bed to every

ATTACHMENT-18

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xii

129.7 people, and one nursing bed to every 20 seniors. Therefore, a maldistribution by the Board’s definition will not result. Upon project completion the actual ratio of beds to population for the State and the 30-minute travel contour are as follows:

| Market | 2013 Population | 2018 Population | Growth | Lic. Beds | Pop for 1-bed | 2013 65+ Pop | 2018 65+ Pop | Growth | 65+ Pop for 1-bed |
|------------------------------------|-------------------------------|-------------------------------|-----------------|--------------------|------------------------|-------------------|-------------------|-----------------|---------------------------|
| Illinois | 12,881,000 | 13,069,400 | 1.5% | 100,792 | 129.7 | 1,742,900 | 2,018,400 | 15.8% | 20.0 |
| Ogle County | 52,400 | 54,100 | 3.2% | 565 | 95.8 | 8,800 | 10,300 | 17.0% | 18.2 |
| Market Rochelle- 20Mi Radius | 2017 Population 137,501 | 2022 Population 134,053 | Growth -2.5% | Lic. Beds 1,168 | Pop for 1-bed 114.7 | 65+ Pop 19,640 | 65+ Pop 22,327 | Growth 13.7% | 65+ Pop for 1-bed 19.1 |

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH’s Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015

Nursing Care Beds
(20-mile Radius) 1,229 (1,137 existing + 92 proposed beds) = **0.007321**
 Population (2017) 167,872
 (30-minute drive time)

Nursing Care Beds
(Ogle County) 657 (565 existing + 92 proposed beds) = **0.01214**
 Population (2018) 54,100
 (Ogle County)

Total Nursing Care Beds 100,792
(State of Illinois) _____ = 0.0077120*1.5 = **0.011568**
 Population (2018) 13,069,400

The above chart provides a bit of color for the ratios that are calculated, as the State's required ratio implies that there is one nursing bed for every 0.011568 persons over 65 years of age before a maldistribution of services. This means too many beds/services for an area to be more than saturated. The inverse of that ratio is provided in the above chart which illustrated that same ratio means that there are 20 persons over the age of 65 for every one nursing bed. The maldistribution definition becomes germane when that ratio becomes only 10 persons 65+ for every one nursing bed. As neither the ratios for the 20-mile radius nor that of the County are near that one and one half times threshold for maldistribution, this project will not result in a maldistribution of beds or services.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiii

3. The applicant shall document that, within 24 months after project completion, the proposed project:

a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

As the average utilization of other area providers is already below the occupancy standard of 90 percent as specified in Section 1125.210(c), this item is not applicable.

b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

This project will not create a maldistribution of beds and services as the ratio performed above illustrates. However, there are other indicators of need. One such indicator is what kind of Long-Term Care services are currently available in Rochelle and its market area. The travel time and distance of the facilities within the primary market area (20-mile radius) shows that the median travel time is 26 minutes away. Other than the two Rochelle facilities, the next closest is 20 minutes away. With the restrictive admission policies apparent at these facilities, there are no general geriatric Long-Term Care facilities within 20 minutes of the proposed site forcing those from within this community to leave their community for nursing services. The issue in this care is not about competition or market share it is about accessibility and need in an isolated part of a rural County.

ATTACHMENT-18

Manor Court of Rochelle
30 Minute Zip Codes and
Population Totals

| ZIP Code | Population |
|-----------------|-------------------|
| 60111 | 296 |
| 60112 | 4,598 |
| 60115 | 45,982 |
| 60129 | 163 |
| 60146 | 2,587 |
| 60150 | 1,557 |
| 60530 | 464 |
| 60550 | 1,611 |
| 60553 | 795 |
| 61006 | 1,764 |
| 61015 | 699 |
| 61016 | 4,405 |
| 61020 | 3,205 |
| 61021 | 23,226 |
| 61031 | 1,724 |
| 61049 | 557 |
| 61052 | 888 |
| 61061 | 6,524 |
| 61068 | 14,816 |
| 61084 | 2,956 |
| 61104 | 18,982 |
| 61109 | 27,432 |
| 61318 | 798 |
| 61353 | 1,271 |
| 61378 | 572 |
| | <hr/> |
| | 167,872 |

Sources:

Microsoft MapPoint 2009

American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

S0101: AGE AND SEX

2011-2015 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The age dependency ratio is derived by dividing the combined under-18 and 65-and-over populations by the 18-to-64 population and multiplying by 100.

The old-age dependency ratio is derived by dividing the population 65 and over by the 18-to-64 population and multiplying by 100.

The child dependency ratio is derived by dividing the population under 18 by the 18-to-64 population and multiplying by 100.

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.

2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.

3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.

4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.

5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.

6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.

7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

8. An '(X)' means that the estimate is not applicable or not available.

| Subject | ZCTA5 60111 | | ZCTA5 60112 | | ZCTA5 60115 | | ZCTA5 60129 | | ZCTA5 60146 | | ZCTA5 60150 | |
|--------------------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| SEX AND AGE | | | | | | | | | | | | |
| Total population | 296 | 296 | 4,598 | 4,598 | 45,982 | 45,982 | 163 | 163 | 2,587 | 2,587 | 1,557 | 1,557 |
| Male | 146 | 49.3% | 2,239 | 48.7% | 22,419 | 48.8% | 79 | 48.5% | 1,338 | 51.7% | 813 | 52.2% |
| Female | 150 | 50.7% | 2,359 | 51.3% | 23,563 | 51.2% | 84 | 51.5% | 1,249 | 48.3% | 744 | 47.8% |
| Under 5 years | 0 | 0.0% | 414 | 9.0% | 2,805 | 6.1% | 16 | 9.8% | 148 | 5.7% | 87 | 5.6% |
| 5 to 9 years | 0 | 0.0% | 408 | 8.9% | 2,492 | 5.4% | 14 | 8.6% | 184 | 7.1% | 130 | 8.3% |
| 10 to 14 years | 24 | 8.1% | 457 | 9.9% | 2,519 | 5.5% | 5 | 3.1% | 227 | 8.8% | 98 | 6.3% |
| 15 to 19 years | 29 | 9.8% | 381 | 8.3% | 5,423 | 11.8% | 9 | 5.5% | 177 | 6.8% | 86 | 5.5% |
| 20 to 24 years | 0 | 0.0% | 455 | 9.9% | 10,523 | 22.9% | 8 | 4.9% | 191 | 7.4% | 89 | 5.7% |
| 25 to 34 years | 0 | 0.0% | 783 | 17.0% | 6,687 | 14.5% | 23 | 14.1% | 317 | 12.3% | 240 | 15.4% |
| 35 to 44 years | 7 | 2.4% | 845 | 18.4% | 3,992 | 8.7% | 11 | 6.7% | 275 | 10.6% | 160 | 10.3% |
| 45 to 54 years | 58 | 19.6% | 523 | 11.4% | 3,996 | 8.7% | 24 | 14.7% | 413 | 16.0% | 201 | 12.9% |
| 55 to 59 years | 6 | 2.0% | 144 | 3.1% | 1,880 | 4.1% | 15 | 9.2% | 192 | 7.4% | 117 | 7.5% |
| 60 to 64 years | 77 | 26.0% | 53 | 1.2% | 1,693 | 3.7% | 12 | 7.4% | 193 | 7.5% | 145 | 9.3% |
| 65 to 74 years | 88 | 29.7% | 100 | 2.2% | 2,053 | 4.5% | 16 | 9.8% | 126 | 4.9% | 124 | 8.0% |
| 75 to 84 years | 0 | 0.0% | 20 | 0.4% | 1,204 | 2.6% | 5 | 3.1% | 84 | 3.2% | 61 | 3.9% |
| 85 years and over | 7 | 2.4% | 15 | 0.3% | 715 | 1.6% | 5 | 3.1% | 60 | 2.3% | 19 | 1.2% |
| Median age (years) | 63.6 | (X) | 29.3 | (X) | 24.4 | (X) | 38.3 | (X) | 36.7 | (X) | 37.8 | (X) |
| 18 years and over | 243 | 82.1% | 3,008 | 65.4% | 36,791 | 80.0% | 123 | 75.5% | 1,900 | 73.4% | 1,185 | 76.1% |
| 21 years and over | 243 | 82.1% | 2,814 | 61.2% | 30,032 | 65.3% | 115 | 70.6% | 1,802 | 69.7% | 1,131 | 72.6% |
| 62 years and over | 172 | 58.1% | 153 | 3.3% | 5,108 | 11.1% | 30 | 18.4% | 390 | 15.1% | 291 | 18.7% |
| 65 years and over | 95 | 32.1% | 135 | 2.9% | 3,972 | 8.6% | 26 | 16.0% | 270 | 10.4% | 204 | 13.1% |
| 18 years and over | 243 | 243 | 3,008 | 3,008 | 36,791 | 36,791 | 123 | 123 | 1,900 | 1,900 | 1,185 | 1,185 |
| Male | 122 | 50.2% | 1,502 | 49.9% | 17,821 | 48.4% | 61 | 49.6% | 992 | 52.2% | 630 | 53.2% |
| Female | 121 | 49.8% | 1,506 | 50.1% | 18,970 | 51.6% | 62 | 50.4% | 908 | 47.8% | 555 | 46.8% |
| 65 years and over | 95 | 95 | 135 | 135 | 3,972 | 3,972 | 26 | 26 | 270 | 270 | 204 | 204 |
| Male | 67 | 70.5% | 55 | 40.7% | 1,714 | 43.2% | 13 | 50.0% | 135 | 50.0% | 92 | 45.1% |

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ATTACHMENT-18B

| Subject | ZCTA5 60111 | | ZCTA5 60112 | | ZCTA5 60115 | | ZCTA5 60129 | | ZCTA5 60146 | | ZCTA5 60150 | |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Female | 28 | 29.5% | 80 | 59.3% | 2,258 | 56.8% | 13 | 50.0% | 135 | 50.0% | 112 | 54.9% |
| RACE | | | | | | | | | | | | |
| Total population | 296 | 296 | 4,598 | 4,598 | 45,982 | 45,982 | 163 | 163 | 2,587 | 2,587 | 1,557 | 1,557 |
| One race | 296 | 100.0% | 4,417 | 96.1% | 44,640 | 97.1% | 163 | 100.0% | 2,519 | 97.4% | 1,516 | 97.4% |
| Two or more races | 0 | 0.0% | 181 | 3.9% | 1,342 | 2.9% | 0 | 0.0% | 68 | 2.6% | 41 | 2.6% |
| One race | 296 | 100.0% | 4,417 | 96.1% | 44,640 | 97.1% | 163 | 100.0% | 2,519 | 97.4% | 1,516 | 97.4% |
| White | 296 | 100.0% | 4,037 | 87.8% | 33,378 | 72.6% | 163 | 100.0% | 2,492 | 96.3% | 1,497 | 96.1% |
| Black or African American | 0 | 0.0% | 172 | 3.7% | 6,471 | 14.1% | 0 | 0.0% | 0 | 0.0% | 16 | 1.0% |
| American Indian and Alaska Native | 0 | 0.0% | 0 | 0.0% | 48 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cherokee tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chippewa tribal grouping | 0 | 0.0% | 0 | 0.0% | 27 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Navajo tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Sioux tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian | 0 | 0.0% | 74 | 1.6% | 2,015 | 4.4% | 0 | 0.0% | 6 | 0.2% | 0 | 0.0% |
| Asian Indian | 0 | 0.0% | 20 | 0.4% | 955 | 2.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chinese | 0 | 0.0% | 0 | 0.0% | 293 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Filipino | 0 | 0.0% | 26 | 0.6% | 317 | 0.7% | 0 | 0.0% | 6 | 0.2% | 0 | 0.0% |
| Japanese | 0 | 0.0% | 0 | 0.0% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Korean | 0 | 0.0% | 20 | 0.4% | 179 | 0.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Vietnamese | 0 | 0.0% | 8 | 0.2% | 126 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Asian | 0 | 0.0% | 0 | 0.0% | 134 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Guamanian or Chamorro | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Samoan | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 0 | 0.0% | 134 | 2.9% | 2,728 | 5.9% | 0 | 0.0% | 21 | 0.8% | 3 | 0.2% |
| Two or more races | 0 | 0.0% | 181 | 3.9% | 1,342 | 2.9% | 0 | 0.0% | 68 | 2.6% | 41 | 2.6% |
| White and Black or African American | 0 | 0.0% | 38 | 0.8% | 595 | 1.3% | 0 | 0.0% | 16 | 0.6% | 12 | 0.8% |

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ATTACHMENT-18B

| Subject | ZCTA5 60111 | | ZCTA5 60112 | | ZCTA5 60115 | | ZCTA5 60129 | | ZCTA5 60146 | | ZCTA5 60150 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| White and American Indian and Alaska Native | 0 | 0.0% | 20 | 0.4% | 51 | 0.1% | 0 | 0.0% | 0 | 0.0% | 23 | 1.5% |
| White and Asian | 0 | 0.0% | 29 | 0.6% | 175 | 0.4% | 0 | 0.0% | 52 | 2.0% | 0 | 0.0% |
| Black or African American and American Indian and Alaska Native | 0 | 0.0% | 0 | 0.0% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | | | | | | | | | | | | |
| Race alone or in combination with one or more other races | | | | | | | | | | | | |
| Total population | 296 | 296 | 4,598 | 4,598 | 45,982 | 45,982 | 163 | 163 | 2,587 | 2,587 | 1,557 | 1,557 |
| White | 296 | 100.0% | 4,124 | 89.7% | 34,453 | 74.9% | 163 | 100.0% | 2,560 | 99.0% | 1,538 | 98.8% |
| Black or African American | 0 | 0.0% | 304 | 6.6% | 7,231 | 15.7% | 0 | 0.0% | 16 | 0.6% | 28 | 1.8% |
| American Indian and Alaska Native | 0 | 0.0% | 20 | 0.4% | 141 | 0.3% | 0 | 0.0% | 0 | 0.0% | 23 | 1.5% |
| Asian | 0 | 0.0% | 103 | 2.2% | 2,397 | 5.2% | 0 | 0.0% | 58 | 2.2% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 150 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 0 | 0.0% | 228 | 5.0% | 3,057 | 6.6% | 0 | 0.0% | 21 | 0.8% | 9 | 0.6% |
| | | | | | | | | | | | | |
| HISPANIC OR LATINO AND RACE | | | | | | | | | | | | |
| Total population | 296 | 296 | 4,598 | 4,598 | 45,982 | 45,982 | 163 | 163 | 2,587 | 2,587 | 1,557 | 1,557 |
| Hispanic or Latino (of any race) | 0 | 0.0% | 816 | 17.7% | 5,687 | 12.4% | 33 | 20.2% | 192 | 7.4% | 64 | 4.1% |
| Mexican | 0 | 0.0% | 646 | 14.0% | 4,845 | 10.5% | 33 | 20.2% | 159 | 6.1% | 48 | 3.1% |
| Puerto Rican | 0 | 0.0% | 97 | 2.1% | 540 | 1.2% | 0 | 0.0% | 15 | 0.6% | 12 | 0.8% |
| Cuban | 0 | 0.0% | 18 | 0.4% | 63 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Hispanic or Latino | 0 | 0.0% | 55 | 1.2% | 239 | 0.5% | 0 | 0.0% | 18 | 0.7% | 4 | 0.3% |
| Not Hispanic or Latino | 296 | 100.0% | 3,782 | 82.3% | 40,295 | 87.6% | 130 | 79.8% | 2,395 | 92.6% | 1,493 | 95.9% |
| White alone | 296 | 100.0% | 3,449 | 75.0% | 30,972 | 67.4% | 130 | 79.8% | 2,325 | 89.9% | 1,442 | 92.6% |
| Black or African American alone | 0 | 0.0% | 172 | 3.7% | 6,225 | 13.5% | 0 | 0.0% | 0 | 0.0% | 16 | 1.0% |
| American Indian and Alaska Native alone | 0 | 0.0% | 0 | 0.0% | 35 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian alone | 0 | 0.0% | 74 | 1.6% | 1,998 | 4.3% | 0 | 0.0% | 6 | 0.2% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race alone | 0 | 0.0% | 0 | 0.0% | 24 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Two or more races | 0 | 0.0% | 87 | 1.9% | 1,041 | 2.3% | 0 | 0.0% | 64 | 2.5% | 35 | 2.2% |
| Two races including Some other race | 0 | 0.0% | 0 | 0.0% | 26 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

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ATTACHMENT 18B

| Subject | ZCTA5 60111 | | ZCTA5 60112 | | ZCTA5 60115 | | ZCTA5 60129 | | ZCTA5 60146 | | ZCTA5 60150 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Two races excluding Some other race, and Three or more races | 0 | 0.0% | 87 | 1.9% | 1,015 | 2.2% | 0 | 0.0% | 64 | 2.5% | 35 | 2.2% |
| | | | | | | | | | | | | |
| Total housing units | 137 | (X) | 1,604 | (X) | 18,170 | (X) | 74 | (X) | 1,020 | (X) | 684 | (X) |
| | | | | | | | | | | | | |
| CITIZEN, VOTING AGE POPULATION | | | | | | | | | | | | |
| Citizen, 18 and over population | 243 | 243 | 2,865 | 2,865 | 34,088 | 34,088 | 115 | 115 | 1,887 | 1,887 | 1,181 | 1,181 |
| Male | 122 | 50.2% | 1,413 | 49.3% | 16,220 | 47.6% | 56 | 48.7% | 979 | 51.9% | 630 | 53.3% |
| Female | 121 | 49.8% | 1,452 | 50.7% | 17,868 | 52.4% | 59 | 51.3% | 908 | 48.1% | 551 | 46.7% |

| Subject | ZCTA5 60530 | | ZCTA5 60550 | | ZCTA5 60553 | | ZCTA5 61006 | | ZCTA5 61015 | | ZCTA5 61016 | |
|--------------------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| SEX AND AGE | | | | | | | | | | | | |
| Total population | 464 | 464 | 1,611 | 1,611 | 795 | 795 | 1,764 | 1,764 | 699 | 699 | 4,405 | 4,405 |
| Male | 246 | 53.0% | 804 | 49.9% | 432 | 54.3% | 936 | 53.1% | 366 | 52.4% | 2,279 | 51.7% |
| Female | 218 | 47.0% | 807 | 50.1% | 363 | 45.7% | 828 | 46.9% | 333 | 47.6% | 2,126 | 48.3% |
| Under 5 years | 23 | 5.0% | 111 | 6.9% | 43 | 5.4% | 63 | 3.6% | 11 | 1.6% | 136 | 3.1% |
| 5 to 9 years | 29 | 6.3% | 101 | 6.3% | 54 | 6.8% | 122 | 6.9% | 54 | 7.7% | 287 | 6.5% |
| 10 to 14 years | 47 | 10.1% | 148 | 9.2% | 67 | 8.4% | 72 | 4.1% | 36 | 5.2% | 200 | 4.5% |
| 15 to 19 years | 24 | 5.2% | 117 | 7.3% | 48 | 6.0% | 95 | 5.4% | 24 | 3.4% | 168 | 3.8% |
| 20 to 24 years | 34 | 7.3% | 84 | 5.2% | 52 | 6.5% | 119 | 6.7% | 18 | 2.6% | 171 | 3.9% |
| 25 to 34 years | 33 | 7.1% | 169 | 10.5% | 108 | 13.6% | 220 | 12.5% | 53 | 7.6% | 476 | 10.8% |
| 35 to 44 years | 50 | 10.8% | 173 | 10.7% | 81 | 10.2% | 126 | 7.1% | 44 | 6.3% | 443 | 10.1% |
| 45 to 54 years | 77 | 16.6% | 283 | 17.6% | 109 | 13.7% | 333 | 18.9% | 152 | 21.7% | 652 | 14.8% |
| 55 to 59 years | 43 | 9.3% | 85 | 5.3% | 40 | 5.0% | 153 | 8.7% | 78 | 11.2% | 518 | 11.8% |
| 60 to 64 years | 28 | 6.0% | 55 | 3.4% | 61 | 7.7% | 141 | 8.0% | 69 | 9.9% | 405 | 9.2% |
| 65 to 74 years | 51 | 11.0% | 151 | 9.4% | 102 | 12.8% | 200 | 11.3% | 57 | 8.2% | 673 | 15.3% |
| 75 to 84 years | 18 | 3.9% | 87 | 5.4% | 27 | 3.4% | 95 | 5.4% | 66 | 9.4% | 228 | 5.2% |
| 85 years and over | 7 | 1.5% | 47 | 2.9% | 3 | 0.4% | 25 | 1.4% | 37 | 5.3% | 48 | 1.1% |
| Median age (years) | 44.2 | (X) | 37.8 | (X) | 40.8 | (X) | 47.1 | (X) | 52.8 | (X) | 50.2 | (X) |
| 18 years and over | 342 | 73.7% | 1,148 | 71.3% | 588 | 74.0% | 1,434 | 81.3% | 594 | 85.0% | 3,681 | 83.6% |
| 21 years and over | 336 | 72.4% | 1,114 | 69.1% | 568 | 71.4% | 1,356 | 76.9% | 571 | 81.7% | 3,561 | 80.8% |
| 62 years and over | 84 | 18.1% | 315 | 19.6% | 167 | 21.0% | 442 | 25.1% | 215 | 30.8% | 1,200 | 27.2% |
| 65 years and over | 76 | 16.4% | 285 | 17.7% | 132 | 16.6% | 320 | 18.1% | 160 | 22.9% | 949 | 21.5% |
| 18 years and over | 342 | 342 | 1,148 | 1,148 | 588 | 588 | 1,434 | 1,434 | 594 | 594 | 3,681 | 3,681 |
| Male | 184 | 53.8% | 542 | 47.2% | 302 | 51.4% | 730 | 50.9% | 341 | 57.4% | 1,877 | 51.0% |
| Female | 158 | 46.2% | 606 | 52.8% | 286 | 48.6% | 704 | 49.1% | 253 | 42.6% | 1,804 | 49.0% |
| 65 years and over | 76 | 76 | 285 | 285 | 132 | 132 | 320 | 320 | 160 | 160 | 949 | 949 |
| Male | 44 | 57.9% | 99 | 34.7% | 84 | 63.6% | 145 | 45.3% | 90 | 56.3% | 505 | 53.2% |

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ATTACHMENT-18B

| Subject | ZCTA5 60530 | | ZCTA5 60550 | | ZCTA5 60553 | | ZCTA5 61006 | | ZCTA5 61015 | | ZCTA5 61016 | |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Female | 32 | 42.1% | 186 | 65.3% | 48 | 36.4% | 175 | 54.7% | 70 | 43.8% | 444 | 46.8% |
| | | | | | | | | | | | | |
| RACE | | | | | | | | | | | | |
| Total population | 464 | 464 | 1,611 | 1,611 | 795 | 795 | 1,764 | 1,764 | 699 | 699 | 4,405 | 4,405 |
| One race | 451 | 97.2% | 1,607 | 99.8% | 785 | 98.7% | 1,705 | 96.7% | 699 | 100.0% | 4,284 | 97.3% |
| Two or more races | 13 | 2.8% | 4 | 0.2% | 10 | 1.3% | 59 | 3.3% | 0 | 0.0% | 121 | 2.7% |
| | | | | | | | | | | | | |
| One race | 451 | 97.2% | 1,607 | 99.8% | 785 | 98.7% | 1,705 | 96.7% | 699 | 100.0% | 4,284 | 97.3% |
| White | 441 | 95.0% | 1,516 | 94.1% | 770 | 96.9% | 1,683 | 95.4% | 699 | 100.0% | 3,932 | 89.3% |
| Black or African American | 9 | 1.9% | 87 | 5.4% | 15 | 1.9% | 5 | 0.3% | 0 | 0.0% | 185 | 4.2% |
| American Indian and Alaska Native | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cherokee tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chippewa tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Navajo tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Sioux tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian | 0 | 0.0% | 4 | 0.2% | 0 | 0.0% | 12 | 0.7% | 0 | 0.0% | 132 | 3.0% |
| Asian Indian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 32 | 0.7% |
| Chinese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 17 | 0.4% |
| Filipino | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 12 | 0.7% | 0 | 0.0% | 37 | 0.8% |
| Japanese | 0 | 0.0% | 4 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Korean | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Asian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 46 | 1.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Guamanian or Chamorro | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Samoaan | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 | 0.3% | 0 | 0.0% | 35 | 0.8% |
| Two or more races | 13 | 2.8% | 4 | 0.2% | 10 | 1.3% | 59 | 3.3% | 0 | 0.0% | 121 | 2.7% |
| White and Black or African American | 11 | 2.4% | 0 | 0.0% | 7 | 0.9% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

| Subject | ZCTA5 60530 | | ZCTA5 60550 | | ZCTA5 60553 | | ZCTA5 61006 | | ZCTA5 61015 | | ZCTA5 61016 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| White and American Indian and Alaska Native | 2 | 0.4% | 4 | 0.2% | 0 | 0.0% | 17 | 1.0% | 0 | 0.0% | 0 | 0.0% |
| White and Asian | 0 | 0.0% | 0 | 0.0% | 3 | 0.4% | 0 | 0.0% | 0 | 0.0% | 73 | 1.7% |
| Black or African American and American Indian and Alaska Native | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 12 | 0.7% | 0 | 0.0% | 28 | 0.6% |
| | | | | | | | | | | | | |
| Race alone or in combination with one or more other races | | | | | | | | | | | | |
| Total population | 464 | 464 | 1,611 | 1,611 | 795 | 795 | 1,764 | 1,764 | 699 | 699 | 4,405 | 4,405 |
| White | 454 | 97.8% | 1,520 | 94.4% | 780 | 98.1% | 1,730 | 98.1% | 699 | 100.0% | 4,025 | 91.4% |
| Black or African American | 20 | 4.3% | 87 | 5.4% | 22 | 2.8% | 17 | 1.0% | 0 | 0.0% | 213 | 4.8% |
| American Indian and Alaska Native | 3 | 0.6% | 4 | 0.2% | 0 | 0.0% | 29 | 1.6% | 0 | 0.0% | 28 | 0.6% |
| Asian | 0 | 0.0% | 4 | 0.2% | 3 | 0.4% | 12 | 0.7% | 0 | 0.0% | 205 | 4.7% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 35 | 2.0% | 0 | 0.0% | 55 | 1.2% |
| | | | | | | | | | | | | |
| HISPANIC OR LATINO AND RACE | | | | | | | | | | | | |
| Total population | 464 | 464 | 1,611 | 1,611 | 795 | 795 | 1,764 | 1,764 | 699 | 699 | 4,405 | 4,405 |
| Hispanic or Latino (of any race) | 4 | 0.9% | 57 | 3.5% | 27 | 3.4% | 66 | 3.7% | 0 | 0.0% | 264 | 6.0% |
| Mexican | 0 | 0.0% | 33 | 2.0% | 25 | 3.1% | 57 | 3.2% | 0 | 0.0% | 219 | 5.0% |
| Puerto Rican | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 9 | 0.5% | 0 | 0.0% | 36 | 0.8% |
| Cuban | 4 | 0.9% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Hispanic or Latino | 0 | 0.0% | 24 | 1.5% | 2 | 0.3% | 0 | 0.0% | 0 | 0.0% | 9 | 0.2% |
| Not Hispanic or Latino | 460 | 99.1% | 1,554 | 96.5% | 768 | 96.6% | 1,698 | 96.3% | 699 | 100.0% | 4,141 | 94.0% |
| White alone | 437 | 94.2% | 1,459 | 90.6% | 743 | 93.5% | 1,652 | 93.7% | 699 | 100.0% | 3,723 | 84.5% |
| Black or African American alone | 9 | 1.9% | 87 | 5.4% | 15 | 1.9% | 5 | 0.3% | 0 | 0.0% | 185 | 4.2% |
| American Indian and Alaska Native alone | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian alone | 0 | 0.0% | 4 | 0.2% | 0 | 0.0% | 12 | 0.7% | 0 | 0.0% | 132 | 3.0% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race alone | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Two or more races | 13 | 2.8% | 4 | 0.2% | 10 | 1.3% | 29 | 1.6% | 0 | 0.0% | 101 | 2.3% |
| Two races including Some other race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

| Subject | ZCTA5 60530 | | ZCTA5 60550 | | ZCTA5 60553 | | ZCTA5 61006 | | ZCTA5 61015 | | ZCTA5 61016 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Two races excluding Some other race, and Three or more races | 13 | 2.8% | 4 | 0.2% | 10 | 1.3% | 29 | 1.6% | 0 | 0.0% | 101 | 2.3% |
| | | | | | | | | | | | | |
| Total housing units | 220 | (X) | 669 | (X) | 321 | (X) | 887 | (X) | 330 | (X) | 1,965 | (X) |
| | | | | | | | | | | | | |
| CITIZEN, VOTING AGE POPULATION | | | | | | | | | | | | |
| Citizen, 18 and over population | 340 | 340 | 1,129 | 1,129 | 588 | 588 | 1,428 | 1,428 | 592 | 592 | 3,662 | 3,662 |
| Male | 184 | 54.1% | 533 | 47.2% | 302 | 51.4% | 730 | 51.1% | 339 | 57.3% | 1,877 | 51.3% |
| Female | 156 | 45.9% | 596 | 52.8% | 286 | 48.6% | 698 | 48.9% | 253 | 42.7% | 1,785 | 48.7% |

| Subject | ZCTA5 61020 | | ZCTA5 61021 | | ZCTA5 61031 | | ZCTA5 61049 | | ZCTA5 61052 | | ZCTA5 61061 | |
|--------------------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| SEX AND AGE | | | | | | | | | | | | |
| Total population | 3,205 | 3,205 | 23,226 | 23,226 | 1,724 | 1,724 | 557 | 557 | 888 | 888 | 6,524 | 6,524 |
| Male | 1,606 | 50.1% | 12,670 | 54.6% | 856 | 49.7% | 283 | 50.8% | 448 | 50.5% | 3,131 | 48.0% |
| Female | 1,599 | 49.9% | 10,556 | 45.4% | 868 | 50.3% | 274 | 49.2% | 440 | 49.5% | 3,393 | 52.0% |
| Under 5 years | 184 | 5.7% | 1,150 | 5.0% | 155 | 9.0% | 22 | 3.9% | 46 | 5.2% | 202 | 3.1% |
| 5 to 9 years | 258 | 8.0% | 1,391 | 6.0% | 120 | 7.0% | 32 | 5.7% | 26 | 2.9% | 271 | 4.2% |
| 10 to 14 years | 402 | 12.5% | 1,122 | 4.8% | 173 | 10.0% | 33 | 5.9% | 83 | 9.3% | 246 | 3.8% |
| 15 to 19 years | 257 | 8.0% | 1,243 | 5.4% | 123 | 7.1% | 65 | 11.7% | 22 | 2.5% | 339 | 5.2% |
| 20 to 24 years | 193 | 6.0% | 1,526 | 6.6% | 63 | 3.7% | 33 | 5.9% | 66 | 7.4% | 341 | 5.2% |
| 25 to 34 years | 350 | 10.9% | 2,911 | 12.5% | 106 | 6.1% | 55 | 9.9% | 81 | 9.1% | 468 | 7.2% |
| 35 to 44 years | 516 | 16.1% | 2,883 | 12.4% | 210 | 12.2% | 62 | 11.1% | 95 | 10.7% | 939 | 14.4% |
| 45 to 54 years | 562 | 17.5% | 3,725 | 16.0% | 196 | 11.4% | 99 | 17.8% | 175 | 19.7% | 823 | 12.6% |
| 55 to 59 years | 183 | 5.7% | 1,869 | 8.0% | 94 | 5.5% | 26 | 4.7% | 38 | 4.3% | 628 | 9.6% |
| 60 to 64 years | 109 | 3.4% | 1,609 | 6.9% | 77 | 4.5% | 34 | 6.1% | 113 | 12.7% | 446 | 6.8% |
| 65 to 74 years | 92 | 2.9% | 1,953 | 8.4% | 242 | 14.0% | 64 | 11.5% | 75 | 8.4% | 922 | 14.1% |
| 75 to 84 years | 83 | 2.6% | 1,346 | 5.8% | 78 | 4.5% | 21 | 3.8% | 64 | 7.2% | 719 | 11.0% |
| 85 years and over | 16 | 0.5% | 498 | 2.1% | 87 | 5.0% | 11 | 2.0% | 4 | 0.5% | 180 | 2.8% |
| Median age (years) | 34.2 | (X) | 42.8 | (X) | 39.8 | (X) | 41.9 | (X) | 47.3 | (X) | 51.0 | (X) |
| 18 years and over | 2,179 | 68.0% | 18,918 | 81.5% | 1,186 | 68.8% | 432 | 77.6% | 720 | 81.1% | 5,556 | 85.2% |
| 21 years and over | 2,063 | 64.4% | 17,919 | 77.2% | 1,144 | 66.4% | 391 | 70.2% | 708 | 79.7% | 5,343 | 81.9% |
| 62 years and over | 242 | 7.6% | 4,755 | 20.5% | 443 | 25.7% | 120 | 21.5% | 212 | 23.9% | 2,128 | 32.6% |
| 65 years and over | 191 | 6.0% | 3,797 | 16.3% | 407 | 23.6% | 96 | 17.2% | 143 | 16.1% | 1,821 | 27.9% |
| 18 years and over | 2,179 | 2,179 | 18,918 | 18,918 | 1,186 | 1,186 | 432 | 432 | 720 | 720 | 5,556 | 5,556 |
| Male | 1,104 | 50.7% | 10,483 | 55.4% | 598 | 50.4% | 205 | 47.5% | 362 | 50.3% | 2,664 | 47.9% |
| Female | 1,075 | 49.3% | 8,435 | 44.6% | 588 | 49.6% | 227 | 52.5% | 358 | 49.7% | 2,892 | 52.1% |
| 65 years and over | 191 | 191 | 3,797 | 3,797 | 407 | 407 | 96 | 96 | 143 | 143 | 1,821 | 1,821 |
| Male | 90 | 47.1% | 1,758 | 46.3% | 192 | 47.2% | 25 | 26.0% | 97 | 67.8% | 791 | 43.4% |

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ATTACHMENT-188

| Subject | ZCTA5 61020 | | ZCTA5 61021 | | ZCTA5 61031 | | ZCTA5 61049 | | ZCTA5 61052 | | ZCTA5 61061 | |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Female | 101 | 52.9% | 2,039 | 53.7% | 215 | 52.8% | 71 | 74.0% | 46 | 32.2% | 1,030 | 56.6% |
| RACE | | | | | | | | | | | | |
| Total population | 3,205 | 3,205 | 23,226 | 23,226 | 1,724 | 1,724 | 557 | 557 | 888 | 888 | 6,524 | 6,524 |
| One race | 3,046 | 95.0% | 22,785 | 98.1% | 1,722 | 99.9% | 546 | 98.0% | 885 | 99.7% | 6,423 | 98.5% |
| Two or more races | 159 | 5.0% | 441 | 1.9% | 2 | 0.1% | 11 | 2.0% | 3 | 0.3% | 101 | 1.5% |
| One race | 3,046 | 95.0% | 22,785 | 98.1% | 1,722 | 99.9% | 546 | 98.0% | 885 | 99.7% | 6,423 | 98.5% |
| White | 2,913 | 90.9% | 20,744 | 89.3% | 1,665 | 96.6% | 524 | 94.1% | 877 | 98.8% | 6,387 | 97.9% |
| Black or African American | 91 | 2.8% | 1,612 | 6.9% | 18 | 1.0% | 17 | 3.1% | 0 | 0.0% | 32 | 0.5% |
| American Indian and Alaska Native | 0 | 0.0% | 65 | 0.3% | 0 | 0.0% | 0 | 0.0% | 3 | 0.3% | 0 | 0.0% |
| Cherokee tribal grouping | 0 | 0.0% | 4 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chippewa tribal grouping | 0 | 0.0% | 12 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Navajo tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Sioux tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian | 27 | 0.8% | 185 | 0.8% | 36 | 2.1% | 5 | 0.9% | 5 | 0.6% | 4 | 0.1% |
| Asian Indian | 0 | 0.0% | 58 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chinese | 0 | 0.0% | 61 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.1% |
| Filipino | 11 | 0.3% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 0.3% | 0 | 0.0% |
| Japanese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.7% | 0 | 0.0% | 0 | 0.0% |
| Korean | 0 | 0.0% | 18 | 0.1% | 36 | 2.1% | 1 | 0.2% | 0 | 0.0% | 0 | 0.0% |
| Vietnamese | 16 | 0.5% | 2 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Asian | 0 | 0.0% | 35 | 0.2% | 0 | 0.0% | 0 | 0.0% | 2 | 0.2% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 58 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian | 0 | 0.0% | 26 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Guamanian or Chamorro | 0 | 0.0% | 18 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Samoaan | 0 | 0.0% | 7 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Pacific Islander | 0 | 0.0% | 7 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 15 | 0.5% | 121 | 0.5% | 3 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Two or more races | 159 | 5.0% | 441 | 1.9% | 2 | 0.1% | 11 | 2.0% | 3 | 0.3% | 101 | 1.5% |
| White and Black or African American | 52 | 1.6% | 173 | 0.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 50 | 0.8% |

| Subject | ZCTA5 61020 | | ZCTA5 61021 | | ZCTA5 61031 | | ZCTA5 61049 | | ZCTA5 61052 | | ZCTA5 61061 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| White and American Indian and Alaska Native | 26 | 0.8% | 41 | 0.2% | 0 | 0.0% | 11 | 2.0% | 0 | 0.0% | 43 | 0.7% |
| White and Asian | 8 | 0.2% | 88 | 0.4% | 0 | 0.0% | 0 | 0.0% | 3 | 0.3% | 0 | 0.0% |
| Black or African American and American Indian and Alaska Native | 3 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | | | | | | | | | | | | |
| Race alone or in combination with one or more other races | | | | | | | | | | | | |
| Total population | 3,205 | 3,205 | 23,226 | 23,226 | 1,724 | 1,724 | 557 | 557 | 888 | 888 | 6,524 | 6,524 |
| White | 3,041 | 94.9% | 21,151 | 91.1% | 1,665 | 96.6% | 535 | 96.1% | 880 | 99.1% | 6,488 | 99.4% |
| Black or African American | 146 | 4.6% | 1,809 | 7.8% | 20 | 1.2% | 17 | 3.1% | 0 | 0.0% | 82 | 1.3% |
| American Indian and Alaska Native | 29 | 0.9% | 124 | 0.5% | 0 | 0.0% | 11 | 2.0% | 3 | 0.3% | 43 | 0.7% |
| Asian | 63 | 2.0% | 329 | 1.4% | 36 | 2.1% | 5 | 0.9% | 8 | 0.9% | 4 | 0.1% |
| Native Hawaiian and Other Pacific Islander | 28 | 0.9% | 76 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 57 | 1.8% | 242 | 1.0% | 5 | 0.3% | 0 | 0.0% | 0 | 0.0% | 8 | 0.1% |
| | | | | | | | | | | | | |
| HISPANIC OR LATINO AND RACE | | | | | | | | | | | | |
| Total population | 3,205 | 3,205 | 23,226 | 23,226 | 1,724 | 1,724 | 557 | 557 | 888 | 888 | 6,524 | 6,524 |
| Hispanic or Latino (of any race) | 421 | 13.1% | 1,389 | 6.0% | 27 | 1.6% | 31 | 5.6% | 10 | 1.1% | 68 | 1.0% |
| Mexican | 389 | 12.1% | 994 | 4.3% | 27 | 1.6% | 15 | 2.7% | 2 | 0.2% | 45 | 0.7% |
| Puerto Rican | 0 | 0.0% | 198 | 0.9% | 0 | 0.0% | 11 | 2.0% | 0 | 0.0% | 0 | 0.0% |
| Cuban | 0 | 0.0% | 15 | 0.1% | 0 | 0.0% | 0 | 0.0% | 8 | 0.9% | 0 | 0.0% |
| Other Hispanic or Latino | 32 | 1.0% | 182 | 0.8% | 0 | 0.0% | 5 | 0.9% | 0 | 0.0% | 23 | 0.4% |
| Not Hispanic or Latino | 2,784 | 86.9% | 21,837 | 94.0% | 1,697 | 98.4% | 526 | 94.4% | 878 | 98.9% | 6,456 | 99.0% |
| White alone | 2,585 | 80.7% | 19,627 | 84.5% | 1,643 | 95.3% | 509 | 91.4% | 867 | 97.6% | 6,327 | 97.0% |
| Black or African American alone | 55 | 1.7% | 1,565 | 6.7% | 18 | 1.0% | 6 | 1.1% | 0 | 0.0% | 32 | 0.5% |
| American Indian and Alaska Native alone | 0 | 0.0% | 65 | 0.3% | 0 | 0.0% | 0 | 0.0% | 3 | 0.3% | 0 | 0.0% |
| Asian alone | 27 | 0.8% | 185 | 0.8% | 36 | 2.1% | 5 | 0.9% | 5 | 0.6% | 4 | 0.1% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0% | 58 | 0.2% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race alone | 0 | 0.0% | 15 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Two or more races | 117 | 3.7% | 322 | 1.4% | 0 | 0.0% | 6 | 1.1% | 3 | 0.3% | 93 | 1.4% |
| Two races including Some other race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

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ATTACHMENT 18B

| Subject | ZCTA5 61020 | | ZCTA5 61021 | | ZCTA5 61031 | | ZCTA5 61049 | | ZCTA5 61052 | | ZCTA5 61061 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Two races excluding Some other race, and Three or more races | 117 | 3.7% | 322 | 1.4% | 0 | 0.0% | 6 | 1.1% | 3 | 0.3% | 93 | 1.4% |
| Total housing units | 1,092 | (X) | 9,864 | (X) | 664 | (X) | 227 | (X) | 405 | (X) | 3,341 | (X) |
| CITIZEN, VOTING AGE POPULATION | | | | | | | | | | | | |
| Citizen, 18 and over population | 2,106 | 2,106 | 18,547 | 18,547 | 1,164 | 1,164 | 432 | 432 | 718 | 718 | 5,521 | 5,521 |
| Male | 1,069 | 50.8% | 10,207 | 55.0% | 586 | 50.3% | 205 | 47.5% | 362 | 50.4% | 2,664 | 48.3% |
| Female | 1,037 | 49.2% | 8,340 | 45.0% | 578 | 49.7% | 227 | 52.5% | 356 | 49.6% | 2,857 | 51.7% |

| Subject | ZCTA5 61068 | | ZCTA5 61084 | | ZCTA5 61104 | | ZCTA5 61109 | | ZCTA5 61318 | | ZCTA5 61353 | |
|--------------------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| SEX AND AGE | | | | | | | | | | | | |
| Total population | 14,816 | 14,816 | 2,956 | 2,956 | 18,982 | 18,982 | 27,432 | 27,432 | 798 | 798 | 1,271 | 1,271 |
| Male | 7,704 | 52.0% | 1,422 | 48.1% | 9,177 | 48.3% | 13,584 | 49.5% | 391 | 49.0% | 623 | 49.0% |
| Female | 7,112 | 48.0% | 1,534 | 51.9% | 9,805 | 51.7% | 13,848 | 50.5% | 407 | 51.0% | 648 | 51.0% |
| Under 5 years | 991 | 6.7% | 302 | 10.2% | 2,010 | 10.6% | 1,907 | 7.0% | 33 | 4.1% | 52 | 4.1% |
| 5 to 9 years | 1,058 | 7.1% | 234 | 7.9% | 1,499 | 7.9% | 1,989 | 7.3% | 80 | 10.0% | 69 | 5.4% |
| 10 to 14 years | 1,063 | 7.2% | 137 | 4.6% | 1,185 | 6.2% | 1,846 | 6.7% | 64 | 8.0% | 93 | 7.3% |
| 15 to 19 years | 1,170 | 7.9% | 141 | 4.8% | 1,542 | 8.1% | 1,733 | 6.3% | 29 | 3.6% | 81 | 6.4% |
| 20 to 24 years | 945 | 6.4% | 144 | 4.9% | 1,670 | 8.8% | 1,879 | 6.8% | 15 | 1.9% | 80 | 6.3% |
| 25 to 34 years | 1,909 | 12.9% | 408 | 13.8% | 2,699 | 14.2% | 3,686 | 13.4% | 193 | 24.2% | 153 | 12.0% |
| 35 to 44 years | 1,922 | 13.0% | 376 | 12.7% | 2,560 | 13.5% | 3,480 | 12.7% | 58 | 7.3% | 152 | 12.0% |
| 45 to 54 years | 2,041 | 13.8% | 450 | 15.2% | 2,203 | 11.6% | 3,903 | 14.2% | 104 | 13.0% | 205 | 16.1% |
| 55 to 59 years | 827 | 5.6% | 190 | 6.4% | 1,030 | 5.4% | 1,696 | 6.2% | 63 | 7.9% | 90 | 7.1% |
| 60 to 64 years | 697 | 4.7% | 168 | 5.7% | 898 | 4.7% | 1,761 | 6.4% | 23 | 2.9% | 82 | 6.5% |
| 65 to 74 years | 1,190 | 8.0% | 238 | 8.1% | 894 | 4.7% | 2,379 | 8.7% | 51 | 6.4% | 147 | 11.6% |
| 75 to 84 years | 586 | 4.0% | 124 | 4.2% | 518 | 2.7% | 874 | 3.2% | 76 | 9.5% | 55 | 4.3% |
| 85 years and over | 417 | 2.8% | 44 | 1.5% | 274 | 1.4% | 299 | 1.1% | 9 | 1.1% | 12 | 0.9% |
| Median age (years) | 36.5 | (X) | 38.8 | (X) | 30.5 | (X) | 37.4 | (X) | 32.5 | (X) | 41.3 | (X) |
| 18 years and over | 10,979 | 74.1% | 2,208 | 74.7% | 13,472 | 71.0% | 20,492 | 74.7% | 613 | 76.8% | 1,002 | 78.8% |
| 21 years and over | 10,281 | 69.4% | 2,123 | 71.8% | 12,332 | 65.0% | 19,658 | 71.7% | 587 | 73.6% | 965 | 75.9% |
| 62 years and over | 2,558 | 17.3% | 498 | 16.8% | 2,174 | 11.5% | 4,679 | 17.1% | 148 | 18.5% | 273 | 21.5% |
| 65 years and over | 2,193 | 14.8% | 406 | 13.7% | 1,686 | 8.9% | 3,552 | 12.9% | 136 | 17.0% | 214 | 16.8% |
| 18 years and over | 10,979 | 10,979 | 2,208 | 2,208 | 13,472 | 13,472 | 20,492 | 20,492 | 613 | 613 | 1,002 | 1,002 |
| Male | 5,524 | 50.3% | 1,108 | 50.2% | 6,464 | 48.0% | 9,914 | 48.4% | 314 | 51.2% | 517 | 51.6% |
| Female | 5,455 | 49.7% | 1,100 | 49.8% | 7,008 | 52.0% | 10,578 | 51.6% | 299 | 48.8% | 485 | 48.4% |
| 65 years and over | 2,193 | 2,193 | 406 | 406 | 1,686 | 1,686 | 3,552 | 3,552 | 136 | 136 | 214 | 214 |
| Male | 956 | 43.6% | 199 | 49.0% | 795 | 47.2% | 1,585 | 44.6% | 61 | 44.9% | 109 | 50.9% |

| Subject | ZCTA5 61068 | | ZCTA5 61084 | | ZCTA5 61104 | | ZCTA5 61109 | | ZCTA5 61318 | | ZCTA5 61353 | |
|--|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Female | 1,237 | 56.4% | 207 | 51.0% | 891 | 52.8% | 1,967 | 55.4% | 75 | 55.1% | 105 | 49.1% |
| | | | | | | | | | | | | |
| RACE | | | | | | | | | | | | |
| Total population | 14,816 | 14,816 | 2,956 | 2,956 | 18,982 | 18,982 | 27,432 | 27,432 | 798 | 798 | 1,271 | 1,271 |
| One race | 14,517 | 98.0% | 2,951 | 99.8% | 17,797 | 93.8% | 26,501 | 96.6% | 786 | 98.5% | 1,246 | 98.0% |
| Two or more races | 299 | 2.0% | 5 | 0.2% | 1,185 | 6.2% | 931 | 3.4% | 12 | 1.5% | 25 | 2.0% |
| | | | | | | | | | | | | |
| One race | 14,517 | 98.0% | 2,951 | 99.8% | 17,797 | 93.8% | 26,501 | 96.6% | 786 | 98.5% | 1,246 | 98.0% |
| White | 13,229 | 89.3% | 2,895 | 97.9% | 11,021 | 58.1% | 20,566 | 75.0% | 647 | 81.1% | 1,236 | 97.2% |
| Black or African American | 403 | 2.7% | 3 | 0.1% | 4,069 | 21.4% | 3,078 | 11.2% | 0 | 0.0% | 8 | 0.6% |
| American Indian and Alaska Native | 10 | 0.1% | 0 | 0.0% | 176 | 0.9% | 33 | 0.1% | 0 | 0.0% | 0 | 0.0% |
| Cherokee tribal grouping | 0 | 0.0% | 0 | 0.0% | 12 | 0.1% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Chippewa tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Navajo tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Sioux tribal grouping | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian | 124 | 0.8% | 16 | 0.5% | 780 | 4.1% | 1,381 | 5.0% | 2 | 0.3% | 0 | 0.0% |
| Asian Indian | 17 | 0.1% | 0 | 0.0% | 4 | 0.0% | 356 | 1.3% | 0 | 0.0% | 0 | 0.0% |
| Chinese | 0 | 0.0% | 0 | 0.0% | 27 | 0.1% | 56 | 0.2% | 0 | 0.0% | 0 | 0.0% |
| Filipino | 107 | 0.7% | 0 | 0.0% | 24 | 0.1% | 100 | 0.4% | 0 | 0.0% | 0 | 0.0% |
| Japanese | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Korean | 0 | 0.0% | 2 | 0.1% | 5 | 0.0% | 3 | 0.0% | 2 | 0.3% | 0 | 0.0% |
| Vietnamese | 0 | 0.0% | 0 | 0.0% | 72 | 0.4% | 160 | 0.6% | 0 | 0.0% | 0 | 0.0% |
| Other Asian | 0 | 0.0% | 14 | 0.5% | 648 | 3.4% | 702 | 2.6% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Native Hawaiian | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Guamanian or Chamorro | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Samoaan | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Pacific Islander | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 751 | 5.1% | 37 | 1.3% | 1,751 | 9.2% | 1,443 | 5.3% | 137 | 17.2% | 2 | 0.2% |
| Two or more races | 299 | 2.0% | 5 | 0.2% | 1,185 | 6.2% | 931 | 3.4% | 12 | 1.5% | 25 | 2.0% |
| White and Black or African American | 105 | 0.7% | 0 | 0.0% | 505 | 2.7% | 445 | 1.6% | 1 | 0.1% | 0 | 0.0% |

| Subject | ZCTA5 61068 | | ZCTA5 61084 | | ZCTA5 61104 | | ZCTA5 61109 | | ZCTA5 61318 | | ZCTA5 61353 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| White and American Indian and Alaska Native | 97 | 0.7% | 0 | 0.0% | 117 | 0.6% | 135 | 0.5% | 4 | 0.5% | 9 | 0.7% |
| White and Asian | 4 | 0.0% | 5 | 0.2% | 22 | 0.1% | 32 | 0.1% | 0 | 0.0% | 0 | 0.0% |
| Black or African American and American Indian and Alaska Native | 0 | 0.0% | 0 | 0.0% | 76 | 0.4% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | | | | | | | | | | | | |
| Race alone or in combination with one or more other races | | | | | | | | | | | | |
| Total population | 14,816 | 14,816 | 2,956 | 2,956 | 18,982 | 18,982 | 27,432 | 27,432 | 798 | 798 | 1,271 | 1,271 |
| White | 13,522 | 91.3% | 2,900 | 98.1% | 12,083 | 63.7% | 21,460 | 78.2% | 654 | 82.0% | 1,245 | 98.0% |
| Black or African American | 529 | 3.6% | 3 | 0.1% | 4,706 | 24.8% | 3,602 | 13.1% | 1 | 0.1% | 24 | 1.9% |
| American Indian and Alaska Native | 107 | 0.7% | 0 | 0.0% | 400 | 2.1% | 225 | 0.8% | 11 | 1.4% | 9 | 0.7% |
| Asian | 158 | 1.1% | 21 | 0.7% | 860 | 4.5% | 1,450 | 5.3% | 4 | 0.5% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 45 | 0.3% | 0 | 0.0% | 25 | 0.1% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race | 814 | 5.5% | 37 | 1.3% | 2,149 | 11.3% | 1,683 | 6.1% | 142 | 17.8% | 18 | 1.4% |
| | | | | | | | | | | | | |
| HISPANIC OR LATINO AND RACE | | | | | | | | | | | | |
| Total population | 14,816 | 14,816 | 2,956 | 2,956 | 18,982 | 18,982 | 27,432 | 27,432 | 798 | 798 | 1,271 | 1,271 |
| Hispanic or Latino (of any race) | 3,569 | 24.1% | 145 | 4.9% | 5,247 | 27.6% | 4,803 | 17.5% | 159 | 19.9% | 39 | 3.1% |
| Mexican | 3,323 | 22.4% | 108 | 3.7% | 4,525 | 23.8% | 4,362 | 15.9% | 153 | 19.2% | 12 | 0.9% |
| Puerto Rican | 13 | 0.1% | 0 | 0.0% | 536 | 2.8% | 310 | 1.1% | 6 | 0.8% | 11 | 0.9% |
| Cuban | 27 | 0.2% | 0 | 0.0% | 34 | 0.2% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Other Hispanic or Latino | 206 | 1.4% | 37 | 1.3% | 152 | 0.8% | 120 | 0.4% | 0 | 0.0% | 16 | 1.3% |
| Not Hispanic or Latino | 11,247 | 75.9% | 2,811 | 95.1% | 13,735 | 72.4% | 22,629 | 82.5% | 639 | 80.1% | 1,232 | 96.9% |
| White alone | 10,608 | 71.6% | 2,787 | 94.3% | 8,359 | 44.0% | 17,480 | 63.7% | 630 | 78.9% | 1,213 | 95.4% |
| Black or African American alone | 386 | 2.6% | 3 | 0.1% | 3,863 | 20.4% | 3,051 | 11.1% | 0 | 0.0% | 8 | 0.6% |
| American Indian and Alaska Native alone | 0 | 0.0% | 0 | 0.0% | 25 | 0.1% | 11 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Asian alone | 124 | 0.8% | 16 | 0.5% | 780 | 4.1% | 1,366 | 5.0% | 2 | 0.3% | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Some other race alone | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 50 | 0.2% | 0 | 0.0% | 2 | 0.2% |
| Two or more races | 129 | 0.9% | 5 | 0.2% | 708 | 3.7% | 671 | 2.4% | 7 | 0.9% | 9 | 0.7% |
| Two races including Some other race | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 16 | 0.1% | 0 | 0.0% | 0 | 0.0% |

353

ATTACHMENT-18B

| Subject | ZCTA5 61068 | | ZCTA5 61084 | | ZCTA5 61104 | | ZCTA5 61109 | | ZCTA5 61318 | | ZCTA5 61353 | |
|---|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|-------------|---------|
| | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent | Estimate | Percent |
| Two races excluding Some other race, and Three or more races | 129 | 0.9% | 5 | 0.2% | 708 | 3.7% | 655 | 2.4% | 7 | 0.9% | 9 | 0.7% |
| Total housing units | 6,096 | (X) | 1,184 | (X) | 8,930 | (X) | 11,928 | (X) | 376 | (X) | 591 | (X) |
| CITIZEN, VOTING AGE POPULATION | | | | | | | | | | | | |
| Citizen, 18 and over population | 9,699 | 9,699 | 2,189 | 2,189 | 11,803 | 11,803 | 18,565 | 18,565 | 561 | 561 | 998 | 998 |
| Male | 4,913 | 50.7% | 1,108 | 50.6% | 5,564 | 47.1% | 8,942 | 48.2% | 263 | 46.9% | 513 | 51.4% |
| Female | 4,786 | 49.3% | 1,081 | 49.4% | 6,239 | 52.9% | 9,623 | 51.8% | 298 | 53.1% | 485 | 48.6% |

| Subject | ZCTA5 61378 | |
|--------------------|-------------|---------|
| | Estimate | Percent |
| SEX AND AGE | | |
| Total population | 572 | 572 |
| Male | 304 | 53.1% |
| Female | 268 | 46.9% |
| | | |
| Under 5 years | 61 | 10.7% |
| 5 to 9 years | 64 | 11.2% |
| 10 to 14 years | 37 | 6.5% |
| 15 to 19 years | 23 | 4.0% |
| 20 to 24 years | 30 | 5.2% |
| 25 to 34 years | 25 | 4.4% |
| 35 to 44 years | 74 | 12.9% |
| 45 to 54 years | 104 | 18.2% |
| 55 to 59 years | 42 | 7.3% |
| 60 to 64 years | 30 | 5.2% |
| 65 to 74 years | 47 | 8.2% |
| 75 to 84 years | 34 | 5.9% |
| 85 years and over | 1 | 0.2% |
| | | |
| Median age (years) | 43.4 | (X) |
| | | |
| 18 years and over | 388 | 67.8% |
| 21 years and over | 386 | 67.5% |
| 62 years and over | 98 | 17.1% |
| 65 years and over | 82 | 14.3% |
| | | |
| 18 years and over | 388 | 388 |
| Male | 202 | 52.1% |
| Female | 186 | 47.9% |
| | | |
| 65 years and over | 82 | 82 |
| Male | 55 | 67.1% |

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ATTACHMENT-188

| Subject | ZCTA5 61378 | |
|--|-------------|---------|
| | Estimate | Percent |
| Female | 27 | 32.9% |
| | | |
| RACE | | |
| Total population | 572 | 572 |
| One race | 553 | 96.7% |
| Two or more races | 19 | 3.3% |
| | | |
| One race | 553 | 96.7% |
| White | 553 | 96.7% |
| Black or African American | 0 | 0.0% |
| American Indian and Alaska Native | 0 | 0.0% |
| Cherokee tribal grouping | 0 | 0.0% |
| Chippewa tribal grouping | 0 | 0.0% |
| Navajo tribal grouping | 0 | 0.0% |
| Sioux tribal grouping | 0 | 0.0% |
| Asian | 0 | 0.0% |
| Asian Indian | 0 | 0.0% |
| Chinese | 0 | 0.0% |
| Filipino | 0 | 0.0% |
| Japanese | 0 | 0.0% |
| Korean | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| Other Asian | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% |
| Native Hawaiian | 0 | 0.0% |
| Guamanian or Chamorro | 0 | 0.0% |
| Samoan | 0 | 0.0% |
| Other Pacific Islander | 0 | 0.0% |
| Some other race | 0 | 0.0% |
| Two or more races | 19 | 3.3% |
| White and Black or African American | 0 | 0.0% |

356

ATTACHMENT-188

| Subject | ZCTA5 61378 | |
|---|-------------|---------|
| | Estimate | Percent |
| White and American Indian and Alaska Native | 0 | 0.0% |
| White and Asian | 0 | 0.0% |
| Black or African American and American Indian and Alaska Native | 8 | 1.4% |
| | | |
| Race alone or in combination with one or more other races | | |
| Total population | 572 | 572 |
| White | 553 | 96.7% |
| Black or African American | 19 | 3.3% |
| American Indian and Alaska Native | 8 | 1.4% |
| Asian | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander | 0 | 0.0% |
| Some other race | 11 | 1.9% |
| | | |
| HISPANIC OR LATINO AND RACE | | |
| Total population | 572 | 572 |
| Hispanic or Latino (of any race) | 23 | 4.0% |
| Mexican | 23 | 4.0% |
| Puerto Rican | 0 | 0.0% |
| Cuban | 0 | 0.0% |
| Other Hispanic or Latino | 0 | 0.0% |
| Not Hispanic or Latino | 549 | 96.0% |
| White alone | 541 | 94.6% |
| Black or African American alone | 0 | 0.0% |
| American Indian and Alaska Native alone | 0 | 0.0% |
| Asian alone | 0 | 0.0% |
| Native Hawaiian and Other Pacific Islander alone | 0 | 0.0% |
| Some other race alone | 0 | 0.0% |
| Two or more races | 8 | 1.4% |
| Two races including Some other race | 0 | 0.0% |

| Subject | ZCTA5 61378 | |
|---|-------------|---------|
| | Estimate | Percent |
| Two races excluding Some other race, and Three or more races | 8 | 1.4% |
| | | |
| Total housing units | 236 | (X) |
| | | |
| CITIZEN, VOTING AGE POPULATION | | |
| Citizen, 18 and over population | 386 | 386 |
| Male | 200 | 51.8% |
| Female | 186 | 48.2% |

Manor Court of Rochelle
30-Minute Travel Contour Facilities

| FACID | FACNAME | ADDRESS | CITY | 2015 PROFILE | Drive Distance | Drive Time |
|---------|--|----------------------------|----------------|----------------------------|----------------|------------|
| | | | | DATA | | |
| | | | | # of Licensed Nursing Beds | | |
| 6008106 | Rochelle Rehab & Health Center (1) | 900 North 3rd Street | Rochelle | 50 | 1.9 | 4 |
| 6008098 | Rochelle Gardens Care Center (2) | 1021 North Caron Road | Rochelle | 74 | 2.2 | 3 |
| 6003305 | Franklin Grove Nursing Center (3) | 502 N. State St | Franklin Grove | 121 | 16.7 | 20 |
| 6015630 | Dekalb County Rehab & Nursing | 2600 N. Annie Glidden Road | Dekalb | 190 | 18 | 26 |
| 6007413 | Pine Acres Care Center (4) | 1212 South Second Street | Dekalb | 119 | 18.4 | 28 |
| 6009989 | Oregon Healthcare Center (5) | 811 South 10th Street | Dregon | 104 | 19 | 25 |
| 6006514 | Neighbors Rehab Ctr (6) | 811 W 2nd St | Byron | 101 | 22.6 | 28 |
| 6008502 | Prairie Crossing Living & Rehabilitation (7) | 4 South Sequoya St | Shabbona | 91 | 22.5 | 26 |
| 6004337 | Heritage Square | 620 North Dttawa Avenue | Dixon | 27 | 23.9 | 29 |
| 6013338 | Katherine Shaw Bethea Hospital | 403 East First Street | Dixon | 0 | 23.4 | 28 |
| | | | | 877 | | |

NOTE: Outside of 30-minute contour/inside of 20-mile radius

| | | | | | | |
|---------|--------------------------------|----------------------------|--------|------------|------|----|
| 6014872 | Bethany Hlth Care & Rehab Ctr. | 3298 Resource Parkway | Dekalb | 90 | 21.1 | 32 |
| 6006738 | Oak Crest/Dekalb (8) | 2944 Greenwood Acres Drive | Dekalb | 73 | 21 | 32 |
| | | | | 163 | | |

- (1) formerly Rochelle Nursing and Rehabilitation Center (1984 inventory)
- (2) formerly Rochelle Manor (1984 inventory)
- (3) 2015 profile name: Franklin Grove Living & Rehab; Formerly Franklin Grove Health Care Center (1984 Inventory)
- (4) 2015 profile name: Pine Acres Care Rehab & Living Ctr.
- (5) 2015 profile name: Oregon Living & Rehab Center
- (6) 01/09/2017 #14-008 facility completed project to add 30 Nursing Care Beds; facility now has 131 Nursing Care beds; 2015 profile address: P O Box 58
- (7) Formerly Shabbona Nursing Home (1984 Inventory); 2011-2015 profiles address: 409 West Comanche Street
- (8) Formerly Oak Crest/Dekalb Area Ret. Center (1984 inventory)

Source: Long-Term Care Facility Questionnaire for 2015, Illinois Department of Public Health, Health Systems Development

www.mapquest.com

Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services

Inventory of Health Care Facilities and Services and Need Determinations - 1984 - Long-Term Care Services

Illinois Department of HealthCare and Family Services Cost reports (<http://www.illinois.gov/hfs/Pages/default.aspx>)

American Fact Finder, United States Census Bureau (www.factfinder.census.gov), Dataset: 2015 ACS 5-year estimates

Microsoft MapPoint 2009

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiv

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

Nursing care is the only category of service applicable.

2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

This project is for the establishment of Liberty Village of Rochelle, collectively a single 92-bed nursing facility. Manor Court of Rochelle will house the 70 General Long-Term Care nursing beds; it will be connected to Garden Courts of Rochelle, a 22-bed Skilled Memory Care facility treating residents suffering with Alzheimer's Disease and Related Disorders (ADRD).

Appended as **ATTACHMENT-19A**, is the staffing pattern by position title for the proposed 92-bed Long-Term Care facility. It should be noted that the Applicant and its Administrative Services Company has on file hundreds of active applications for employment at any given time (refer to **ATTACHMENT-19B** for documentation).

As previously mentioned, this entity is related to "sister" facilities that have the resources of eight General Long-Term Care campuses, among others, throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment

ATTACHMENT-19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xv

program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools, as well as utilizing the subscription job search site of INDEED, has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start up facilities. The Applicant is closely related to RFMS, Inc., the Administrative Services Company, recruits locally, regionally, and nationally for highly qualified staff. The following steps are taken to actively recruit new staff:

A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;

1. Advertisement in the local newspaper and digital media;
2. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A video will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;
3. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

ATTACHMENT-19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued xvi*

The proposed employees will have paid continuing education credits, competitive wages, and a pension offered. RFMS, Inc. has employees within the area and the State to pull from to fill any needed position. Furthermore, RFMS, Inc. will provide upward mobility transfer to those employees within the market area.

Thus, it does not appear that with the Applicant's experience that there will be any difficulty in securing the needed health care manpower.

Manor Court of Rochelle
Proposed Staffing Pattern

Proposed staffing for 92-beds.

The following staffing plan assumes an average daily occupancy of 90%. All positions are listed as Full-Time Equivalents (FTE's). One FTE equals 2,080 hours/year.

| | |
|-------------------------------|-------|
| Activity Director | 1 |
| Activity Aide | 3.5 |
| Admissions Coordinator | 1 |
| Social Service Director | 1 |
| Medical Records | 1 |
| Director of Nursing | 1 |
| Assistant Director of Nursing | 1 |
| MDS Coordinator | 2 |
| Garden Court Coordinator | 1 |
| RN | 10 |
| LPN | 10 |
| CNA | 42 |
| Dietary Supervisor | 1 |
| Dietary Cooks | 12 |
| Housekeeping Supervisor | 1 |
| Housekeepers | 9 |
| Maintenance Supervisor | 1 |
| Maintenance Staff | 1 |
| Administrator | 1 |
| HR Manager | 1 |
| Business Office Manager | 1 |
| Clerical Staff | 3 |
| Marketing Director | 1 |
| | <hr/> |
| | 106.5 |

Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401

August 11, 2017

Ms. Courtney Avery, Administrator
 Illinois Health Facilities and
 Services Review Board
 525 W. Jefferson Street, 2nd Floor
 Springfield, IL 62761

RE: Applications on file, Manor Court of Rochelle

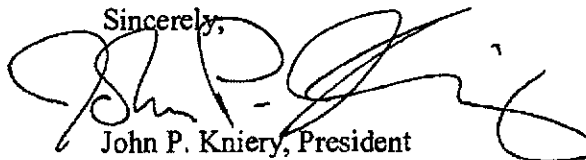
Dear Ms. Avery,

Staffing is a significant issue in the Long-Term Care industry as well as in the CON application. This organization is constantly developing staff for its multiple locations. The chart below illustrates the number of active job applicants on file at four of our closest locations to the proposed project. It is understood that this is only an indicator of staffing ability, but one that this organization benefits from as it can draw from a much larger geographic area.

| | <u>Danville</u> | <u>Freeport</u> | <u>Pcru</u> | <u>Princeton</u> | <u>Total by Position</u> |
|--|-----------------|-----------------|-------------|------------------|--------------------------|
| Receptionist /Clerical/Medical Records | 8 | 1 | | 90 | 99 |
| C.N.A. | 24 | 6 | 6 | 100 | 136 |
| Social Services | 1 | | 100 | | 101 |
| Nursing | 16 | 4 | 10 | 16 | 46 |
| Housekeeping/Laundry | 30 | 9 | 19 | 69 | 127 |
| HR Manager | 3 | 30 | | | 33 |
| Marketing | 1 | | | | 1 |
| Therapy | 1 | | | | 1 |
| Activities | 1 | 2 | | 52 | 55 |
| Dietary/Cook | 11 | 19 | 50 | 123 | 203 |
| Maintenance | 8 | 1 | 100 | 127 | 236 |
| "Any" job | | 9 | | 29 | 38 |
| | 104 | 81 | 285 | 606 | 1,076 |

As noted, above is a combination of active online applications, Indeed-generated resumes or walk-in's filling out applications at the facility. Residential Alternatives of Illinois, Inc. values its mission of caring for seniors. At the core of providing that care is our staff; therefore, staff and staffing of the above reference project is of greatest importance. Based upon its existing operating experience, it does not appear staffing will be an issue.

Sincerely,



John P. Kniery, President
 Residential Alternatives of Illinois, Inc.

ATTACHMENT-19B

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xvii

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds; unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over a two-year period.

This proposed project is only for the establishment of a 92-bed nursing care facility. Upon project completion the licensed bed capacity will be 92 nursing care beds. Therefore, the proposed project is compliant with this criterion.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xviii

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

Appended as **ATTACHMENT-21A** are fourteen (14) letters of support for the proposed Manor Court of Rochelle. These letters are from:

- Rochelle Community Hospital and signed by Mark J. Batty, Chief Executive Officer, Dr. Nancy S. Williams, Dr. Surjit S. Thiara, Dr. Jason C. Popp, Dr. Katherine Ritter and Dr. Christine M. Gorman;
- Mayor Chet Olson, City of Rochelle;
- Michelle J. Pease, Community Development, City of Rochelle;
- Rev. Douglas Forsberg, Senior Pastor, First Presbyterian Church;
- Vicki Snyder Chura, Special Projects Director, Rochelle Township High School;
- Peggy Friday, Executive Director, Rochelle Chamber of Commerce;
- Richard J. Craven, Superintendent, Rochelle Township High School;
- Kelly Soost, RN, MS, MBA, Coordinator of Nursing/Faculty, Kishwaukee College;
- Rev. Robert A. Hamilton III, Rochelle United Methodist Church;
- David Eckhardt, President Hub City Senior Center & Rochelle City Council Member;
- Connie Dougherty, Executive Director, Hub City Senior Center;
- Spencer L. Hayden and Karen A. Hayden, Hayden Real Estate, Inc.;
- Perry W. Byers, President/CEO, Holcomb State Bank;
- And Briana Russom PA-C, Swedish American Health System, Rochelle Clinic.

The above listed letters truly illustrate how this project is needed and more importantly how it is a community project. From the local Critical Access Hospital's administration and physicians, the extended health care delivery system, and the educational system (high school and community college) to the local churches and civic officials, it becomes apparent that this project is not only warranted, it is long overdue.

ATTACHMENT-21



900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax. (815) 561-3120

March 27, 2017

Mr. Jeffery Mark
Illinois Health Facilities Planning Board
525 West Jefferson St.
Springfield, IL 62762

Dear Mr. Mark,

I am writing in representation of Rochelle Community Hospital (RCH) in support of the proposed development of a skilled nursing facility operated by Liberty Village in Rochelle, IL.

Having familiarity with like facilities operated by Liberty Village in Peru and Princeton, IL, an establishment of this kind will benefit the Rochelle Community and those patients discharged from RCH requiring post-acute care. Specifically, former hospitalized patients will be able to receive skilled nursing, short-term rehab and even Alzheimer or dementia care in a secure environment.

The Rochelle community will also benefit by having this available locally, eliminating the need for patients and their families to drive extended distances out of town for this type and level of care.

In summary, Rochelle Community Hospital supports this proposed development and would be willing to answer any questions or provide further information as may be required. Please feel free to contact me directly at 815/562-1410.

Sincerely,

Mark J. Batty
Chief Executive Officer

Dr. Nancy S. Williams

Dr. Surjit S. Thiara

Dr. Jason C. Popp

Dr. Katherine Ritter

Dr. Christine M. Gorman

ATTACHMENT-21A



March 28, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing in support of the application for a permit to build Liberty Village of Rochelle, a skilled nursing facility in the City of Rochelle, IL.

It is exciting to see a project like this being proposed in a community in need of options for seniors and their families for extended medical care and rehabilitative services. There is a demand in Rochelle for quality memory care and assistance with activities of daily living in addition to ongoing specialized nursing assistance for chronic medical conditions. I urge the Illinois Health Facilities Planning Board to approve the application for this new skilled facility.

Sincerely,

A handwritten signature in cursive that reads "Chet Olson".

Mayor Chet Olson
MAYOR

420 North 6th Street
Rochelle, IL 61068
www.cityofrochelle.net

ATTACHMENT-21A



Michelle J Pease
Community Development
City of Rochelle
417 N 6th Street
Rochelle, IL 61068

April 3, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

I am writing to express my positive support for the new skilled care nursing facility proposed to be built in the city of Rochelle, IL. I believe Liberty Village of Rochelle; a skilled care nursing facility can greatly benefit our community.

This facility will allow more Rochelle residents who are in need of skilled care nursing, therapy and dementia care to remain near family and friends. We have found that many citizens of our community are traveling between 15 to 30 miles outside of our city to obtain quality skilled care. I personally traveled to another community to seek care for my 92 year old Grandmother. It would be a benefit to our aging community to have these resources in our own backyard.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Michelle J Pease".

Michelle J Pease

ATTACHMENT-21A

An Amazing Place...

For Amazing Grace

First Presbyterian Church
1100 Calvin Road, P.O. Box 215, Rochelle, IL 61068
(815)562-7053 info@PlaceForGrace.com

April 4, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

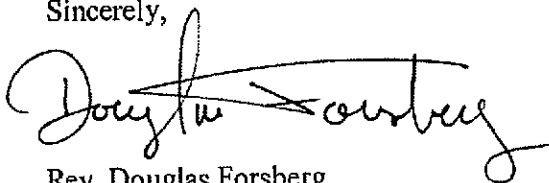
Dear Mr. Mark and Board Members:

My name is Rev. Doug Forsberg, and I am the Senior Pastor of First Presbyterian Church in Rochelle, IL. I am writing to express my support for the new skilled care nursing facility that has been proposed to be built in the city of Rochelle, IL.

I believe such a facility would greatly benefit our community, for it would allow Rochelle residents who are in need of skilled care nursing, therapy and dementia care to remain near family and friends. I have pastored 1st Presbyterian for four years and in almost every instance of need of such care our parishioners are traveling between 15 to 30 miles to access it. We are the largest congregation in Rochelle, so I see this occur on a weekly basis, but in talking to other members of the community I know it is true of so many residents. When a patient accesses care so far away, an extra burden is then placed on family members who cover 30-60 miles round trip, often on a daily basis, to see and encourage their loved one.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,



Rev. Douglas Forsberg
Senior Pastor

Rev. Douglas Forsberg, Senior Pastor

Rev. Dr. James A. Tilley, Minister of Discipleship

Debra S. Drew, Office Coordinator

Mae Pemberton, Youth Ministries Director

Sara Slattengren, Director of Christian Education

ATTACHMENT-21A



ROCHELLE TOWNSHIP HIGH SCHOOL



Richard J. Craven, Superintendent
Jason M. Harper, Principal
Richard L. Harvey, Assistant Principal
Christopher Lewis, Assistant Principal

March 24 2017

Mr. Jeffrey Mark

Illinois Health Facilities Planning Board

525 West Jefferson Street

Springfield, IL 62762

Dear Mr. Mark,

This letter is written in support of the proposed Liberty Village skilled nursing facility in Rochelle which will be adjacent to Rochelle Township High School. A new facility will create assistance and skilled care currently unavailable to many in need. Rehabilitation services and Dementia care currently require travel. The proposed facility will keep families together in town and serve those in even smaller outlying communities.

Rochelle Township High School hopes to work in cooperation with its staff to provide educational and volunteer opportunities for our high school students.

Your positive consideration of the Certificate of Need is appreciated.

Thank you for your help.

Sincerely,


Vicki Snyder Chura

Special Projects Director

Rochelle Township High School

815-562-4161, ext 5214

vschura@rthsd212.org



ROCHELLE

ILLINOIS

CHAMBER OF COMMERCE

March 28, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

On behalf of myself and the Rochelle Chamber of Commerce Board of Directors, thank you for the opportunity to express our support for the application for a permit to construct Liberty Village of Rochelle, a skilled nursing facility in Rochelle, Illinois.

With a mission to keep our seniors living close to their families, we recognize the need in the City of Rochelle for quality elder continuum care and skilled services including rehabilitation, therapy, memory and long-term care. Rochelle is undergoing a very methodical rebranding process to create new employment and social opportunities while recruiting millennials and young families. Access to the types of senior care services offered at Liberty Village would benefit our citizens, local businesses, service organizations, neighbors, and future residents.

Very truly yours,

Peggy Friday
Executive Director

R**ROCHELLE TOWNSHIP HIGH SCHOOL**

Richard J. Craven, Superintendent
Jason Harper, Principal
Richard L. Harvey, Assistant Principal
Chris Lewis, Assistant Principal

R


March 13, 2017.

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, Illinois 62762

Mr. Mark,

I am writing to share my support for having a Liberty Village facility in Rochelle. In communicating with representatives from this organization, it is my understanding that there would be partnership opportunities available for our students who are interested in entering the nursing and health care fields. Rochelle Township High School is aggressively pursuing real-life opportunities for our student including job shadowing and internships as a part of our career readiness curriculum and Work-based learning program. Liberty Village would be an additional opportunity for students who will be interested in exploring the health care profession.

Sincerely,


Richard J. Craven
Superintendent
Rochelle Township High School

1401 FLAGG ROAD, ROCHELLE, ILLINOIS 61068
PHONE (815) 562-4161 WWW.RTHS.ROCHELLE.IL.NET FAX (815) 562-6693

ROCHELLE TOWNSHIP HIGH SCHOOL is an equal opportunity employer. ATTACHMENT-21A

April 3, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing in support of the permit application for the proposed Liberty Village skilled nursing facility to be built in our city of Rochelle, IL.

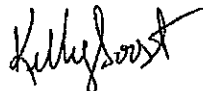
This facility would provide convenient assistance and quality skilled care to the town of Rochelle and surrounding area that is not currently available. Many of our local residents are currently traveling several miles outside of Rochelle to receive rehabilitation services and Dementia care.

As a resident of Rochelle and a healthcare provider, I can assure you that many family friends have had to seek rehabilitation services in Rockford and DeKalb because of lack of services available in my hometown. This is a hardship on spouses and family who have to travel to visit. With Rochelle Community Hospital providing both surgical and medical care, it only makes sense to have facilities that clients can follow-through in locally as well.

As a faculty member and Coordinator of Kishwaukee College's nursing program, I also feel Liberty Village will benefit our students in the nursing program by providing additional employment opportunities. Many of our students seek positions as certified nurse's aides during the program, and all will be seeking employment as registered nurses upon graduation. My hope would be that we could also form a cooperative agreement for clinical experiences while students are in the nursing program as well.

Your positive consideration of this Certificate of Need will be very much appreciated. Thank you for your help.

Sincerely,



Kelly Soost, RN, MS, MBA
Coordinator of Nursing/Faculty



Rochelle United Methodist Church

Rochelle, Illinois

Connect. Grow.
Serve.

THE UNITED METHODIST CHURCH

April 19, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

My name is Rev. Robert Hamilton and I am the Pastor of Rochelle United Methodist Church. I am writing to express my positive support for the new skilled care nursing facility proposed to be built in Rochelle, IL.

As the Pastor of one of the largest Protestant congregations in Rochelle, I am aware of the need for quality care for our older adults; especially as their health changes, declines or suffer from dementia. I believe Liberty Village of Rochelle will greatly benefit our community as our older adult population continues to grow. The services this facility will provide will allow more Rochelle residents an alternative to traveling greater distances to other skilled care facilities.

Currently most of my Rochelle congregants travel outside of the community for their skilled care and rehabilitation needs; they go to Rockford, Dekalb, Sycamore and Franklin Grove. This extra travel is a burden and danger to families. Often the spouse of my older adults who need skilled care must travel 80-90 minutes daily to visit their loved one and that kind of travel wears on them and truthfully some are not safe driving such distances daily. Even as a Pastor, due to the distance required for travel, I am not able to provide the Spiritual Care I'd like to offer my congregants because of how spread out my congregants are at these different facilities. It is my opinion that having a skilled care and rehab facility in Rochelle would enable me to provide adequate Spiritual Care for my parishioners, help families, and keep our roadways safer.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance and blessings upon your discernment.

Sincerely,

Rev. Robert A. Hamilton III

ATTACHMENT-21A



Hub City Senior Center

401 Cherry Avenue, Rochelle, IL 61068

815-562-5050 Fax: 815-561-7012

www.hubcityseniorcenter.com

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

This letter is written in support for the proposed Liberty Village skilled nursing facility to be built in our City of Rochelle, IL.

This facility would provide convenient assistance and quality skilled care to our area that is not currently available. Many of our local residence are currently traveling several miles outside of Rochelle to receive rehabilitation services and Dementia care. I feel it is very important to reduce the burden on our Rochelle families by keeping their loved ones in the community.

My mom is at an assisted living facility about 20 miles from Rochelle. There were virtually no choices for us in the Rochelle market. One of the things that attracted us to this location was the fact that they also have Nursing Home facilities too. There is only one option for Assisted Living in Rochelle, and would want to take her out of town for Nursing Home care (no choices). The facility she is at is in Lee County. We have the largest population of seniors in Ogle County, but have virtually nowhere locally for them to go. The worse part of my mom living so far out of town is that you don't visit her as much because of the distance. Rochelle needs facilities like these badly.

Your positive consideration of the Certificate of Need will be very much appreciated. I really believe this project is need in our community.

Sincerely,

David Eckhardt
President Hub City Senior Center & Rochelle City Council Member

ATTACHMENT-21A



Hub City Senior Center

401 Cherry Avenue, Rochelle, IL 61068

815-562-5050 Fax: 815-561-7012

www.hubcityseniorcenter.com

April 6, 2017

**Executive
Director**
Connie
Dougherty

**Board
Members:**

Dave Eckhardt
President

Karen Hayden
Vice-
President

Mitch
Montgomery
Sec-Treasurer

Bobbie Colbert

Sarah
Flanagan

Fred Horner

Lori Tepinski



Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

My name is Connie Dougherty and I am the Executive Director of the Hub City Senior Center in Rochelle, IL. I am writing in support of the new skilled care nursing facility proposed to be built in our city.

As the Director I work closely with Rochelle's senior citizens and their families and recognize the lack of quality skilled care services being provided in our area. The rehabilitation therapy and dementia care that will be offered will provide the growing aged population of our community with the care they deserve. I feel that this proposed project will allow more residents to remain in the Rochelle area near family and friends. We have found many residents in our community are traveling between 15 and 30 miles to obtain quality skilled care services.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Yours Truly,

Connie Dougherty
Executive Director

ATTACHMENT-21A



HAYDEN REAL ESTATE, INC.

April 11, 2017

Mr. Jeffery Mark
Illinois Health Facilities Planning Board
535 W. Jefferson St.
Springfield, IL 62762

Dear Mr. Mark:

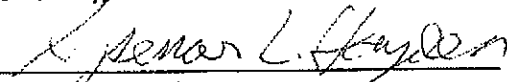
My wife and I have owned and operated a real estate business in Rochelle for the last forty years. During this time we have seen firsthand the large number of people that have left the Rochelle area to seek services in either nearby communities or in completely different geographic areas near their family. Over and over we hear people say they are forced to leave their hometowns and all that comes with that including their friends, family churches and more because Rochelle simply has not offered senior care in suitable facility. The Greater Rochelle area is very much in need of health services that will greatly enhance the lives of our current and future senior citizens.


In the past seven years we have had two family members use the local nursing home known as Rochelle Healthcare West. While the staff was always very loving and caring, our two local nursing homes which were built in the 1960's have limitations which include but are not limited to:

- Limited space and equipment for rehab
- Neither home has staff or space dedicated to memory care
- Privacy is an issue as visitors may visit with their loved ones either in their room or in the public area doubles as dining room and the TV area. The only area to sit is at the dining tables which many times are being readied for the next meal or the area is being cleaned after the last meal.
- Activities such as crafts and bingo, etc. also must take place in the same large room where people are visiting, watching TV and/or sleeping.
- No chapel area for church services. Staff & workers continually walk thru this large room while services or communion are going on.
- No access to or availability to computer, puzzles or library materials. My family and staff kept bringing reading materials for my 69 year old brother but there was no place for these to be stored for others to share. In fact, his daily newspaper (as well as books brought in) was read by at least 4 residents and several staff members so the need for reading materials was evident.

We KNOW this project is vital for the citizens of Rochelle and hope you will approve Liberty Village's application for a new facility in Rochelle.

Sincerely,


Spencer L. Hayden


Karen A. Hayden

221 E IL Route 38 • P.O. Box 67
Rochelle, IL 61068
Office 815-562-2111 • Fax 815-562-7085
haydenreinc.com • hre@haydenreinc.com

ATTACHMENT-21A





Established 1892

Holcomb State Bank

April 11, 2017

Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark,

I am writing to express my support for a proposed skilled nursing facility to be built in the city of Rochelle, IL. My name is Perry W. Byers and I am the President/CEO of Holcomb State Bank, located in Rochelle, IL.

I am confident that Liberty Village will be very beneficial to our community, as it will be a wonderful option for people in need of rehabilitation and memory care. The proposed project will provide quality healthcare services that will greatly enhance the lives of our area seniors. I have observed that many of our citizens of Rochelle choose to go outside of Rochelle when skilled nursing care is needed. Many of our residents are traveling 15 to 30 miles outside of our community.

I have personal experience with the Liberty Village facility in Freeport, IL and found the quality of healthcare services were exceptional.

Your positive consideration of Liberty Village as they apply for a Certificate of Need will be very much appreciated. I believe this project is needed, and I hope that you will approve the application for Liberty Village of Rochelle.

Sincerely,

Perry W Byers
President/CEO

108 W. Main St., Holcomb, Illinois 61043 815-393-4413 Fax 815-393-4801
233 E. Hwy. 38, Rochelle, Illinois 61068 815-562-3838 Fax 815-562-2838
7035 11th St., Rockford, Illinois 61109 815-874-6156 Fax 815-874-8710
400 E. Hwy. 38, Creston, Illinois 60113 815-384-3838 Fax 815-384-3828

MEMBER FDIC
www.holcombstatebank.com

379

ATTACHMENT-21A



Mr. Jeffrey Mark
Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62762

Dear Mr. Mark and Board Members:

I am writing to express my positive support for the new skilled care nursing facility proposed to be built in the city of Rochelle, IL.

I believe Liberty Village of Rochelle will greatly benefit our community as our senior population continues to grow. The availability of skilled beds at this facility will allow more Rochelle residents an alternative to traveling greater distances to other skilled care facilities. Currently many of our patients travel between 15 to 30 miles to receive quality skilled care nursing, therapy, and dementia care.

Your positive consideration for Liberty Village of Rochelle as they apply for a Certificate of Need will be very much appreciated. Thank you for your assistance.

Sincerely,

Briana Russom PA-C

Swedish American Health System
Rochelle Clinic
380 IL Rte 38 East
Rochelle, IL 61068

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xix

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

Upon project completion, Manor Court of Rochelle will comprise 63,593 gross square feet of space for 92 nursing care beds. This equates to 691.23 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full compliment is well within the range limit of 435-713 gross square feet per bed.

ATTACHMENT-22

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xx

Criterion 1125.630 - Zoning

The applicant shall document one of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received: or
3. A variance in zoning for the project is to be sought.

Appended as ATTACHMENT-23A, is a letter from Kip Countryman, Zoning Officer, City of Rochelle dated August 10, 2017 providing status of zoning for the subject property.

ATTACHMENT-23



**Community Development
Building Division**

417 N. 6th St., Box 601, Rochelle, IL. 61068
815-561-2022 Fax: 815-562-4178
kcountryman@rochelleil.us

August 10, 2017

To whom it may concern:

This letter is to confirm that the City of Rochelle anticipates that appropriate zoning is available at the Creekside Land Holdings, LLC property for the 92-bed skilled nursing facility that is being considered. The subject property is part of a 19.2 acre parcel currently zoned PUD Residential.

If you have any questions, please give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read "Kip Countryman".

Kip Countryman
Zoning Officer
City of Rochelle
815-561-2022
E-mail kcountryman@rochelleil.us

ATTACHMENT-23A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xxi

Criterion 1125.640 – Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1 above.

The proposed project is for the establishment of a free standing nursing facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

ATTACHMENT-24

**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**

August 7, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Manor Court of Rochelle
Assurance for Criterion 1125.210(c)

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Residential Alternatives of Illinois understands that it is expected to achieve and maintain the occupancy specified in Section 1125.210(c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

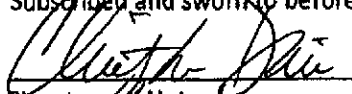
Sincerely,

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.


John P. Kniery
President

Notarization:

Subscribed and sworn to before me this 7 day of August, 2017.


Signature of Notary



ATTACHMENT-24A

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW *Continued*

Criterion 1125.800 Estimated Total Project Cost

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Availability of Funds – Review Criteria
- Financial Viability – Review Criteria
- Economic Feasibility – Review Criteria, subsection (a)

Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

- a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
- 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and

Appended as **ATTACHMENT-27A**, is documentation that RAI, Inc. has the commitment of Frances House to provide construction and start-up deficit funding for the proposed project through internal sources. Therefore, the Applicant is funding the establishment through internal resources. The audited financial statements for Frances House, Inc. and Subsidiaries are appended as **ATTACHMENT-27B**. Appended as **ATTACHMENT-27C** is a letter from Mr. Tomas M. Farrell of RSM US LLP, who prepared the audited reports, describing the specific resources that are available and set forth in the audited financial statements.

ATTACHMENT-27

***Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401***

August 7, 2017

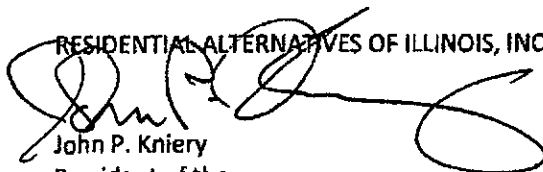
Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Avery:

Frances House, Inc. (Frances House) is the sole member of Residential Alternatives of Illinois, Inc. (RAI). This letter will confirm the commitment of Frances House to provide construction and start up deficit funding to RAI through internal sources, sufficient to implement the proposed new Skilled Nursing Facility in Ogle County as described in its Certificate of Need Application. Evidence of Frances House's ability to provide funding is reflected in the enclosed audited financial statements and year-to-date results of 2017. RAI intends to develop one 92 bed skilled nursing facility in Rochelle, IL. Frances House will provide 100% of the financing for the real estate and development of the project, as outlined in the application, up to \$20 million.

Sincerely,

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.



John P. Kniery
President of the
Board of Directors

Sworn to before me this
7 day of August, 2017.


Notary Public

ATTACHMENT-27A

**FRANCES HOUSE, INC.
285 South Farnham Street
Galesburg, IL 61401**

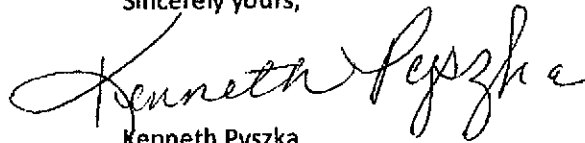
August 7, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

On February 7, 2017, the Frances House, Inc., board of directors met and , by resolution unanimously approved, it was determined that if the Certificate of Need for Manor Court of Rochelle, a 92-bed skilled nursing facility was approved this corporation would fund the project.

Sincerely yours,



Kenneth Pyszka
Secretary

KP:vc

ATTACHMENT-27A

Frances House, Inc.
Consolidated
Balance Sheet
AS of March 31, 2017

| | Current Period 3/31/17 | Start of Year 4/1/2016 | Change from Start of Year |
|--|---------------------------|---------------------------|------------------------------|
| <u>Assets:</u> | | | |
| Cash | 11,066,323 | 9,844,698 | 1,221,627 |
| Investment Account | 68,380,093 | 68,578,734 | (198,641) |
| Accounts Receivable - Residents | 11,799,888 | 9,681,771 | 2,118,125 |
| Accounts Receivable - Other | 1,328,845 | 1,205,291 | 123,554 |
| Prepaid Expenses | 672,713 | 820,769 | 51,944 |
| Total current assets | 91,247,670 | 87,931,262 | 3,316,409 |
| <u>Assets whose use is limited:</u> | | | |
| Acquisition Fund | 265,000 | 250,000 | 15,000 |
| Escrow Accounts | 3,220,721 | 3,029,696 | 181,126 |
| Resident Trust Fund | 103,673 | 96,537 | 7,136 |
| Total limited assets | 3,589,394 | 3,376,133 | 213,261 |
| <u>Fixed assets, at cost less depreciation:</u> | | | |
| Building | 145,281,443 | 135,498,660 | 9,782,783 |
| Equipment | 10,080,271 | 9,081,075 | 978,196 |
| Vehicles | 2,516,390 | 2,486,511 | 29,878 |
| Land Improvements | 4,738,895 | 4,624,484 | 114,431 |
| Land | 8,353,662 | 8,095,662 | 258,000 |
| Leasehold Improvements | 9,984,048 | 9,249,240 | 734,808 |
| Construction in Process | 130,334 | 3,696,853 | (3,566,319) |
| Less accumulated depreciation | (60,559,261) | (53,307,017) | (7,252,244) |
| Total fixed assets | 120,485,672 | 119,395,138 | 1,090,534 |
| <u>Other Assets:</u> | | | |
| Deposits | 11,684 | 11,584 | 100 |
| Member Interest | 20,000 | 20,000 | - |
| Standby Loan Agreements | 250,000 | - | 250,000 |
| Capitalized Loan Costs | 1,963,228 | 1,963,228 | - |
| Less Accumulated Amortization | (836,984) | (532,217) | (104,767) |
| Total other assets | 1,607,926 | 1,462,593 | 145,333 |
| Total Assets | 216,930,663 | 212,165,125 | 4,765,537 |
| <u>Liabilities and Fund Balance(Deficit):</u> | | | |
| Accounts Payable | 2,845,376 | 3,619,449.86 | (774,074) |
| Employee Withholding | 36,123 | 36,713 | (590) |
| Resident Fund / Deposits | 1,088,210 | 1,223,494 | (135,284) |
| Accrued Wages | 2,312,488 | 2,617,705 | (305,217) |
| Accrued Expenses | 3,327,675 | 7,004,384 | (3,676,710) |
| Current Maturity - Long Term Note | 17,215,267 | 1,088,825 | 16,118,442 |
| Total Current Liabilities | 26,825,138 | 15,600,571 | 11,224,567 |
| <u>Long-term Liabilities:</u> | | | |
| Note Payable | - | 17,142,408 | (17,142,408) |
| Note Payable Non Recourse | 52,623,877 | 53,800,401 | (1,178,524) |
| Total Long-term Liabilities | 52,623,877 | 70,942,809 | (18,318,932) |
| <u>Fund Balance(Deficit):</u> | | | |
| Fund Balance(Deficit) | 127,474,362 | 127,474,362 | - |
| Unrealized Gain / (Loss) on Investments | 1,352,857 | (1,852,616) | 3,205,474 |
| Current Year's change in Fund balance | 6,854,428 | - | 8,854,428 |
| Total Fund Balance(Deficit) | 137,481,648 | 125,621,746 | 11,859,902 |
| Total Liabilities and Fund Balance | 216,930,663 | 212,165,125 | 4,765,537 |

Frances House, Inc.

Consolidated
Income Statement
For the Twelve Months Ending March 31, 2017

| | Year - to - Date | |
|---------------------------------|-----------------------|------------------------|
| | This Year 03/31/17 | Prior Year 03/31/16 |
| Income | | |
| Rent - DD | | |
| Private | 4,244,012 | 4,129,229 |
| Public Aid | 20,411,171 | 19,944,489 |
| Total DD | 24,655,183 | 24,073,718 |
| Rent - Skilled | | |
| Private | 16,424,208 | 16,974,245 |
| Medicare | 21,884,940 | 22,682,765 |
| Managed Care Med A | 3,602,494 | 4,194,191 |
| Public Aid | 6,797,221 | 7,785,382 |
| Managed Care PA | 407,213 | 791,788 |
| Garden Court | 6,586,105 | 7,925,822 |
| Hospice | 381,173 | 271,915 |
| Total Skilled | 59,863,312 | 60,636,106 |
| Rent - Independent Living | 6,632,939 | 6,772,148 |
| Rent - Assisted Living | | |
| Assisted Living | 3,926,457 | 4,542,282 |
| Supportive Living | 3,890,013 | 3,854,065 |
| Shelter Care | 2,802,840 | 2,744,048 |
| Total Assisted Living | 10,721,310 | 11,140,387 |
| Ancillary | 3,700,720 | 7,475,500 |
| Total Income | 107,673,465 | 112,097,859 |
| Bad Debt/Charity Care | (1,284,934) | (1,684,579) |
| Net Revenue | 106,388,531 | 110,213,282 |
| Expenses | | |
| Program Expenses | 6,377,434 | 7,887,836 |
| Nursing Expenses | 32,099,868 | 31,522,354 |
| Food Service Expenses | 10,070,602 | 10,457,088 |
| Hosp/Laundry Expenses | 3,320,038 | 3,380,742 |
| Maintenance Expenses | 3,380,388 | 3,527,338 |
| Administrative Expenses | 4,950,278 | 5,251,682 |
| Total Program Expenses | 62,178,586 | 62,086,842 |
| General Expenses: | | |
| Employee Benefits | 5,946,380 | 5,993,060 |
| Utilities | 2,670,931 | 2,680,456 |
| Vehicle Expenses | 259,061 | 288,094 |
| Advertising | 934,772 | 650,579 |
| Legal & Professional Fees | 6,528,536 | 6,694,484 |
| Property & Liability Insurance | 2,921,502 | 2,937,224 |
| Rent | 3,611,428 | 3,988,755 |
| Depreciation | 7,765,814 | 7,691,111 |
| Interest | 2,788,654 | 2,905,077 |
| Provider Assessment Tax | 2,777,576 | 2,746,809 |
| Corporate Expenses | 268,491 | (195,847) |
| Total General Expenses | 35,494,144 | 35,479,610 |
| Total Expenses | 97,672,730 | 97,566,452 |
| Income/(Loss) Operations | 8,635,801 | 12,646,830 |
| Gain [Loss] on Investments | (1,364,237) | (875,038) |
| Gain [Loss] on Investments | 1,362,865 | - |
| Net Income or (Loss) | 8,654,428 | 11,768,792 |

Frances House, Inc. and Subsidiaries

Consolidated Financial Report
March 31, 2016

ATTACHMENT-27B

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Independent Auditor's Report

RSM US LLP

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Frances House, Inc. and Subsidiaries (the Organization), which comprise the consolidated balance sheets as of March 31, 2016 and 2015, and the related consolidated statements of operations and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Frances House, Inc. and Subsidiaries as of March 31, 2016 and 2015, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Galesburg, Illinois
September 21, 2016

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Frances House, Inc. and Subsidiaries

**Consolidated Balance Sheets
March 31, 2016 and 2015**

| Assets | 2016 | 2015 |
|--|-----------------------|-----------------------|
| Current assets: | | |
| Cash | \$ 39,184,757 | \$ 19,477,948 |
| Fiduciary trust accounts | 96,538 | 96,538 |
| Receivables: | | |
| Resident accounts, less allowance for doubtful accounts, 2016 \$1,574,800; 2015 \$2,154,303 | 11,873,588 | 15,982,393 |
| Other | 854,473 | 969,501 |
| Prepaid expenses | 396,693 | 468,790 |
| Total current assets | 52,406,049 | 36,995,170 |
| Long-term investments: | | |
| Investments in available-for-sale securities | 36,700,977 | 37,025,582 |
| Other | 20,000 | 20,000 |
| | 36,720,977 | 37,045,582 |
| Property and equipment: | | |
| Land | 8,065,552 | 8,065,552 |
| Land improvements | 4,624,464 | 4,624,464 |
| Buildings and improvements | 144,747,900 | 143,689,191 |
| Equipment, furniture and fixtures | 9,081,077 | 8,759,819 |
| Vehicles | 2,486,513 | 2,486,197 |
| Construction in progress | 3,696,654 | 49,394 |
| | 172,702,160 | 167,674,617 |
| Less accumulated depreciation | 53,307,020 | 46,794,473 |
| | 119,395,140 | 120,880,144 |
| Long-term receivable and other assets: | | |
| Restricted cash held in escrow | 250,000 | - |
| Assets held for sale | - | 2,680,658 |
| Subordinated promissory note receivable | 600,000 | 800,000 |
| Deferred financing costs, net of accumulated amortization, 2016 \$691,804; 2015 \$529,967 | 2,597,669 | 2,253,390 |
| Restricted deposits for mortgage escrows and residual receipts | 755,457 | 813,450 |
| Restricted deposits on repair reserve | 14,490 | 14,490 |
| Restricted deposits for replacement reserves | 2,259,648 | 2,036,977 |
| | 6,477,264 | 8,598,965 |
| Total assets | \$ 214,999,430 | \$ 203,519,861 |

See notes to consolidated financial statements.

| Liabilities and Net Assets | 2016 | 2015 |
|--|-----------------------|-----------------------|
| Current liabilities: | | |
| Current maturities of long-term debt | \$ 2,258,308 | \$ 2,114,129 |
| Accounts payable | 3,057,592 | 2,593,337 |
| Construction payable | 3,567,755 | - |
| Accrued expenses | 5,936,610 | 5,924,317 |
| Deferred revenue | 821,000 | 397,000 |
| Amounts refundable to residents | 254,000 | 242,000 |
| Due to third-party payors | 1,213,000 | 865,000 |
| Due to residents, trust accounts | 96,538 | 96,538 |
| Total current liabilities | 17,204,803 | 12,232,321 |
| Long-term debt, net of current maturities | 70,949,987 | 72,576,762 |
| Resident security deposits | 1,223,494 | 1,278,363 |
| Total liabilities | 89,378,284 | 86,087,446 |
| Commitments and contingencies (Notes 9, 10, 14, 16, 18 and 20) | | |
| Net assets, unrestricted | 125,621,146 | 117,432,415 |
| Total liabilities and net assets | \$ 214,999,430 | \$ 203,519,861 |

Frances House, Inc. and Subsidiaries

**Consolidated Statements of Operations
Years Ended March 31, 2016 and 2015**

| | 2016 | 2015 |
|--|------------------------------|------------------------------|
| Operating revenue: | | |
| Net resident services and rental income, net of contractual allowances and discounts | \$ 105,145,872 | \$ 105,395,706 |
| Provision for doubtful accounts | (1,884,579) | (2,142,911) |
| Net resident service revenue | <u>103,261,293</u> | <u>103,252,795</u> |
| Leasing | 1,429,198 | 1,192,100 |
| Other | 1,327,120 | 641,027 |
| Total operating revenue | <u>106,017,611</u> | <u>105,085,922</u> |
| Operating expenses: | | |
| Program support | 8,957,571 | 8,305,628 |
| Nursing services | 34,868,339 | 36,130,323 |
| Dietary | 11,117,815 | 11,399,211 |
| General and administrative | 13,610,285 | 13,948,494 |
| Operations and maintenance | 12,767,862 | 12,880,265 |
| Provider participation fees | 2,750,769 | 2,805,515 |
| Housekeeping | 3,094,211 | 3,136,517 |
| Depreciation | 7,065,473 | 6,779,268 |
| Special services | 180,802 | 158,463 |
| Laundry | 637,371 | 740,970 |
| Loss on debt extinguishment | - | 355,614 |
| Total operating expenses | <u>95,050,498</u> | <u>96,640,288</u> |
| Operating income | <u>10,967,113</u> | <u>8,445,634</u> |
| Nonoperating income (expense): | | |
| Investment (expense) income | 3,618,519 | 4,812,741 |
| Interest expense | (2,869,220) | (3,052,601) |
| Contributions received | 52,469 | 14,238 |
| Contributions made | (564) | (500) |
| | <u>601,204</u> | <u>1,773,878</u> |
| Excess of revenue over expenses | 11,766,317 | 10,219,512 |
| Unrealized losses on investments | <u>(3,579,586)</u> | <u>(2,218,629)</u> |
| increase in unrestricted net assets | 8,186,731 | 8,000,883 |
| Net assets, unrestricted: | | |
| Beginning of year | <u>117,432,415</u> | <u>109,431,532</u> |
| End of year | <u>\$ 126,621,145</u> | <u>\$ 117,432,415</u> |

See notes to consolidated financial statements.

Frances House, Inc. and Subsidiaries

**Consolidated Statements of Cash Flows
Years Ended March 31, 2016 and 2015**

| | 2016 | 2015 |
|--|-------------------|---------------------|
| Cash flows from operating activities: | | |
| Increase in unrestricted net assets | \$ 8,188,731 | \$ 8,000,883 |
| Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities: | | |
| Net unrealized losses on investments | 3,579,586 | 2,218,629 |
| Realized losses (gains) on sale of securities | 878,038 | (1,740,332) |
| Reinvested dividends | (3,896,009) | (2,656,027) |
| Depreciation | 7,065,473 | 6,779,268 |
| Amortization | 205,954 | 87,927 |
| Provision for doubtful resident accounts | 1,884,579 | 2,142,911 |
| Gain on sale of property and equipment | (343,900) | - |
| Loss on debt extinguishment | - | 355,614 |
| Change in working capital components: | | |
| (Increase) decrease in: | | |
| Resident receivables | 2,224,226 | (4,080,139) |
| Other receivables | 115,028 | 201,226 |
| Prepaid expenses | 72,097 | 21,588 |
| (Decrease) increase in: | | |
| Accounts payable | 464,255 | (380,987) |
| Accrued expenses | 12,293 | 222,871 |
| Deferred revenue | 424,000 | (86,000) |
| Amounts refundable to residents | 12,000 | 110,000 |
| Due to third-party payors | 348,000 | 317,000 |
| Net cash provided by operating activities | 21,234,351 | 11,514,432 |
| Cash flows from investing activities: | | |
| Proceeds from sale of investments in available-for-sale securities | 7,309,722 | 8,967,392 |
| Purchase of investments in available-for-sale securities | (7,546,732) | (10,814,097) |
| Purchase of property and equipment, excluding construction costs | (1,877,141) | (10,003,130) |
| Disbursements for construction costs | (112,265) | (838,498) |
| Proceeds received on subordinated promissory note receivable | 200,000 | 200,000 |
| Proceeds on sale of property and equipment | 3,001,250 | - |
| Net deposits to restricted deposit accounts | (164,678) | (814,826) |
| Net deposits to restricted cash held in escrow | (250,000) | - |
| Net cash provided by (used in) investing activities | 560,156 | (13,303,159) |

(Continued)

Frances House, Inc. and Subsidiaries

**Consolidated Statements of Cash Flows (Continued)
Years Ended March 31, 2016 and 2015**

| | 2016 | 2015 |
|---|----------------------|----------------------|
| Cash flows from financing activities: | | |
| Increase (decrease) in resident security deposits | \$ (54,869) | \$ 19,523 |
| Payment of debt financing costs | (550,233) | (405,994) |
| Reimbursement of debt financing costs | - | 93,209 |
| Disbursements on construction payable | - | (1,043,611) |
| Proceeds from long-term debt | 660,084 | 13,840,000 |
| Principal payments on long-term debt | (2,142,680) | (18,021,025) |
| Net cash used in financing activities | (2,087,698) | (5,517,898) |
| | | |
| Net increase (decrease) in cash | 19,706,809 | (7,306,625) |
| | | |
| Cash: | | |
| Beginning | 19,477,948 | 26,784,573 |
| Ending | <u>\$ 39,184,757</u> | <u>\$ 19,477,948</u> |
| | | |
| Supplemental disclosure of cash flow information: | | |
| Cash payments for interest | <u>\$ 2,882,117</u> | <u>\$ 3,004,048</u> |
| | | |
| Supplemental schedule of noncash investing and financing activities: | | |
| Construction in progress financed through construction payable | <u>\$ 3,567,755</u> | <u>\$ -</u> |

See notes to consolidated financial statements.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Activities

Frances House, Inc. (FHI) is an Illinois not-for-profit organization that individually and through its sole-member subsidiaries owns and/or operates a variety of long-term health care facilities that provide residential and health care services to both a geriatric and developmentally disabled population in Illinois, Iowa and Florida. FHI and its sole-member subsidiaries comprise a consolidated reporting group, hereafter referred to as the "Organization." The Organization organizes its operations under two divisions: the developmentally disabled operations and the geriatric operations.

Developmentally Disabled Operations: The Organization's developmentally disabled operations consist of three Community Integrated Living Arrangement (CILA) facilities, and twenty-nine 16-bed facilities, including certain 16-bed group homes that are all classified as intermediate care facilities for the developmentally disabled and are located in the northern half of the State of Illinois. A significant portion of the residential-care services provided are paid by a third-party agency, primarily the Illinois Department of Healthcare and Family Services (DHS) as part of the Medicaid program, and a smaller portion of this care is provided through purchase of services contracts with DHS. The following entities own and operate these facilities:

- Frances House, Inc. (FHI) has one 8-bed CILA facility, and sixteen 16-bed facilities, including two 16-bed group home facilities.
- Pinnacle Opportunities, Inc. (PIN), whose sole corporate member is FHI, has one 8-bed CILA facility, and five 16-bed facilities, including two 16-bed group home facilities.
- Pioneer Concepts, Inc. (PIO), whose sole corporate member is FHI, has two 8-bed CILA facilities, and eight 16-bed facilities, including two 16-bed group home facilities.

Geriatric Operations: FHI is the sole corporate member of Residential Alternatives of Illinois, Inc. (RAI), an Illinois not-for-profit organization that operates skilled nursing facilities, described on the next page, that participate in the Medicare and Medicaid programs, as well as assisted living facilities and independent living facilities for the elderly located in Illinois and Iowa.

FHI is also the sole member of the following subsidiaries that own and lease the property of certain long-term care geriatric facilities located in Illinois and Florida, leased and operated by RAI:

- Hawthorne Inn of Princeton, LLC (HIP)
- Danville Independence, LLC (DIL)
- Peoria Manor Court, Ltd., NFP (PMC)
- Peru Becker, Ltd., NFP (PBL)
- Brandon Lumsden Road SNF, LLC (BLR)

DIL, PMC, PBL and BLR have HUD-insured mortgages on their respective facilities and, therefore, these four entities have separate single audits of their individual financial statements.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Activities (Continued)

As noted above, RAI operates skilled nursing facilities, retirement living centers and assisted living facilities located in Illinois and Iowa. The names of the facilities and the number of beds/units are as follows:

| Facility Type and Name | Number of Beds/Units | FHI or FHI Sole-Member Subsidiary Facility Owner | Location |
|---------------------------------------|----------------------|--|----------------|
| Skilled Nursing Facilities: | | | |
| Freeport Rehab & Health Care Center * | 109 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Hawthorne Inn of Danville ** | 80 | Danville Independence, LLC | Danville, IL |
| Manor Court of Clinton ** | 134 | Unrelated lessor | Clinton, IL |
| Manor Court of Freeport ** | 117 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Manor Court of Peoria | 50 | Peoria Manor Court, Ltd., NFP | Peoria, IL |
| Manor Court of Peru ** | 104 | Peru Becker, Ltd., NFP | Peru, IL |
| Manor Court of Princeton ** | 125 | Hawthorne Inn of Princeton, LLC | Princeton, IL |
| Windmill Manor | 120 | Unrelated lessor | Coralville, IA |
| | <u>839</u> | | |
| Sheltered Care Facilities: | | | |
| Hawthorne Inn of Danville ** | 60 | Danville Independence, LLC | Danville, IL |
| Manor Court of Peru ** | 26 | Peru Becker, Ltd., NFP | Peru, IL |
| | <u>86</u> | | |
| Supportive Living Facilities: | | | |
| Hawthorne Inn of Freeport | 37 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Manor Court of Clinton ** | 27 | Unrelated lessor | Clinton, IL |
| Manor Court of Princeton ** | 27 | Hawthorne Inn of Princeton, LLC | Princeton, IL |
| | <u>91</u> | | |
| Assisted Living Facilities: | | | |
| Hawthorne Inn of Peoria | 68 | Peoria Manor Court, Ltd., NFP | Peoria, IL |
| Hawthorne Inn of Peru | 68 | Peru Becker, Ltd., NFP | Peru, IL |
| Liberty Estates of Streator ** | 16 | Unrelated lessor | Streator, IL |
| Windmill Pointe Estates **, *** | 22 | Unrelated lessor | Coralville, IA |
| | <u>174</u> | | |
| Independent Living Facilities: | | | |
| Liberty Estates of Danville | 62 | Frances House, Inc. | Danville, IL |
| Liberty Estates of Freeport | 69 | Frances House, Inc. | Freeport, IL |
| Liberty Estates of Geneseo **, **** | 49 | Unrelated lessor | Geneseo, IL |
| Liberty Estates of Peoria | 81 | Frances House, Inc. | Peoria, IL |
| Liberty Estates of Peru | 69 | Frances House, Inc. | Peru, IL |
| Liberty Estates of Streator **, **** | 34 | Unrelated lessor | Streator, IL |
| Windmill Pointe Estates **, *** | 43 | Unrelated lessor | Coralville, IA |
| | <u>427</u> | | |

* Freeport Rehab & Health Care Center ceased operations on 6/1/15.

** Denotes a combination facility that has more than one type of facility in the same building.

*** Windmill Pointe Estates ceased operations on 1/1/16.

**** Assisted living services can be provided for certain units in these independent living facilities.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies

The following is a summary of the Organization's significant accounting policies:

Principles of consolidation: The consolidated financial statements include the accounts of the Organization as described in Note 1. All material intercompany balances and transactions have been eliminated in consolidation.

In addition to the sole-member subsidiaries described in Note 1, FHI is also the sole member of the following subsidiaries that were formed for the purpose of eventually owning a facility to lease to either another sole-member subsidiary within the consolidated reporting group or to an unrelated not-for-profit organization. None of the following sole-member subsidiaries owned property or had operations as of March 31, 2016:

- Freeport Manor Court, Ltd., NFP
- Manor Court of Princeton, Ltd., NFP
- Peoria Stalworth, Ltd., NFP

Income taxes: Frances House, Inc. and Subsidiaries are exempt from income taxes under Sections 501(c)(3) or 501(c)(2) of the Internal Revenue Code. Therefore, no provision has been made for federal or state income taxes. Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Organization is no longer subject to examination by the Internal Revenue Service for years before 2012.

Fiduciary trust accounts: Cash held for residents and the related liability, due to residents, consists of cash that RAI holds for its residents when they request RAI to do so. Such cash consists of cash-on-hand and cash deposited in accounts at insured depository institutions, and is available for use or withdrawal by the residents at their request.

Resident accounts receivable: The Organization extends credit for routine services provided to the residents of its facilities. Resident accounts receivable, which include amounts due directly from residents and third-party payors on the resident's behalf, are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a periodic basis. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Resident accounts receivable are written off when deemed uncollectible. Recoveries of resident accounts receivable previously written off are recorded when received. Generally, interest is not charged on resident accounts receivable. Management has not specifically designated a time period for determining when a resident account receivable is past due.

A significant portion of these services provided to residents are paid by federal and state third-party payors as part of the Medicare and Medicaid programs. Credit risk with respect to the Medicare and Medicaid program receivables, as described in Note 15, is mitigated by the taxing authority of the governmental entities funding the programs.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

The allowance for doubtful accounts represents an amount considered by management to cover potential credit losses. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with private pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for the year ended March 31, 2016 decreased by 27 percent. The decrease is primarily due to the decrease in accounts receivable.

Resident services revenue: Resident services revenue is reported at the estimated net realizable amounts from residents, third-party payors and others for services provided. Services subject to third-party payor agreements are reimbursed based on prospectively determined rates, which are generally not subject to retroactive adjustment, except as described in Note 14. Any retroactive adjustments resulting from such reviews made by Medicare and Medicaid programs are recognized in the period the Organization is notified by the governmental authorities of such adjustment. The concentration of resident services revenue resulting from services rendered to Medicare and Medicaid beneficiaries is described in Note 15.

Resident security deposits: Refundable security deposits paid by residents upon entering into a rental agreement are reflected as a noncurrent liability in the accompanying consolidated balance sheets.

Deferred revenue: Deferred revenue are amounts that have been paid in advance for resident services. The deferred revenue will be recognized as resident services revenue as the related services are provided and thereby earned. All deferred revenue is classified as current as it is expected to be earned within the next year.

Pledges and contributions: Pledges and contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted until such time as the restriction passes. At such time, the contributions become unrestricted. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted. Unrestricted pledges are recognized as support in the consolidated statements of operations when the pledge is received. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected over periods in excess of one year are recorded at the present value of the estimated cash flows beyond one year. Conditional promises to give are not included as support until the conditions are substantially met.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Long-term receivable: The long-term receivable consists of a subordinated promissory note receivable due from an unrelated party. This long-term receivable is considered a financing receivable and is stated at the amount of unpaid principal, reduced by an allowance for loan losses, if applicable. Interest income is recognized over the life of the loan using the simple interest method, except for the refundable balance receivable that does not have interest associated with it. Amounts disbursed for and collected on the long-term receivable are included in net cash provided from investing activities in the consolidated statements of cash flows.

The allowance for uncollectible amounts represents the Organization's best estimate of the amount of credit losses in the Organization's existing long-term receivables. The allowance is determined on an individual receivable basis if it is probable that the Organization will not collect the entire principal amount contractually due. The Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the long-term receivables, and the other party's source of funds for repayment of the receivables in considering the probability of default. Impairment is measured based on the present value of the expected future cash flows discounted at the loan's effective interest rate. The Organization does not accrue interest when a receivable is considered impaired. When the ultimate collectability of the principal balance of the impaired receivable is in doubt, all cash receipts on impaired receivables are applied to reduce the principal amount of such receivables until the principal has been recovered and recognized as interest income thereafter. Impairment losses are charged against the allowance and increases in the allowance are charged to provision for uncollectible receivable expense. Long-term receivables are written off against the allowance when all possible means of collection have been exhausted and the potential for recovery is considered remote. The Organization resumes accrual of interest when it is probable that the Organization will collect the remaining principal and interest of an impaired receivable. There was no allowance recorded as of March 31, 2016 and 2015 related to the long-term receivables.

Property and equipment: The Organization's capitalization policy is to capitalize property and equipment that has a cost of \$2,500 or more with an estimated useful life of two years or more. All property and equipment has been purchased by the Organization and none has been acquired through contributions; therefore, the basis of the property and equipment is historical cost. Property and equipment is presented at cost less accumulated depreciation. The Organization follows the American Hospital Association's depreciation guide in assigning estimated useful lives to its property and equipment. Depreciation is computed primarily by the straight-line method over the following estimated useful lives:

| <u>Classification</u> | <u>Years</u> |
|-----------------------------------|--------------|
| Land improvements | 8 to 20 |
| Buildings and improvements | 5 to 40 |
| Equipment, furniture and fixtures | 3 to 20 |
| Vehicles | 4 |

Construction in progress primarily represents additions to facilities. Such assets are not depreciated until they are placed into service.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Investments: The Organization classifies all available-for-sale securities as long-term investments. The Organization has had limited trading activity with available-for-sale securities.

Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value. Realized gains and losses are determined based on the specific identification of securities sold. Unrealized gains and losses are determined based on the increase or decrease in the fair value of investments. Investment income or loss, including realized gains and losses on investments, interest and dividends, is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. The net change in unrealized gains and losses on investments is excluded from the excess of revenue over expenses and presented as an increase or decrease in unrestricted net assets unless the gain or loss is restricted by donor or law.

Declines in the fair value of individual securities below their cost that are determined to be other-than-temporary are reflected in earnings as realized losses. In estimating other-than-temporary impairment losses, management considers (1) the length of time and the extent to which the fair value has been less than cost, (2) the financial condition and near-term prospects of the issuer, and (3) the intent and ability of the Organization to retain its investments in the issuer for a period of time sufficient to allow for any anticipated recovery of the cost.

When an other-than-temporary impairment loss is determined to have occurred on equity securities, the losses are recognized in excess of revenue over expenses. The way in which impairment losses on fixed income securities are recognized in the consolidated financial statements is dependent on the facts and circumstances related to the specific security. If the Organization intends to sell a security or it is more likely than not it would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the Organization recognizes an other-than-temporary impairment in excess of revenue over expenses for the difference between amortized cost and fair value. If the Organization does not expect to recover the amortized cost basis, does not plan to sell the security and if it is not more likely than not that the Organization would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the recognition of the other-than-temporary impairment is bifurcated.

The Organization recognizes the credit loss portion in excess of revenue over expenses and the noncredit loss portion in other changes in net assets and is excluded from excess of revenue over expenses.

Fair value of financial instruments: The estimated fair values of the Organization's short-term financial instruments, including cash, accounts receivable, restricted deposits, accounts payable and other short-term borrowings approximate their individual carrying amounts due to the relatively short period of time between their origination and expected realization. The fair value of the available-for-sale marketable securities is based on quoted market prices. The fair value of the long-term debt is estimated based on current rates available to the Organization for debt with similar terms and remaining maturities. See Note 21 for additional fair value information.

Debt financing costs: Debt financing costs are deferred and amortized over the term of the related loan agreement.

Contributions made: Contributions made are recognized at the time the unconditional promise to give is approved by the Board of Directors and communicated to the donee.

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Insurance claims and related insurance recoveries: The Organization does not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability is determined without consideration of insurance recoveries. The Organization recognizes an insurance receivable at the same time that it recognizes the liability, measured on the same basis as the liability, subject to the need for a valuation allowance for uncollectible amounts.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Excess of revenue over expenses: The consolidated statements of operations include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments.

Recently issued accounting standards: In June 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2013-06, *Not-for-Profit Entities (Topic 958): Services Received from Personnel of an Affiliate*. ASU 2013-06 requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. It states that said services should be measured at the cost recognized by the affiliate for the personnel providing those services. ASU 2013-06 is effective for entities with fiscal years beginning after June 15, 2014 and was adopted by the Organization for the year ending March 31, 2016. There was no significant impact that adoption had on the Organization's financial statements.

In April 2014, the FASB issued new accounting guidance on ASU 2014-08, *Presentation of Financial Statements (Topic 205) and Property, Plant and Equipment (Topic 360)*. The amendment changes the criteria for reporting discontinued operations and enhancing convergence of the FASB's and the International Accounting Standard Board's (IASB) reporting requirements for discontinued operations. This guidance is effective for all disposals or classifications as held for sale of components of an entity that occur within annual periods beginning on or after December 15, 2014. There was no impact that adoption had on the Organization's financial statements.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. The Organization will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. This standard was amended by ASU 2015-14, *Revenue from Contracts with Customers (Topic 606): Deferral of the Effective Date*. This amendment deferred the effective date of ASU 2014-09 for all entities by one year. Therefore, this standard will be effective for annual reporting periods beginning after December 15, 2018 (the Organization's year ending March 31, 2020), using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09; or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. This standard was amended by ASU 2016-08, *Revenue from Contracts with Customers (Topic 606): Principal versus Agent Considerations*. This amendment is intended to improve the operability and

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

understandability of the implementation guidance on principal versus agent considerations. This standard was also amended by ASU 2016-10, *Revenue from Contracts with Customers (Topic 606): Identifying Performance Obligations and Licensing*. The amendment adds further guidance on identifying performance obligations and also aims to improve the operability and understandability of the licensing implementation guidance. The amendment does not change the core principle of the guidance in Topic 606. Lastly, this standard was amended by ASU 2016-12, *Revenue from Contracts with Customers (Topic 606): Narrow-Scope Improvements and Practical Expedients*. The amendments, among other things, (1) clarify the objectives of the collectability criterion for applying paragraph 606-10-25-7; (2) permit an entity to exclude amounts collected from customers for all sales (and other similar) taxes from the transaction price; (3) specify that the measurement date for noncash consideration is contract inception; (4) provide a practical expedient that permits an entity to reflect the aggregate effect of all modifications that occur before the beginnings of the earliest period presented when identifying the satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price to the satisfied and unsatisfied performance obligations; (5) clarify that a completed contract for purposes of transition is a contract for which all (or substantially all) of the revenue was recognized under legacy GAAP before the date of initial application; and (6) clarify that an entity that retrospectively applies the guidance in Topic 606 to each prior reporting period is not required to disclose the effect of the accounting change for the period of adoption. The Organization has not yet selected a transition method and is currently evaluating the impact of the pending adoption of these ASUs on the financial statements.

In April 2015, the FASB issued ASU 2015-03, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. ASU 2015-03 requires that debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for entities with fiscal years beginning after December 15, 2015 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2017. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, which sets out the principles for recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principle of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sale-type leases, direct financing leases and operating leases. ASU 2016-02 is effective for fiscal years beginning after December 15, 2019, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2021. Early application is permitted. Lessees (for capital and operating leases) and lessors (for sales-type, direct financing, and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees and lessors may not apply a full retrospective transition approach. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments – Credit Losses (Topic 326)*, which amends guidance on reporting credit losses for assets held at amortized cost basis and available-for-sale securities. The new standard eliminates the probable initial recognition threshold in current GAAP, and instead, requires an entity to reflect its current estimate of all expected credit losses. The allowance for credit losses is a valuation account that is deducted from the amortized cost basis of the financial assets to present the net amount expected to be collected. For available-for-sale debt securities, credit losses should be measured in a manner similar to current GAAP; however, Topic 326 will require that credit losses be presented as an allowance rather than as a write-down. ASU 2016-13 is effective for fiscal years beginning after December 15, 2020, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2022. Early adoption is permitted. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-For-Profit Entities (Topic 958)*, presentation of financial statements for not-for-profit entities. This update improves the current net asset classification requirements and the information presented in financial statements and notes about a not-for-profit entity's (NFP's) liquidity, financial performance, and cash flows. The main provisions of this update change current GAAP in different ways. The key elements of this update include: (1) net asset classifications are being reduced from three to two categories: with donor restrictions and without donor restrictions, (2) the placed-in-service approach will be required for determining when restrictions are met for all capital gifts, eliminating the over-time option for expirations of capital restrictions, (3) additional disclosures, both qualitative and quantitative, will be required to communicate information useful in assessing liquidity within one year of the balance sheet date, (4) enhanced disclosures will be required for organizations that present an operating measure, (5) the indirect or direct method of presenting the statement of cash flows will be allowed, however, the reconciliation of operating items no longer will be required when using the direct method, (6) may present net investment return in multiple line items in the statement of activities and net investment expense no longer will be required to be disclosed, (7) changes to reporting requirements related to expenses include disclosure of expense by both nature and function, disclosure of expenses netted with investment return and enhanced disclosures regarding cost allocations, and (8) eliminates the requirement to disclose the unrealized gains and losses for the period related to equity securities held at the report date as previously required by ASU 2016-01. ASU 2016-14 represents the first phase of an expected two-phase project. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017, and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2019. Early application is permitted. The amendments in this update should be applied on a retrospective basis. Management is currently evaluating the impact that adoption will have on the Organization's financial statements.

Frances House, inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3. Investments in Available-for-Sale Securities

Investments in available-for-sale securities as of March 31, 2016 and 2015, consisted of the following:

| Described by Asset Type | 2016 | | 2015 | |
|---|----------------------|----------------------|----------------------|----------------------|
| | Fair Value | Cost Basis | Fair Value | Cost Basis |
| Common stock | \$ 5,488,554 | \$ 4,981,299 | \$ 3,696,018 | \$ 3,312,579 |
| Exchange-traded funds | 5,579,578 | 5,470,610 | 4,988,905 | 4,803,640 |
| Real estate and unit investment trusts | 3,660,532 | 4,124,742 | 6,944,070 | 7,452,992 |
| Closed-end mutual funds | 2,160,581 | 2,739,856 | - | - |
| Mutual funds primarily invested in equity securities | 13,749,020 | 10,951,499 | 14,135,175 | 8,265,904 |
| Mutual funds primarily invested in investment grade bonds | 6,062,712 | 6,102,864 | 5,761,110 | 5,666,909 |
| Mutual funds primarily invested in U.S. government securities | - | - | 1,500,304 | 1,613,865 |
| | <u>\$ 36,700,977</u> | <u>\$ 34,370,870</u> | <u>\$ 37,025,582</u> | <u>\$ 31,115,889</u> |

Additional disclosures regarding fair value of the investments are found in Note 21.

Net realized gain (loss) on investments for the years ended March 31, 2016 and 2015, respectively, was \$(878,038) and \$1,740,332. These amounts are reported in the consolidated statements of operations as a part of investment income.

Components of net investment income are as follows for the years ended March 31, 2016 and 2015:

| | 2016 | 2015 |
|--|---------------------|---------------------|
| Interest and dividends | \$ 4,496,557 | \$ 3,072,409 |
| Realized gain (loss) on available-for-sale investments | (876,038) | 1,740,332 |
| | <u>\$ 3,618,519</u> | <u>\$ 4,612,741</u> |

Interest and dividend income is earned from investments in marketable securities, notes receivable, deposits restricted for replacement reserves, and cash.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3. Investments In Available-for-Sale Securities (Continued)

Management evaluates the investment portfolio periodically to determine if investments have suffered an other-than-temporary decline in value. In addition, management monitors market trends and other circumstances to identify trends and circumstances that might impact the carrying value of securities.

The following tables show the gross unrealized losses and fair value of the Organization's investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous loss position, as of March 31, 2016 and 2015:

| | Less Than 12 Months | | 12 Months or Greater | | Total | |
|---|------------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|
| | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses |
| March 31, 2016 | | | | | | |
| Common stock | \$ 843,723 | \$ 122,724 | \$ 401,777 | \$ 77,445 | \$ 1,245,500 | \$ 200,169 |
| Mutual funds primarily invested in equity securities | 1,308,807 | 91,136 | - | - | 1,308,807 | 91,136 |
| Mutual funds primarily invested in investment grade bonds | 6,062,712 | 40,152 | - | - | 6,062,712 | 40,152 |
| Exchange traded funds | 74,688 | 1,404 | 673,283 | 1,872 | 747,971 | 3,276 |
| Real estate and unit investment trusts | 463,881 | 66,957 | 2,532,518 | 528,233 | 2,996,399 | 595,190 |
| Closed-end mutual fund | 1,724,579 | 596,803 | - | - | 1,724,579 | 596,803 |
| | <u>\$ 10,478,390</u> | <u>\$ 919,176</u> | <u>\$ 3,607,578</u> | <u>\$ 607,550</u> | <u>\$ 14,085,968</u> | <u>\$ 1,526,726</u> |

| | Less Than 12 Months | | 12 Months or Greater | | Total | |
|---|------------------------|----------------------|-------------------------|----------------------|---------------------|----------------------|
| | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses |
| March 31, 2015 | | | | | | |
| Common stock | \$ 630,086 | \$ 73,568 | \$ 121,008 | \$ 13,375 | \$ 751,094 | \$ 86,943 |
| Mutual funds primarily invested in U.S. government securities | - | - | 1,500,304 | 113,560 | 1,500,304 | 113,560 |
| Exchange traded funds | - | - | 153,384 | 794 | 153,384 | 794 |
| Real estate and unit investment trusts | 5,432,275 | 417,254 | 1,074,737 | 91,669 | 6,507,012 | 508,923 |
| | <u>\$ 6,062,361</u> | <u>\$ 490,822</u> | <u>\$ 2,849,433</u> | <u>\$ 219,398</u> | <u>\$ 8,911,794</u> | <u>\$ 710,220</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3. Investments in Available-for-Sale Securities (Continued)

As of March 31, 2016 and 2015, there were 16 and 17 common stock securities in an unrealized loss position less than 12 months and 7 and 2 that were in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and no mutual funds primarily invested in equity securities in an unrealized loss position less than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and no mutual funds primarily invested in investment grade bonds in an unrealized loss position less than 12 months, respectively. As of March 31, 2016 and 2015, there were no and 1 mutual funds primarily invested in U.S. government securities in an unrealized loss position of greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 3 and no exchange traded funds in a unrealized loss position of less than 12 months and 2 and 1 in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 1 and 5 real estate and investment trust securities in an unrealized loss position less than 12 months and 4 and 1 in an unrealized loss position greater than 12 months, respectively. As of March 31, 2016 and 2015, there were 30 and no closed-ended mutual funds in an unrealized loss position less than 12 months, respectively.

The Organization believes that the unrealized losses generally are caused by interest rate increases, liquidity discounts and increases in the risk premiums required by market participants rather than an adverse change in cash flows or a fundamental weakness in the credit quality of the issuer or underlying assets.

Based on the Organization's assessment of the near-term prospects of the issuers of marketable equity securities with unrealized losses and the Organization's ability and intent to hold these investments for a reasonable period of time sufficient for a recovery of cost, the Organization does not consider these investments to be other-than-temporarily impaired as of March 31, 2016 and 2015.

Note 4. Investment Margin Borrowing Account

FHI has a line of credit with Pershing LLC in the amount of \$8,000,000. Through this agreement, FHI may borrow funds from time-to-time, not to exceed the principal balance for the purpose of an investment margin borrowing account. The broker for this arrangement is Benjamin F. Edwards & Co. This note is secured by an investment account held on deposit with Benjamin F. Edwards & Co. with a fair market value of approximately \$19,805,000 as of March 31, 2016. The agreement bears interest at 0.75 percent above the 30-day LIBOR rate (effective total rate of 1.19 percent as of March 31, 2016). As of March 31, 2016 and 2015, there were no borrowed amounts owed on this agreement. During the years ended March 31, 2016 and 2015, no amounts were borrowed or repaid against this agreement.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 5. Credit Quality

Major categories of loans included in the loan portfolio as of March 31, 2016 and 2015, were as follows:

| | 2016 | 2015 |
|---|-------------------|-------------------|
| Subordinated promissory note receivable | \$ 600,000 | \$ 800,000 |
| Allowance for loan loss | - | - |
| | <u>\$ 600,000</u> | <u>\$ 800,000</u> |

There were no receivables in nonaccrual status at March 31, 2016 and 2015.

To measure credit quality regarding promissory notes, the Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the receivables and other party's source of funds for repayment of the receivables in considering the probability of default. The credit quality indicator used by the Organization is whether the receivable is current vs. past-due. The Organization assesses the indicator at each fiscal year-end. There were no receivables considered impaired at March 31, 2016 or 2015.

Note 6. Assets Held for Sale and Restricted Cash Held in Escrow

The Organization determined during the year ended March 31, 2015, that they would seek a buyer for the assets and operations of Freeport Rehab and Health Care Center (FRHCC), a 109-bed/unit skilled nursing facility operated by RAI and located in Freeport, Illinois. As a result, as of March 31, 2015, assets held for sale were recorded at the lower of net book value or fair value less estimated selling costs. On April 20, 2015, FRHCC was sold to an unrelated third party for \$3,000,000. After considering selling costs, the gain on the sale was approximately \$345,000.

As part of the purchase agreement, \$250,000 of the \$3,000,000 was required to be held in escrow in order to provide readily available funds for the satisfaction of the indemnification obligations of the seller (RAI) to the purchaser. This \$250,000 is presented as restricted cash on the accompanying consolidated balance sheet. The holdback period is for three years with a provision of a payment of \$175,000 back to RAI if after the second year there does not exist a pending unresolved claim. The remaining balance is to be paid on the third anniversary, unless there is a pending or unresolved claim. As of March 31, 2016, no claims have been filed. Management has also estimated that the potential for a future claim is remote and as such has not recorded an accrual as of March 31, 2016.

Note 7. Restricted Deposits for Mortgage Escrows and Residual Receipts

The HUD-insured mortgage notes payable, described in Note 9, require the Organization to make monthly escrow deposits for real estate taxes, mortgage insurance and property insurance. As of March 31, 2016, the required monthly mortgage escrow account for escrow deposit was \$65,415; however, the required amount is subject to periodic change to meet the needs of actual disbursements for these items. Escrow deposits are restricted to their described purpose and the release of these funds is authorized by the mortgage company upon submission of invoices for real estate taxes, mortgage insurance and property insurance. PBL and DIL are also required to make residual receipt deposits for surplus cash on hand at the end of a reporting period. The aggregate balance of the restricted deposits for mortgage escrows and residual receipts was \$755,457 and \$813,450 as of March 31, 2016 and 2015, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8. Restricted Deposits for Replacement Reserves and Repair Reserve

The HUD-insured mortgage notes payable, described in Note 9, require the Organization to make monthly deposits to the reserves for replacements in the amount of \$18,658. Withdrawals from these reserves, whether for the purpose of effecting replacement of structural elements and mechanical equipment of the project or for any other purpose, may be made only after receiving approval in writing of the Secretary of HUD. PMC and BLR also have separate repair deposit balances restricted for certain repair projects. Activity in the restricted deposits for replacement reserves, including the repair deposit of BLR, during the years ended March 31, 2016 and 2015, included the following:

| | <u>2016</u> | <u>2015</u> |
|---|---------------------|---------------------|
| Replacement reserves balance at beginning of year | \$ 2,036,977 | \$ 1,445,041 |
| Total of monthly deposits | 220,950 | 212,033 |
| Initial deposit for new reserve account | 440,495 | 560,000 |
| Disbursement from replacement reserve | (440,495) | (181,867) |
| Interest earned on replacement reserve account | 1,721 | 1,770 |
| Replacement reserves balance at end of year | <u>2,259,648</u> | <u>2,036,977</u> |
| | | |
| BLR repair deposit balance at beginning of year | 14,490 | - |
| Initial deposit | - | 14,490 |
| BLR repair deposit balance at end of year | <u>14,490</u> | <u>14,490</u> |
| | | |
| Total restricted deposits for replacement and repair reserves | <u>\$ 2,274,138</u> | <u>\$ 2,051,467</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9. Long-Term Debt and Pledged Assets

Long-term debt and pledged assets consisted of the following as of March 31, 2016 and 2015:

Frances House, Inc.

First Mid-Illinois Bank & Trust, N.A., mortgage note payable, 4.25%, due in monthly installments of \$151,740, including interest, with the remaining balance due September 28, 2017, collateralized by substantially all of the assets of Liberty Estates of Danville, Liberty Estates of Peoria, Liberty Estates of Peru, and Liberty Estates of Freeport, approximately \$23,893,000 book value. \$ 17,142,408 \$ 18,197,644

Danville Independence, LLC

Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.50%, due in monthly installments of \$56,175, including interest, with the remaining balance due September 1, 2043, collateralized by substantially all of the assets of the related LLC, approximately \$12,218,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act. 12,285,281 12,558,697

Peru Becker, Ltd., NFP

Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.80%, due in monthly installments of \$90,414, including interest, with the remaining balance due August 1, 2044, collateralized by substantially all of the assets located at the premises of the skilled nursing facility, sheltered care and assisted living facility known as Manor Court of Peru and Hawthorne Inn of Peru, approximately \$18,987,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act. 19,612,680 20,010,192

Subtotal carried forward 49,040,369 50,766,533

(Continued)

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9. Long-Term Debt and Pledged Assets (Continued)

| Borrower and Description of Debt | 2016 | 2015 |
|--|---------------|---------------|
| Subtotal carried forward | \$ 49,040,369 | \$ 50,766,533 |
| <u>Peoria Manor Court, Ltd., NFP</u> | | |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 3.55%, due in monthly installments of \$49,663, including interest, with the remaining balance due January 1, 2045, collateralized by substantially all of the assets located at the premises of the skilled nursing facility and assisted living facility known as Manor Court of Peoria, approximately \$11,430,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act. | 10,746,514 | 10,270,377 |
| <u>Brandon Lumsden Road SNF, LLC</u> | | |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.48%, due in monthly installments of \$69,961, including interest, with the remaining balance due May 1, 2044. The Organization and lessee, an unrelated party, have granted a security interest in substantially all of their assets, approximately \$22,774,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act. | 13,421,412 | 13,653,981 |
| | 73,208,295 | 74,690,891 |
| Less current maturities | 2,258,308 | 2,114,129 |
| Long-term portion | \$ 70,949,987 | \$ 72,576,762 |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9. Long-Term Debt and Pledged Assets (Continued)

Scheduled maturities of long-term debt as of March 31, 2016, were as follows:

| Year Ending March 31 | Amount |
|----------------------|----------------------|
| 2017 | \$ 2,258,308 |
| 2018 | 17,237,382 |
| 2019 | 1,242,557 |
| 2020 | 1,288,701 |
| 2021 | 1,336,578 |
| Thereafter | 49,844,769 |
| | <u>\$ 73,208,295</u> |

In connection with certain bank notes, the Organization has agreed to certain restrictive covenants, including but not limited to: (1) minimum fixed charge coverage ratio; (2) minimum current ratio; and (3) annual minimum tangible net worth.

HUD-insured debt: The Organization's subsidiaries' loans with HUD-insured financing have certain regulatory and compliance requirements, including but not limited to, required deposits (Notes 7 and 8) and reporting requirements.

Note 10. Administrative and Support Service Agreements

Administrative services: The Organization has administrative service agreements that are renewed annually with RFMS, Inc. (RFMS), an unrelated company. However, RFMS is a related party through common ownership with certain facility lessors, including Edwin Enterprises, LLC, LB Properties, Inc., and Mid-Illini Healthcare, Inc., as disclosed in Note 16. RFMS provides administrative services for cash management, accounting and financial reporting, payroll and employee benefits, information technology, and other general operational and financial management services.

Support services: Frances House, Inc. and Residential Alternatives of Illinois, Inc. are two of eight not-for-profit entities that are members of a limited liability company, LTC Support Services, LLC (LTC). The purpose of LTC is to support its members' operations by providing consulting services to its members and others. The Organization entered into a contractual agreement with this related party to obtain consulting services that include, but are not limited to: training, regulatory compliance, quality assurance programs, human resource support, marketing and maintenance. The agreement is for one year with an automatic one-year renewal unless cancelled with at least 30 days' notice.

Fees incurred under the administrative and support services agreements are included in general and administrative expenses for the years ended March 31, 2016 and 2015, and were as follows:

| | 2016 | 2015 |
|---|---------------------|---------------------|
| RFMS, Inc., administrative services | \$ 2,704,082 | \$ 2,798,614 |
| LTC Support Services, LLC, support services | 1,927,190 | 2,098,789 |
| | <u>\$ 4,631,272</u> | <u>\$ 4,897,403</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 11. Employee Benefit Plans

Medical benefit plan: The Organization has adopted a multiple-employer health and welfare plan providing medical benefits, short-term disability benefits, group term life insurance, dependent care assistance and medical expense reimbursement. The medical benefits, short-term disability benefits and group term insurance portion of this plan is administered by an unrelated third-party organization. The medical and short-term disability benefits are, in effect, self-insured. This plan involves several organizations who contribute monthly premiums to a VEBA 501(c)(9) trust, which is to be used exclusively for payment of the claims of all eligible employees and certain administrative fees. The portion of the plan relating to dependent care and medical expense reimbursement is administered by employees of RFMS. Qualifying expenses are paid from the related participants' contributions. Expenses relating to the medical benefit plan totaled approximately \$1,550,000 and \$1,588,000 for the years ended March 31, 2016 and 2015, respectively.

Workers' compensation insurance plan: The workers' compensation insurance plan for the Organization's employees is administered by a third party organization and, in effect, is a self-insured plan involving several not-for-profit organizations who formed a not-for-profit trust. These organizations contribute monthly premiums to a special pooled account, which is to be used exclusively for payment of the workers' compensation claims of all the participating organizations plus administrative fees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is also a member of the Board of Trustees for this plan. The Organization's share of expenses relating to this plan totaled approximately \$926,000 and \$1,215,000 for the years ended March 31, 2016 and 2015, respectively.

Retirement savings plan: The Organization has adopted a multiple-employer 401(k) retirement savings plan (the Plan) covering substantially all employees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is employed as a broker for the company that administers the Plan. The Plan's administrator is an unrelated party. Plan management consists of employees of LTC, a related party as described in Note 10, and RFMS, an unrelated organization. The Plan is funded by (a) participant contributions and (b) 50 percent matching by the Organization of participant's eligible contributions up to 5 percent of the participant's compensation. Participant contributions are fully vested at the time they are made. Employer contributions begin vesting after two years of service at 20 percent per year. Expenses related to this Plan totaled approximately \$176,000 and \$245,000 for the years ended March 31, 2016 and 2015, respectively.

Note 12. Provider Participation Fees

The Illinois Department of Public Aid assesses provider participation fees on Illinois health care providers receiving Medicaid payments. Provider participation fees totaled approximately \$2,751,000 and \$2,806,000 for the years ended March 31, 2016 and 2015, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 13. Long-Term Receivables

Note receivable due from Hometown Community Bancorp, Inc.: In March 2012, the Organization invested \$1,000,000 in a subordinated promissory note issued by Hometown Community Bancorp, Inc. in a private placement. The note bears interest at the rate of 6 percent per annum that is paid quarterly for a period of seven years. The principal will be repaid in installments of 20 percent of the original principal amount, with the first payment having occurred in March 2015. The remaining installment payments will occur in four equal annual principal payments on the fourth, fifth, sixth and seventh annual March anniversary of the note with the final principal and interest due in March 2019. The note is unsecured and subordinated to the other debt of Hometown Community Bancorp, Inc. and has not been registered with the Securities and Exchange Commission. The notes were only offered to certain investors who met the criteria for "accredited investors" under Regulation D of the Securities and Exchange Commission and, therefore, transfer of the notes are restricted by state and federal securities laws. The private placement memorandum associated with the note indicates that this investment is speculative and illiquid, in that there is no public market for the notes and that a public market is not expected to develop for the notes and that investors should expect to hold the notes for the entire term of the notes. The balance of the subordinated promissory note as of March 31, 2016 and 2015, was \$600,000 and \$800,000, respectively.

When assessing the credit quality of the note receivable, management considers the financial condition of the bank, as well as any past due amounts. As of March 31, 2016 and 2015, management determined no allowance related to the note receivable was necessary.

Standby loan agreement receivable due from Achievement Unlimited, Inc.: FHI entered into a standby loan agreement with Achievement Unlimited, Inc. (AUI) in December 2012. Through this agreement, FHI has agreed to advance, from time-to-time, working capital funds to AUI. The unsecured agreement provides for a credit limit up to \$1,000,000. Interest shall be reset monthly based on the applicable federal rate for short-term loans (0.65 percent as of March 31, 2016). The agreement expires December 20, 2017. No advances or payments have been made as of March 31, 2016 or 2015.

Note 14. Contractual Arrangements with Third-Party Payors

The Organization's skilled-care facilities have cost reimbursement agreements with state and federal third-party payors (Medicaid and Medicare) that are based on prospectively determined rates that are generally not subject to retroactive adjustment, as described in Note 2 under the revenue recognition policy. However, the laws and regulations under which the Medicare and Medicaid programs operate are complex, subject to frequent change and subject to interpretation. As part of operating under these programs, there is a possibility that governmental authorities may review the Organization's compliance with these laws and regulations. Such review may result in retroactive adjustments to Medicare and/or Medicaid reimbursements previously received and possibly subject the Organization to fines and penalties. Although no assurance can be given, management believes that they have complied with the requirements of the Medicaid and Medicare programs.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 15. Concentration of Credit Risk and Major Third-Party Payors

Concentration of cash in bank deposit accounts: The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses from these accounts and believes it is not exposed to any significant credit risk on bank deposit accounts.

Concentration of revenue and receivables with third-party payors: Net resident service revenue and resident accounts receivable as of March 31, 2016 and 2015, by payor, as a percentage of total net resident service revenue and resident accounts receivable, respectively, were as follows:

| | Net Resident Service Revenue | | Resident Accounts Receivable | |
|----------|---------------------------------|------|---------------------------------|------|
| | 2016 | 2015 | 2016 | 2015 |
| Medicare | 27% | 26% | 27% | 20% |
| Medicaid | 30% | 30% | 43% | 48% |
| Private | 43% | 44% | 30% | 32% |
| | 100% | 100% | 100% | 100% |

The Organization recognizes resident service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured residents, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 16. Lease Commitments, Total Rental Expense and Subsequent Event

RAI leases some of its facilities from unrelated leasing companies under agreements that require monthly rentals plus the payment of real property taxes, insurance and maintenance costs. Monthly lease payments of certain leases are adjusted periodically according to the lease agreement based on 50 percent of the change in the consumer price index (CPI). Certain lease agreements contain options to renew for additional five-year periods. The terms of these leases as of March 31, 2016, were as follows:

| Lessor and Facility Name | Monthly Lease Payment | Expiration of Lease |
|-------------------------------|--------------------------|------------------------|
| Edwin Enterprises, LLC: | | |
| Liberty Estates of Streator** | \$ 45,419 | August 2016 |
| Windmill Manor | 90,812 | April 2019 |
| LB Properties, Inc.: | | |
| Liberty Estates of Geneseo | 40,948 | August 2018 |
| Windmill Pointe Estates | 40,555 | July 2017 |
| Mid-Illini Healthcare, Inc.: | | |
| Manor Court of Clinton | 114,500 | April 2020 |
| Northwest Illinois CILA, LLC: | | |
| Woodburn Court | <u>3,500</u> | May 2020 |
| | <u>\$ 335,734</u> | |

** During the fiscal year ended March 31, 2016, RAI entered into a purchase and sale agreement with Edwin Enterprises, LLC to purchase Liberty Estates of Streator for the aggregate price of \$5,600,000. The sale closed subsequent to year-end in July 2016.

Minimum rental commitments under facility leases, excluding real property taxes, insurance and maintenance, as of March 31, 2016, are due as follows:

| Year Ending March 31 | Amount |
|----------------------|----------------------|
| 2017 | \$ 3,710,875 |
| 2018 | 3,159,340 |
| 2019 | 2,710,484 |
| 2020 | <u>1,506,812</u> |
| | <u>\$ 11,087,511</u> |

Total rental expense for the years ended March 31, 2016 and 2015, including real property taxes, insurance and maintenance costs, were approximately \$4,988,000 and \$4,897,000, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 17. Functional Expense Classifications

Operating and nonoperating expenses of the Organization according to their functional categories for the years ended March 31, 2016 and 2015, were as follows:

| | <u>2016</u> | <u>2015</u> |
|------------------------|----------------------|----------------------|
| Program activities | \$ 93,082,041 | \$ 94,936,207 |
| Management and general | 4,838,241 | 4,757,182 |
| | <u>\$ 97,920,282</u> | <u>\$ 99,693,389</u> |

Note 18. Professional Liability Insurance and Litigation Contingencies

Professional liability insurance: The Organization is covered by various professional liability insurance policies on either an occurrence or claims-made basis. Each entity is insured for individual and aggregate claims on an annual basis of \$1,000,000 and \$3,000,000, respectively.

Litigation contingencies: The Organization is involved as a defendant in certain litigation and regulatory claims arising in the ordinary course of business. After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the Organization's net assets.

Note 19. Accrued Expenses

Accrued expenses consisted of the following as of March 31, 2016 and 2015:

| | <u>2016</u> | <u>2015</u> |
|---------------------------------|---------------------|---------------------|
| Wages and other related payroll | \$ 2,654,422 | \$ 2,443,692 |
| Real estate taxes | 2,414,245 | 2,489,360 |
| Other | 867,943 | 991,265 |
| | <u>\$ 5,936,610</u> | <u>\$ 5,924,317</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 20. Construction in Progress Commitments

The Organization had construction projects in process that totaled approximately \$3,697,000 and \$49,000 as of March 31, 2016 and 2015, respectively. These projects are being funded through available unrestricted cash. The following is a summary of construction in progress and construction commitments as of March 31, 2016:

| Project Location and Description | Costs Incurred | | Projected Completion Date |
|--|------------------------|--------------------------------|---------------------------|
| | Through March 31, 2016 | Approximate Total Project Cost | |
| Miscellaneous upgrades | \$ 128,899 | \$ 264,751 | August 2016 |
| BLR physical therapy and bed additions | 3,567,755 | 4,381,485 | August 2016 |
| | <u>\$ 3,696,654</u> | <u>\$ 4,646,236</u> | |

Note 21. Fair Value Disclosures

Fair Value of Financial Instruments

The carrying values and estimated fair values of the Organization's financial instruments are as follows:

| | March 31, 2016 | | March 31, 2015 | |
|--|----------------|----------------------|----------------|----------------------|
| | Carrying Value | Estimated Fair Value | Carrying Value | Estimated Fair Value |
| Financial assets: | | | | |
| Cash | \$ 39,184,757 | \$ 39,184,757 | \$ 19,477,948 | \$ 19,477,948 |
| Resident receivables | 11,873,588 | 11,873,588 | 15,982,393 | 15,982,393 |
| Restricted deposits for mortgage escrows and residual receipts | 755,457 | 755,457 | 813,450 | 813,450 |
| Restricted deposits for replacement reserves | 2,259,648 | 2,259,648 | 2,036,977 | 2,036,977 |
| Restricted deposits for repair reserve | 14,490 | 14,490 | 14,490 | 14,490 |
| Investment in available-for-sale securities | 36,700,977 | 36,700,977 | 37,025,582 | 37,025,582 |
| Financial liabilities: | | | | |
| Mortgage notes payable | \$ 73,208,295 | \$ 70,995,447 | \$ 74,690,891 | \$ 70,656,246 |
| Construction payable | 3,567,755 | 3,567,755 | - | - |
| Accounts payable | 3,057,592 | 3,057,592 | 2,593,337 | 2,593,337 |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 21. Fair Value Disclosures (Continued)

Fair Value Measurements

The FASB's authoritative guidance on fair value measurements establishes a framework for measuring fair value, and expands disclosure about fair value measurements. This guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. Under this guidance, assets and liabilities carried at fair value must be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

In determining the appropriate levels, the Organization performs a detailed analysis of the assets and liabilities that are measured and reported on a fair value basis. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The following is a description of the valuation methodologies used for instruments measured at fair value:

investments in Available-for-sale Securities: The fair value of investments in available-for-sale securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 21. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis

Assets measured at fair value on a recurring basis as of March 31, 2016, are as follows:

| | Total | Level 1 | Level 2 | Level 3 |
|---|----------------------|----------------------|-------------|-------------|
| Investments in available-for-sale securities: | | | | |
| Common stock | \$ 5,482,269 | \$ 5,482,269 | \$ - | \$ - |
| Exchange traded funds | 5,579,578 | 5,579,578 | - | - |
| Real estate and unit investment trusts | 3,660,532 | 3,660,532 | - | - |
| Mutual funds primarily invested in equity securities | 13,755,305 | 13,755,305 | - | - |
| Mutual funds primarily invested in investment grade bonds | 6,062,712 | 6,062,712 | - | - |
| Closed-end mutual funds | 2,160,581 | 2,160,581 | - | - |
| | <u>\$ 36,700,977</u> | <u>\$ 36,700,977</u> | <u>\$ -</u> | <u>\$ -</u> |

Assets measured at fair value on a recurring basis as of March 31, 2015, are as follows:

| | Total | Level 1 | Level 2 | Level 3 |
|---|----------------------|----------------------|-------------|-------------|
| Investments in available-for-sale securities: | | | | |
| Common stock | \$ 3,696,018 | \$ 3,696,018 | \$ - | \$ - |
| Exchange traded funds | 4,988,905 | 4,988,905 | - | - |
| Real estate and unit investment trusts | 6,944,070 | 6,944,070 | - | - |
| Mutual funds primarily invested in equity securities | 14,135,175 | 14,135,175 | - | - |
| Mutual funds primarily invested in investment grade bonds | 5,761,110 | 5,761,110 | - | - |
| Mutual funds primarily invested in U.S. government securities | 1,500,304 | 1,500,304 | - | - |
| | <u>\$ 37,025,582</u> | <u>\$ 37,025,582</u> | <u>\$ -</u> | <u>\$ -</u> |

Note 22. Subsequent Events

Management has evaluated subsequent events through September 21, 2016, the date on which the consolidated financial statements were available to be issued, in preparing the consolidated financial statements, and notes thereto, for the year ended March 31, 2016.



RSM US LLP

**Independent Auditor's Report
on the Supplementary Information**

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

We have audited the consolidated financial statements of Frances House, Inc. and Subsidiaries (the Organization) as of and for the years ended March 31, 2016 and 2015, and have issued our report thereon, dated September 21, 2016, which contained an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole.

The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Galesburg, Illinois
September 21, 2016

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet
March 31, 2016

| Assets | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|--|------------------------|------------------------------|------------------------------------|
| Current assets: | | | |
| Cash | \$ 16,087,236 | \$ 7,232,564 | \$ 1,978,345 |
| Fiduciary trust accounts | - | - | - |
| Receivables: | | | |
| Resident accounts, net | 1,388,081 | 976,884 | 817,556 |
| Other | 12,841 | - | - |
| Current maturities of mortgage notes receivable, intercompany | 241,446 | - | - |
| Intercompany receivables | 21,999,528 | 9,952,766 | 1,744,839 |
| Prepaid expenses | 19,522 | 44,689 | 29,021 |
| Total current assets | 39,748,454 | 18,206,883 | 4,569,761 |
| Long-term investments: | | | |
| Investments in available-for-sale securities | 25,546,151 | 4,792,902 | 1,037,784 |
| Other | 10,000 | - | - |
| | 25,556,151 | 4,792,902 | 1,037,784 |
| Property and equipment: | | | |
| Land | 2,686,620 | 519,315 | 227,807 |
| Land improvements | 1,028,793 | 212,505 | 61,998 |
| Buildings and improvements | 47,133,971 | 5,095,358 | 3,386,670 |
| Equipment, furniture and fixtures | 1,540,658 | 347,590 | 452,847 |
| Vehicles | 924,159 | 371,212 | 410,617 |
| Construction in progress | 12,371 | 7,855 | - |
| | 53,328,572 | 8,553,835 | 4,540,139 |
| Less accumulated depreciation | 18,496,537 | 4,245,688 | 2,905,008 |
| | 34,832,035 | 2,308,147 | 1,635,131 |
| Long-term receivable and other assets: | | | |
| Restricted cash held in escrow | - | - | - |
| Subordinated promissory note receivable | 600,000 | - | - |
| Mortgage notes receivable, intercompany | 6,247,755 | - | - |
| Deferred financing costs, net | 64,980 | - | - |
| Restricted deposits for mortgage escrow and residual receipts | - | - | - |
| Restricted deposits on repair reserve | - | - | - |
| Restricted deposits for replacement reserves | - | - | - |
| | 6,912,735 | - | - |
| Total assets | \$ 107,049,375 | \$ 25,307,932 | \$ 7,242,676 |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ 645,292 | \$ 13,241,320 | \$ - | \$ 39,184,757 |
| - | 96,538 | - | 96,538 |
| - | 8,691,067 | - | 11,873,588 |
| 731,541 | 110,291 | - | 854,473 |
| - | - | (241,446) | - |
| 258,366 | - | (33,955,499) | - |
| 67,531 | 235,950 | - | 396,693 |
| 1,702,730 | 22,375,166 | (34,196,945) | 52,406,049 |
| - | 5,324,140 | - | 36,700,977 |
| - | 10,000 | - | 20,000 |
| - | 5,334,140 | - | 36,720,977 |
| 4,356,000 | 273,810 | - | 8,065,552 |
| 3,074,853 | 246,315 | - | 4,624,464 |
| 70,379,610 | 18,752,091 | - | 144,747,900 |
| 2,614,703 | 4,125,279 | - | 9,081,077 |
| - | 780,525 | - | 2,486,513 |
| 3,567,755 | 108,673 | - | 3,696,654 |
| 83,992,921 | 24,286,693 | - | 172,702,160 |
| 19,456,982 | 8,202,805 | - | 53,307,020 |
| 64,535,939 | 16,083,888 | - | 119,395,140 |
| - | 250,000 | - | 250,000 |
| - | - | - | 600,000 |
| - | 25,919 | (6,273,674) | - |
| 2,532,689 | - | - | 2,597,669 |
| 755,457 | - | - | 755,457 |
| 14,490 | - | - | 14,490 |
| 2,259,646 | - | - | 2,259,648 |
| 5,562,284 | 275,919 | (6,273,674) | 6,477,264 |
| \$ 71,800,953 | \$ 44,069,113 | \$ (40,470,619) | \$ 214,999,430 |

Frances House, Inc. and Subsidiaries

**Consolidating Balance Sheet (Continued)
March 31, 2016**

| Liabilities and Net Assets | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|---|------------------------|------------------------------|------------------------------------|
| Current liabilities: | | | |
| Current maturities of long-term debt | \$ 1,103,103 | \$ - | \$ - |
| Accounts payable | 389,495 | 244,497 | 137,002 |
| Construction payable | - | - | - |
| Accrued expenses | 469,130 | 306,319 | 195,439 |
| Deferred revenue | 22,000 | 20,000 | 23,000 |
| Amounts refundable to residents | - | - | - |
| Due to third-party payors | 226,000 | 225,000 | 164,000 |
| Due to residents, trust accounts | - | - | - |
| Intercompany payables | 11,192,605 | - | 706,305 |
| Total current liabilities | 13,402,333 | 795,816 | 1,225,746 |
| Long-term debt, net of current maturities | 16,065,224 | - | - |
| Long-term intercompany payables | - | - | - |
| Resident security deposits | - | - | - |
| Total liabilities | 29,467,557 | 795,816 | 1,225,746 |
| Net assets (deficit), unrestricted | 77,581,818 | 24,512,116 | 6,016,930 |
| Total liabilities and net assets | \$ 107,049,375 | \$ 25,307,932 | \$ 7,242,676 |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ 1,155,205 | \$ 241,446 | \$ (241,446) | \$ 2,258,308 |
| 9,034 | 2,277,564 | - | 3,057,592 |
| 3,567,755 | - | - | 3,567,755 |
| 687,162 | 4,278,560 | - | 5,936,610 |
| - | 756,000 | - | 821,000 |
| - | 254,000 | - | 254,000 |
| - | 598,000 | - | 1,213,000 |
| - | 96,538 | - | 96,538 |
| 7,294,382 | 558,411 | (19,751,703) | - |
| 12,713,538 | 9,060,519 | (19,993,149) | 17,204,803 |
| 54,910,682 | 6,247,755 | (6,273,674) | 70,949,987 |
| 14,203,796 | - | (14,203,796) | - |
| - | 1,223,494 | - | 1,223,494 |
| 81,828,016 | 16,531,768 | (40,470,619) | 89,378,284 |
| (10,027,063) | 27,537,345 | - | 125,621,146 |
| <u>\$ 71,800,953</u> | <u>\$ 44,069,113</u> | <u>\$ (40,470,619)</u> | <u>\$ 214,999,430</u> |

Frances House, Inc. and Subsidiaries

**Consolidating Statement of Operations
Year Ended March 31, 2016**

| | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|--|------------------------|------------------------------|------------------------------------|
| Operating revenue: | | | |
| Net resident services and rental income, net of contractual allowances and discounts | \$ 12,687,933 | \$ 7,087,428 | \$ 4,359,978 |
| (Provision for) recovery of doubtful accounts | (2,381) | - | (2,124) |
| Net resident service revenue | 12,685,552 | 7,087,428 | 4,357,854 |
| Leasing | 3,424,584 | - | - |
| Other | 223,077 | 79,763 | 107,016 |
| Total operating revenue | 16,333,213 | 7,167,191 | 4,464,870 |
| Operating expenses: | | | |
| Program support | 3,379,805 | 2,294,947 | 2,016,801 |
| Nursing services | 569,244 | 414,499 | 267,707 |
| Dietary | 1,728,955 | 1,029,549 | 652,988 |
| General and administrative | 2,471,127 | 1,347,429 | 746,631 |
| Operations and maintenance | 1,123,043 | 731,132 | 359,739 |
| Provider participation fees | 713,421 | 380,583 | 246,793 |
| Housekeeping | 506,846 | 302,626 | 171,012 |
| Depreciation | 2,126,284 | 257,527 | 249,464 |
| Special services | 90,821 | 45,866 | 13,341 |
| Laundry | 43,422 | 45,596 | 18,769 |
| Total operating expenses | 12,752,968 | 6,849,754 | 4,743,245 |
| Operating income (loss) | 3,580,245 | 317,437 | (278,375) |
| Nonoperating income (expense): | | | |
| Investment income (expense) | 4,079,656 | (85,349) | (115,870) |
| Interest expense | (765,640) | - | - |
| Contributions received | 1,534 | - | - |
| Contributions made | - | - | - |
| | 3,315,550 | (85,349) | (115,870) |
| Excess (deficiency) of revenue over expenses | 6,895,795 | 232,088 | (394,245) |
| Unrealized gains (losses) on investments | (3,664,034) | 206,121 | (97,799) |
| Increase (decrease) in unrestricted net assets | 3,231,761 | 438,209 | (492,044) |
| Net assets (deficit), unrestricted: | | | |
| Beginning of year | 74,350,057 | 24,073,907 | 6,508,974 |
| End of year | \$ 77,581,818 | \$ 24,512,116 | \$ 6,016,930 |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ - | \$ 81,010,533 | \$ - | \$ 105,145,872 |
| - | (1,880,074) | - | (1,884,579) |
| - | 79,130,459 | - | 103,261,293 |
| 5,027,606 | - | (7,022,992) | 1,429,198 |
| 232,637 | 684,627 | - | 1,327,120 |
| 5,260,243 | 79,815,086 | (7,022,992) | 106,017,611 |
| - | 1,268,018 | - | 8,957,571 |
| - | 33,616,889 | - | 34,868,339 |
| - | 7,706,323 | - | 11,117,815 |
| 722,803 | 8,322,295 | - | 13,610,285 |
| 497,912 | 17,079,026 | (7,022,992) | 12,767,862 |
| - | 1,409,972 | - | 2,750,769 |
| - | 2,113,727 | - | 3,094,211 |
| 3,342,720 | 1,089,478 | - | 7,065,473 |
| - | 30,774 | - | 180,802 |
| - | 529,584 | - | 637,371 |
| 4,563,435 | 73,164,088 | (7,022,992) | 95,050,498 |
| 696,808 | 6,650,998 | - | 10,967,113 |
| 1,749 | 169,107 | (430,774) | 3,618,519 |
| (2,100,652) | (433,702) | 430,774 | (2,869,220) |
| - | 50,935 | - | 52,469 |
| - | (564) | - | (564) |
| (2,098,903) | (214,224) | - | 801,204 |
| (1,402,095) | 6,436,774 | - | 11,768,317 |
| - | (23,874) | - | (3,579,586) |
| (1,402,095) | 6,412,900 | - | 8,188,731 |
| (8,624,968) | 21,124,445 | - | 117,432,415 |
| \$ (10,027,063) | \$ 27,537,345 | \$ - | \$ 125,621,146 |

Frances House, Inc. and Subsidiaries

Consolidated Financial Report
March 31, 2015

ATTACHMENT-27B

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RSM US LLP

Independent Auditor's Report

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Frances House, Inc. and Subsidiaries (Organization) which comprise the consolidated balance sheets as of March 31, 2015 and 2014, and the related consolidated statements of operations and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Frances House, Inc. and Subsidiaries as of March 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Galesburg, Illinois
November 11, 2015

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Frances House, Inc. and Subsidiaries

**Consolidated Balance Sheets
March 31, 2015 and 2014**

| Assets | 2015 | 2014 |
|--|-----------------------|-----------------------|
| Current Assets | | |
| Cash | \$ 19,477,948 | \$ 26,784,573 |
| Fiduciary trust accounts | 96,538 | 89,362 |
| Receivables: | | |
| Resident accounts, less allowance for doubtful accounts, 2015 \$2,154,303; 2014 \$975,000 | 15,982,393 | 14,045,165 |
| Other | 969,501 | 1,170,727 |
| Prepaid expenses | 468,790 | 490,378 |
| Total current assets | 36,995,170 | 42,580,205 |
| Long-Term Investments | | |
| Investments in available-for-sale securities (Note 3) | 37,025,582 | 33,001,147 |
| Other | 20,000 | 20,000 |
| | 37,045,582 | 33,021,147 |
| Property and Equipment | | |
| Land | 8,065,552 | 7,867,552 |
| Land improvements | 4,624,464 | 4,745,789 |
| Buildings and improvements | 143,689,191 | 136,142,274 |
| Equipment, furniture and fixtures | 8,759,819 | 8,928,518 |
| Vehicles | 2,486,197 | 2,512,968 |
| Construction in progress | 49,394 | 1,067,308 |
| | 167,674,617 | 161,264,409 |
| Less accumulated depreciation | 46,794,473 | 41,765,967 |
| | 120,880,144 | 119,498,442 |
| Long-Term Receivables and Other Assets | | |
| Assets held for sale (Note 5) | 2,680,658 | - |
| Subordinated promissory note receivable (Note 12) | 800,000 | 1,000,000 |
| Deferred financing costs, net of accumulated amortization, 2015 \$529,967; 2014 \$442,041 | 2,253,390 | 2,384,146 |
| Restricted deposits for mortgage escrow and residual receipts (Note 6) | 813,450 | 605,050 |
| Restricted deposits on repair reserve (Note 7) | 14,490 | - |
| Restricted deposits for replacement reserves (Note 7) | 2,036,977 | 1,445,041 |
| | 8,598,965 | 5,434,237 |
| Total assets | \$ 203,519,861 | \$ 200,534,031 |

See Notes to Consolidated Financial Statements.

| Liabilities and Net Assets | 2015 | 2014 |
|--|-----------------------|-----------------------|
| Current Liabilities | | |
| Current maturities of long-term debt (Note 8) | \$ 2,114,129 | \$ 17,834,572 |
| Accounts payable | 2,593,337 | 2,974,324 |
| Construction payable | - | 1,043,611 |
| Accrued expenses (Note 18) | 5,924,317 | 5,701,446 |
| Deferred revenue | 397,000 | 483,000 |
| Amounts refundable to residents | 242,000 | 132,000 |
| Due to third-party payors | 865,000 | 548,000 |
| Due to residents, trust accounts | 96,538 | 89,362 |
| Total current liabilities | 12,232,321 | 28,806,315 |
| Long-Term Debt, net of current maturities (Note 8) | 72,576,762 | 61,037,344 |
| Resident Security Deposits | 1,278,363 | 1,258,840 |
| Total liabilities | 86,087,446 | 91,102,499 |
| Commitments and Contingencies (Notes 4, 5, 6, 7, 8, 9, 10, 13, 14, 15, and 17) | | |
| Net Assets, unrestricted | 117,432,415 | 109,431,532 |
| Total liabilities and net assets | \$ 203,519,861 | \$ 200,534,031 |

Frances House, Inc. and Subsidiaries

**Consolidated Statements of Operations
Years Ended March 31, 2015 and 2014**

| | 2015 | 2014 |
|--|-----------------------|-----------------------|
| Operating revenue: | | |
| Net resident services and rental income, net of contractual allowances and discounts | \$ 105,395,706 | \$ 97,700,322 |
| Provision for doubtful accounts | (2,142,911) | (642,200) |
| Net resident service revenue | 103,252,795 | 97,058,122 |
| Leasing | 1,192,100 | 1,572,000 |
| Other | 641,027 | 680,744 |
| Total operating revenue | <u>105,085,922</u> | <u>99,310,866</u> |
| Operating expenses: | | |
| Program support | 8,305,628 | 7,980,356 |
| Nursing services | 36,130,323 | 32,501,858 |
| Dietary | 11,399,211 | 10,620,699 |
| General and administrative | 13,948,494 | 11,468,679 |
| Operations and maintenance | 12,880,265 | 11,521,694 |
| Provider participation fees | 2,805,515 | 2,852,632 |
| Housekeeping | 3,136,517 | 3,020,112 |
| Depreciation | 6,779,268 | 6,626,917 |
| Special services | 158,483 | 120,167 |
| Laundry | 740,970 | 736,699 |
| Loss on debt extinguishment | 355,614 | - |
| Total operating expenses | <u>96,640,288</u> | <u>67,449,813</u> |
| Operating income | <u>8,445,634</u> | <u>11,861,053</u> |
| Nonoperating income (expense): | | |
| Investment income | 4,812,741 | 1,027,637 |
| Interest expense | (3,052,601) | (3,360,009) |
| Contributions received | 14,238 | 35,993 |
| Contributions made | (500) | (20,489) |
| | <u>1,773,878</u> | <u>(2,316,868)</u> |
| Excess of revenue over expenses | <u>10,219,512</u> | <u>9,544,185</u> |
| Unrealized (losses) gains on investments | <u>(2,218,629)</u> | <u>2,570,436</u> |
| Increase in unrestricted net assets | <u>8,000,883</u> | <u>12,114,621</u> |
| Net assets, unrestricted: | | |
| Beginning of year | <u>109,431,532</u> | <u>97,316,911</u> |
| End of year | <u>\$ 117,432,415</u> | <u>\$ 109,431,532</u> |

See Notes to Consolidated Financial Statements.

Frances House, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended March 31, 2015 and 2014

| | 2015 | 2014 |
|--|---------------------|--------------------|
| Cash Flows from Operating Activities | | |
| Increase in unrestricted net assets | \$ 8,000,883 | \$ 12,114,621 |
| Adjustments to reconcile increase in unrestricted net assets to net cash provided by operating activities: | | |
| Net unrealized losses (gains) on investments | 2,218,629 | (2,570,436) |
| Realized gains on sale of securities | (1,740,332) | (80,562) |
| Reinvested dividends | (2,656,027) | (596,869) |
| Depreciation | 6,779,268 | 6,626,917 |
| Amortization | 87,927 | 118,426 |
| Provision for doubtful resident accounts | 2,142,911 | 642,200 |
| Recovery of doubtful long-term receivables | - | (1,650,000) |
| Loss on debt extinguishment | 355,614 | - |
| Change in working capital components: | | |
| (Increase) decrease in: | | |
| Resident receivables | (4,080,139) | 1,421,575 |
| Other receivables | 201,226 | (469,849) |
| Prepaid expenses | 21,588 | 45,101 |
| (Decrease) increase in: | | |
| Accounts payable | (380,987) | 58,808 |
| Accrued expenses | 222,871 | (197,296) |
| Deferred revenue | (86,000) | 7,484 |
| Amounts refundable to residents | 110,000 | (34,005) |
| Due to third-party payors | 317,000 | (108,545) |
| Net cash provided by operating activities | <u>11,514,432</u> | <u>15,327,570</u> |
| Cash Flows from Investing Activities | | |
| Proceeds from sale of investments in available-for-sale | 8,967,392 | 683,502 |
| Purchase of investments in available-for-sale securities | (10,814,097) | (10,977,045) |
| Purchase of property and equipment, excluding construction costs | (10,003,130) | (1,163,052) |
| Disbursements for construction costs | (838,498) | (23,697) |
| Proceeds received on subordinated promissory note receivable | 200,000 | - |
| Collections on standby loan agreements receivable | - | 2,225,000 |
| Collections on refundable balance receivable | - | 1,850,000 |
| Net deposits to restricted deposit accounts | (814,826) | (256,876) |
| Net cash used in investing activities | <u>(13,303,159)</u> | <u>(7,662,168)</u> |

(Continued)

Frances House, Inc. and Subsidiaries

**Consolidated Statements of Cash Flows (Continued)
Years Ended March 31, 2015 and 2014**

| | 2015 | 2014 |
|--|----------------------|----------------------|
| Cash Flows from Financing Activities | | |
| Increase (decrease) in resident security deposits | \$ 19,523 | \$ (1,899) |
| Payment of debt acquisition costs | (405,994) | (1,486,578) |
| Reimbursement of debt financing costs | 93,209 | 59,400 |
| Disbursements on construction payable | (1,043,611) | (2,743,756) |
| Proceeds from long-term debt | 13,840,000 | 1,682,717 |
| Principal payments on long-term debt | (18,021,025) | (1,930,420) |
| Net cash used in financing activities | (5,517,898) | (4,420,536) |
| | | |
| Net (decrease) increase in cash | (7,306,625) | 3,244,866 |
| | | |
| Cash: | | |
| Beginning | <u>26,784,573</u> | <u>23,539,707</u> |
| Ending | <u>\$ 19,477,948</u> | <u>\$ 26,784,573</u> |
| | | |
| Supplemental Disclosure of Cash Flow Information | | |
| Cash payments for interest | <u>\$ 3,004,048</u> | <u>\$ 3,383,423</u> |
| | | |
| Supplemental Schedule of Noncash Investing and Financing Activities | | |
| Construction in progress financed through construction payable | <u>\$ -</u> | <u>\$ 1,050,461</u> |

See Notes to Consolidated Financial Statements.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Activities

Frances House, Inc. (FHI) is an Illinois not-for-profit organization that individually and through its sole-member subsidiaries owns and/or operates a variety of long-term health care facilities that provide residential and health care services to both a geriatric and developmentally disabled population in Illinois, Iowa and Florida. FHI and its sole-member subsidiaries comprise a consolidated reporting group, hereafter referred to as the "Organization." The Organization organizes its operations under two divisions: the developmentally disabled operations and the geriatric operations.

Developmentally Disabled Operations: The Organization's developmentally disabled operations consist of three Community Integrated Living Arrangement (CILA) facilities, and twenty-nine 16-bed facilities, including certain 16-bed group homes that are all classified as intermediate care facilities for the developmentally disabled and are located in the northern half of the State of Illinois. A significant portion of the residential-care services provided are paid by a third-party agency, primarily the Illinois Department of Healthcare and Family Services (DHS) as part of the Medicaid program and a smaller portion of this care is provided through purchase of services contracts with DHS. The following entities own and operate these facilities:

- Frances House, Inc. (FHI) has sixteen 16-bed facilities, including two 16-bed group home facilities. Subsequent to year end, one 8-bed CILA, operated by FHI, commenced operations.
- Pinnacle Opportunities, Inc. (PIN), whose sole corporate member is FHI, has one 8-bed CILA facility, and five 16-bed facilities, including two 16-bed group home facilities.
- Pioneer Concepts, Inc. (PIO), whose sole corporate member is FHI, has two 8-bed CILA facilities, and eight 16-bed facilities, including two 16-bed group home facilities.

Geriatric Operations: FHI is the sole corporate member of Residential Alternatives of Illinois, Inc. (RAI), an Illinois not-for-profit organization that operates skilled nursing facilities, described on the next page, that participate in the Medicare and Medicaid programs, as well as, assisted living facilities and independent living facilities for the elderly located in Illinois and Iowa.

FHI is also the sole member of the following subsidiaries that own and lease the property of certain long-term care geriatric facilities located in Illinois and Florida, leased and operated by RAI:

- Hawthorne Inn of Princeton, LLC (HIP)
- Danville Independence, LLC (DIL)
- Peoria Manor Court, Ltd., NFP (PMC)
- Peru Becker, Ltd., NFP (PBL)
- Brandon Lumsden Road SNF, LLC (BLR)

DIL, PMC, PBL and BLR have HUD-insured mortgages on their respective facilities and, therefore, these four entities have separate single audits of their individual financial statements.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1. Nature of Activities (Continued)

As noted above, RAI operates skilled nursing facilities, retirement living centers and assisted living facilities located in Illinois and Iowa. The names of the facilities and the number of bed/units are as follows:

| Facility Type and Name | Number of Beds/Units | FHI or FHI Sole-Member Subsidiary Facility Owner | Location |
|---------------------------------------|----------------------|--|----------------|
| Skilled Nursing Facilities: | | | |
| Freeport Rehab & Health Care Center | 109 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Hawthorne Inn of Danville ** | 80 | Danville Independence, LLC | Danville, IL |
| Manor Court of Clinton ** | 134 | Unrelated lessor | Clinton, IL |
| Manor Court of Freeport ** | 96 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Manor Court of Peoria | 50 | Peoria Manor Court, Ltd., NFP | Peoria, IL |
| Manor Court of Peru ** | 94 | Peru Becker, Ltd., NFP | Peru, IL |
| Manor Court of Princeton ** | 125 | Hawthorne Inn of Princeton, LLC | Princeton, IL |
| Windmill Manor | 120 | Unrelated lessor | Coralville, IA |
| | <u>808</u> | | |
| Sheltered Care Facilities: | | | |
| Hawthorne Inn of Danville ** | 80 | Danville Independence, LLC | Danville, IL |
| Manor Court of Freeport ** | 16 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Manor Court of Peru ** | 38 | Peru Becker, Ltd., NFP | Peru, IL |
| | <u>112</u> | | |
| Supportive Living Facilities: | | | |
| Hawthorne Inn of Freeport | 37 | Residential Alternatives of Illinois, Inc. | Freeport, IL |
| Manor Court of Clinton ** | 27 | Unrelated lessor | Clinton, IL |
| Manor Court of Princeton ** | 27 | Hawthorne Inn of Princeton, LLC | Princeton, IL |
| | <u>91</u> | | |
| Assisted Living Facilities: | | | |
| Liberty Estates of Geneseo ** | 30 | Unrelated lessor | Geneseo, IL |
| Hawthorne Inn of Peoria | 52 | Peoria Manor Court, Ltd., NFP | Peoria, IL |
| Hawthorne Inn of Peru | 52 | Peru Becker, Ltd., NFP | Peru, IL |
| Liberty Estates of Streator ** | 30 | Unrelated lessor | Streator, IL |
| Windmill Pointe Estates** | 44 | Unrelated lessor | Coralville, IA |
| | <u>208</u> | | |
| Independent Living Facilities: | | | |
| Liberty Estates of Danville | 82 | Frances House, Inc. | Danville, IL |
| Liberty Estates of Freeport | 69 | Frances House, Inc. | Freeport, IL |
| Liberty Estates of Geneseo ** | 34 | Unrelated lessor | Geneseo, IL |
| Liberty Estates of Peoria | 81 | Frances House, Inc. | Peoria, IL |
| Liberty Estates of Peru | 69 | Frances House, Inc. | Peru, IL |
| Liberty Estates of Streator ** | 30 | Unrelated lessor | Streator, IL |
| Windmill Pointe Estates** | 43 | Unrelated lessor | Coralville, IA |
| | <u>408</u> | | |

** Denotes a combination facility that has more than one type of facility in the same building.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies

The following is a summary of the Organization's significant accounting policies:

Principles of consolidation: The consolidated financial statements include the accounts of the Organization as described in Note 1. All material intercompany balances and transactions have been eliminated in consolidation.

In addition to the sole-member subsidiaries described in Note 1, FHI is the also the sole member of the following subsidiaries, that were formed for the purpose of eventually owning a facility to lease to either another sole-member subsidiary within the consolidated reporting group or to an unrelated not-for-profit organization. None of the following sole-member subsidiaries owned property or had operations as of March 31, 2015:

- Clinton Park Lane, Ltd., NFP*
- Freeport Navajo, Ltd., NFP*
- Freeport Manor Court, Ltd., NFP
- Geneseo South Chicago, Ltd., NFP*
- Manor Court of Princeton, Ltd., NFP
- Peoria Stalworth, Ltd., NFP
- Streator Eastwood, Ltd., NFP*

* Dissolved subsequent to year-end

Income taxes: Frances House, Inc. and Subsidiaries are exempt from income taxes under Sections 501(c)(3) or 501(c)(2) of the Internal Revenue Code. Therefore, no provision has been made for federal or state income taxes. Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. With few exceptions, the Organization is no longer subject to examination by the Internal Revenue Service for years before 2011.

Fiduciary trust accounts: Cash held for residents and the related liability, due to residents, consists of cash that RAI holds for its residents when they request RAI to do so. Such cash consists of cash-on-hand and cash deposited in accounts at insured depository institutions, and is available for use or withdrawal by the residents at their request.

Resident accounts receivable: The Organization extends credit for routine services provided to the residents of its facilities. Resident accounts receivable, which include amounts due directly from residents and third-party payors on the resident's behalf, are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a periodic basis. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Resident accounts receivable are written off when deemed uncollectible. Recoveries of resident accounts receivable previously written off are recorded when received. Generally, interest is not charged on resident accounts receivable. Management has not specifically designated a time period for determining when a resident account receivable is past due.

A significant portion of these services provided to residents are paid by federal and state third-party payors as part of the Medicare and Medicaid programs. Credit risk with respect to the Medicare and Medicaid program receivables, as described in Note 14, is mitigated by the taxing authority of the governmental entities funding the programs.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

The allowance for doubtful accounts represents an amount considered by management to cover potential credit losses. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts. For receivables associated with private pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Organization's allowance for doubtful accounts for the year ended March 31, 2015 increased by 121%. The increase in allowance is a result of a revision of management's policies and an increase in accounts receivable. In the year ended March 31, 2015, management increased their estimated loss rate percentages applied to the aging of accounts receivable balances based on prior experience.

Resident services revenue: Resident services revenue is reported at the estimated net realizable amounts from residents, third-party payors and others for services provided. Services subject to third-party payor agreements are reimbursed based on prospectively determined rates, which are generally not subject to retroactive adjustment, except as described in Note 13. Any retroactive adjustments resulting from such reviews made by Medicare and Medicaid programs are recognized in the period the Organization is notified by the governmental authorities of such adjustment. The concentration of resident services revenue resulting from services rendered to Medicare and Medicaid beneficiaries is described in Note 14.

Resident security deposits: Refundable security deposits paid by residents upon entering into a rental agreement are reflected as a noncurrent liability in the accompanying consolidated balance sheets.

Deferred revenue: Deferred revenue are amounts that have been paid in advance for resident services. The deferred revenue will be recognized as resident services revenue as the related services are provided and thereby earned. All deferred revenue is classified as current as it is expected to be earned within the next year.

Pledges and contributions: Pledges and contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted until such time as the restriction passes. At such time, the contributions become unrestricted. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted. Unrestricted pledges are recognized as support in the consolidated statements of operations when the pledge is received. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected over periods in excess of one year are recorded at the present value of the estimated cash flows beyond one year. Conditional promises to give are not included as support until the conditions are substantially met.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Long-term receivables: Long-term receivables consist of a subordinated promissory note receivable due from an unrelated party. These long-term receivables are considered financing receivables and are stated at the amount of unpaid principal, reduced by an allowance for loan losses, if applicable. Interest income is recognized over the life of the loan using the simple interest method, except for the refundable balance receivable that does not have interest associated with it. Amounts disbursed for and collected on long-term receivables are included in net cash provided from investing activities in the consolidated statements of cash flows.

The allowance for uncollectible amounts represents the Organization's best estimate of the amount of credit losses in the Organization's existing long-term receivables. The allowance is determined on an individual receivable basis if it is probable that the Organization will not collect the entire principal amount contractually due. The Organization considers the other party's financial condition, historical payment patterns, contractual obligations as required by the terms of the long-term receivables, and the other party's source of funds for repayment of the receivables in considering the probability of default. The impairment is measured based on the present value of the expected future cash flows discounted at the loan's effective interest rate. The Organization does not accrue interest when a receivable is considered impaired. When the ultimate collectability of the principal balance of the impaired receivable is in doubt, all cash receipts on impaired receivables are applied to reduce the principal amount of such receivables until the principal has been recovered and recognized as interest income thereafter. Impairment losses are charged against the allowance and increases in the allowance are charged to provision for uncollectible receivable expense. Long-term receivables are written off against the allowance when all possible means of collection have been exhausted and the potential for recovery is considered remote. The Organization resumes accrual of interest when it is probable that the Organization will collect the remaining principal and interest of an impaired receivable. There was no allowance recorded as of March 31, 2015 and 2014 related to the long-term receivables.

Property and equipment: The Organization's capitalization policy is to capitalize property and equipment that has a cost of \$2,500 or more with an estimated useful life of two years or more. All property and equipment has been purchased by the Organization and none has been acquired through contributions; therefore, the basis of the property and equipment is historical cost. Property and equipment is presented at cost less accumulated depreciation. The Organization follows the American Hospital Association's depreciation guide in assigning estimated useful lives to its property and equipment. Depreciation is computed primarily by the straight-line method over the following estimated useful lives:

| <u>Classification</u> | <u>Years</u> |
|-----------------------------------|--------------|
| Land improvements | 8 to 20 |
| Buildings and improvements | 5 to 40 |
| Equipment, furniture and fixtures | 3 to 20 |
| Vehicles | 4 |

Construction in progress primarily represents additions to facilities. Such assets are not depreciated until they are placed into service.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Investments: The Organization classifies all available-for-sale securities as long-term investments. The Organization has had limited trading activity with available-for-sale securities.

Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value. Realized gains and losses are determined based on the specific identification of securities sold. Unrealized gains and losses are determined based on the increase or decrease in the fair value of investments. Investment income or loss, including realized gains and losses on investments, interest and dividends, is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. The net change in unrealized gains and losses on investments is excluded from the excess of revenue over expenses and presented as an increase or decrease in unrestricted net assets unless the gain or loss is restricted by donor or law.

Declines in the fair value of individual securities below their cost that are determined to be other-than-temporary are reflected in earnings as realized losses. In estimating other-than-temporary impairment losses, management considers (1) the length of time and the extent to which the fair value has been less than cost, (2) the financial condition and near-term prospects of the issuer, and (3) the Intent and ability of the Organization to retain its investments in the issuer for a period of time sufficient to allow for any anticipated recovery of the cost.

When an other-than-temporary impairment loss is determined to have occurred on equity securities, the losses are recognized in excess of revenue over expenses. The way in which impairment losses on fixed income securities are recognized in the consolidated financial statements is dependent on the facts and circumstances related to the specific security. If the Organization intends to sell a security or it is more likely than not it would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the Organization recognizes an other-than-temporary impairment in excess of revenue over expenses for the difference between amortized cost and fair value. If the Organization does not expect to recover the amortized cost basis, does not plan to sell the security and if it is not more likely than not that the Organization would be required to sell a security before the recovery of its amortized cost, less any current period credit loss, the recognition of the other-than-temporary impairment is bifurcated. The Organization recognizes the credit loss portion in excess of revenue over expenses and the noncredit loss portion in other changes in net assets and is excluded from excess of revenue over expenses.

Fair value of financial instruments: The estimated fair values of the Organization's short-term financial instruments, including cash, accounts receivable, restricted deposits, accounts payable and other short-term borrowings approximate their individual carrying amounts due to the relatively short period of time between their origination and expected realization. The fair value of the available-for-sale marketable securities is based on quoted market prices. The fair value of the long-term debt is estimated based on current rates available to the Organization for debt with similar terms and remaining maturities. See Note 20 for additional fair value information.

Debt financing costs: Debt financing costs are deferred and amortized over the term of the related loan agreement.

Contributions made: Contributions made are recognized at the time the unconditional promise to give is approved by the Board of Directors and communicated to the donee.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Insurance claims and related insurance recoveries: The Organization does not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability is determined without consideration of insurance recoveries. The Organization recognizes an insurance receivable at the same time that it recognizes the liability, measured on the same basis as the liability, subject to the need for a valuation allowance for uncollectible amounts.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Excess of revenue over expenses: The consolidated statements of operations include excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments.

Recently issued accounting standards: In June 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2013-06, *Not-for-Profit Entities* (ASC Topic 958) – *Services Received from Personnel of an Affiliate*. ASU 2013-06 requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. It states that said services should be measured at the cost recognized by the affiliate for the personnel providing those services. ASU 2013-06 is effective for entities with fiscal years beginning after June 15, 2014 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2016. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

In April 2014, the FASB issued new accounting guidance on the *Presentation of Financial Statements* (Topic 205) and *Property, Plant and Equipment* (Topic 360) (ASU 2014-08). The amendment changes the criteria for reporting discontinued operations and enhancing convergence of the FASB's and the International Accounting Standard Board's (IASB) reporting requirements for discontinued operations. This guidance is effective for all disposals or classifications as held for sale of components of an entity that occur within annual periods beginning on or after December 15, 2014. Management has not completed the process of evaluating the effect that will result from adopting the guidance in ASU 2014-08 on its March 31, 2016 consolidated financial statements. The Organization is, therefore, unable to disclose the effect that adopting the guidance will have on its consolidated financial position and the consolidated results of operations when such guidance is adopted.

Notes to Consolidated Financial Statements

Note 2. Significant Accounting Policies (Continued)

Recently issued accounting standards (continued): In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This standard outlines a single comprehensive model for companies to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The core principle of the revenue model is that revenue is recognized when a customer obtains control of a good or service. A customer obtains control when it has the ability to direct the use of and obtain the benefits from the good or service. Transfer of control is not the same as transfer of risks and rewards, as it is considered in current guidance. The Organization will also need to apply new guidance to determine whether revenue should be recognized over time or at a point in time. This standard was amended by ASU 2015-14 *Revenue from Contracts with Customers (Topic 606)*. This amendment deferred the effective date of ASU 2014-09 for all entities by one year. Therefore, this standard will be effective for annual reporting periods beginning after December 15, 2018, using either of two methods: (a) retrospective to each prior reporting period presented with the option to elect certain practical expedients as defined within ASU 2014-09; or (b) retrospective with the cumulative effect of initially applying ASU 2014-09 recognized at the date of initial application and providing certain additional disclosures as defined in ASU 2014-09. The Organization has not yet selected a transition method and is currently evaluating the impact of the pending adoption of ASU 2014-09 on the consolidated financial statements.

In February 2015, the FASB issued ASU 2015-02, *Consolidation (ASC Topic 810) Amendments to the Consolidations Analysis*. ASU 2015-02 addresses guidance intended to improve targeted areas of consolidation guidance for legal entities. Specifically, this amendment modifies the evaluation of whether a limited partnership, or similar legal entities, are variable interest entities. This standard will be effective for annual periods beginning after December 15, 2016, and therefore is expected to be adopted by the Organization for the year ending March 31, 2018. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03, *Interest – Imputation of Interest (ASC Subtopic 835-30) – Simplifying the Presentation of Debt Issuance Costs*. ASU 2015-03 requires that debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for entities with fiscal years beginning after December 15, 2015 and, therefore, is expected to be adopted by the Organization for the year ending March 31, 2017. Management is currently evaluating the impact that adoption will have on the Organization's consolidated financial statements.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3. Investments in Available-for-Sale Securities

Investments in available-for-sale securities as of March 31, 2015 and 2014, consisted of the following:

| Described by Asset Type | 2015 | | 2014 | |
|---|----------------------|----------------------|----------------------|----------------------|
| | Fair Value | Cost Basis | Fair Value | Cost Basis |
| Common stock | \$ 3,696,018 | \$ 3,312,579 | \$ 1,798,349 | \$ 1,642,664 |
| Exchange-traded funds | 4,988,905 | 4,803,640 | 3,631,181 | 3,541,362 |
| Real estate and unit investment trusts | 6,944,070 | 7,452,992 | 3,874,637 | 3,935,607 |
| Mutual funds primarily invested in equity securities | 14,135,175 | 8,265,904 | 15,594,148 | 7,583,149 |
| Mutual funds primarily invested in investment grade bonds | 5,761,110 | 5,666,909 | 6,598,858 | 6,583,423 |
| Mutual funds primarily invested in U.S. government securities | 1,500,304 | 1,613,865 | 1,503,974 | 1,586,620 |
| | <u>\$ 37,025,582</u> | <u>\$ 31,115,889</u> | <u>\$ 33,001,147</u> | <u>\$ 24,872,825</u> |

Additional disclosures regarding fair value of the investments are found in Note 20.

Net realized gain on investments for the years ended March 31, 2015 and 2014, respectively, was \$1,740,331 and \$80,562. These amounts are reported in the consolidated statements of operations as a part of investment income.

Components of net investment income are as follows for the years ended March 31, 2015 and 2014:

| | 2015 | 2014 |
|--|---------------------|---------------------|
| Interest and dividends | \$ 3,072,410 | \$ 947,075 |
| Realized gains on available-for-sale investments | 1,740,331 | 80,562 |
| | <u>\$ 4,812,741</u> | <u>\$ 1,027,637</u> |

Interest and dividend income is earned from investments in marketable securities, notes receivable, deposits restricted for replacement reserves, and cash.

Management and a third-party broker evaluate the investment portfolio periodically to determine if investments have suffered an other-than-temporary decline in value. In addition, management and a third-party broker monitor market trends and other circumstances to identify trends and circumstances that might impact the carrying value of securities.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3. Investments in Available-For-Sale Securities (Continued)

The following tables show the gross unrealized losses and fair value of the Organization's investments with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous loss position, as of March 31, 2015 and 2014:

| | Less Than 12 Months | | 12 Months or Greater | | Total | |
|---|------------------------|----------------------|-------------------------|----------------------|---------------------|----------------------|
| | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses |
| March 31, 2015 | | | | | | |
| Real estate and investment trusts | \$ 6,944,070 | \$ 547,076 | \$ - | \$ - | \$ 6,944,070 | \$ 547,076 |
| Mutual funds primarily invested in U.S. government securities | - | - | 1,500,304 | 113,560 | 1,500,304 | 113,560 |
| | <u>\$ 6,944,070</u> | <u>\$ 547,076</u> | <u>\$ 1,500,304</u> | <u>\$ 113,560</u> | <u>\$ 8,444,374</u> | <u>\$ 660,636</u> |

| | Less Than 12 Months | | 12 Months or Greater | | Total | |
|---|------------------------|----------------------|-------------------------|----------------------|---------------------|----------------------|
| | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses | Fair Value | Unrealized Losses |
| March 31, 2014 | | | | | | |
| Real estate and investment trusts | \$ 3,874,637 | \$ 60,970 | \$ - | \$ - | \$ 3,874,637 | \$ 60,970 |
| Mutual funds primarily invested in U.S. government securities | - | - | 1,503,974 | 82,846 | 1,503,974 | 82,646 |
| | <u>\$ 3,874,637</u> | <u>\$ 60,970</u> | <u>\$ 1,503,974</u> | <u>\$ 82,646</u> | <u>\$ 5,378,611</u> | <u>\$ 143,616</u> |

As of March 31, 2015 and 2014, there were 10 and 12 real estate and investment trust securities in an unrealized loss position less than 12 months, respectively. As of March 31, 2015 and 2014, there were 2 mutual funds primarily invested in U.S. government securities in an unrealized loss position greater than 12 months, respectively.

Based on the Organization's assessment of the near-term prospects of the issuers of marketable equity securities with unrealized losses and the Organization's ability and intent to hold these investments for a reasonable period of time sufficient for a recovery of cost, the Organization does not consider these investments to be other-than-temporarily impaired as of March 31, 2015 and 2014.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 4. Investment Margin Borrowing Account

FHI has a line of credit with Pershing LLC in the amount of \$8,000,000. Through this agreement, FHI may borrow funds from time-to-time, not to exceed the principal balance for the purpose of an investment margin borrowing account. The broker for this arrangement is Benjamin F. Edwards & Co. This note is secured by an investment account held on deposit with Benjamin F. Edwards & Co. with a fair market value of approximately \$19,896,000 as of March 31, 2015. The agreement bears interest at 0.75% above the 30-day LIBOR rate (effective total rate of 0.93% as of March 31, 2015). As of March 31, 2015 and 2014, there were no borrowed amounts owed on this agreement. During the year ended March 31, 2015, no amount was borrowed or repaid against this agreement.

Note 5. Assets Held for Sale and Subsequent Event

The Organization determined during the year ended March 31, 2015, that they would seek a buyer for Freeport Rehab and Health Care Center (FRHCC), a 109 bed unit skilled nursing facility operated by Residential Alternatives of Illinois, Inc. and located in Freeport, Illinois. Assets held for sale are recorded at the lower of net book value or fair value less estimated selling costs. The carrying value of the assets as of March 31, 2015, was \$2,680,658. On April 20, 2015, the FRCC was sold to an unrelated third party for \$3,000,000. After considering selling costs, the gain on the sale was inconsequential.

Note 6. Restricted Deposits for Mortgage Escrows and Residual Receipts

The HUD insured mortgage notes payable described in Note 8, requires the Organization to make monthly escrow deposits for real estate taxes, mortgage insurance and property insurance. As of March 31, 2015, the required monthly mortgage escrow account for escrow deposit was \$78,084; however, the required amount is subject to periodic change to meet the needs of actual disbursements for these items. Escrow deposits are restricted to their described purpose and the release of these funds is authorized by the mortgage company upon submission of invoices for real estate taxes, mortgage insurance and property insurance. PBL and DIL are also required to make residual receipt deposits for surplus cash on hand at the end of a reporting period. The aggregate balance of the restricted deposits for mortgage escrows and residual receipts was \$813,450 and \$605,050 as of March 31, 2015 and 2014, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 7. Restricted Deposits for Replacement Reserves and Repair Reserve

The HUD insured mortgage notes payable, described in Note 8, requires the Organization to make monthly deposits to the reserves for replacements in the amount of \$18,658. Withdrawals from these reserves, whether for the purpose of effecting replacement of structural elements and mechanical equipment of the project or for any other purpose, may be made only after receiving approval in writing of the Secretary of HUD. PMC and BLR also have separate repair deposit balances restricted for certain repair projects. Activity in the restricted deposits for replacement reserves, including the repair deposit of PMC and BLR, during the years ended March 31, 2015 and 2014 included the following:

| | 2015 | 2014 |
|---|---------------------|---------------------|
| Replacement reserves balance at beginning of year | \$ 1,445,041 | \$ 1,295,532 |
| Total of monthly deposits | 212,033 | 148,425 |
| Initial deposit for new reserve account | 560,000 | 493,853 |
| Disbursement from replacement reserve | (181,867) | (493,853) |
| Interest earned on replacement reserve account | 1,770 | 1,084 |
| Replacement reserves balance at end of year | <u>2,036,977</u> | <u>1,445,041</u> |
| PMC and BLR repair deposit balance at the beginning of year | - | 586 |
| Initial deposit | 14,490 | - |
| Approved withdrawals released | - | (586) |
| PMC and BLR repair deposit balance at end of year | <u>14,490</u> | <u>-</u> |
| Total restricted deposits for replacement and repair reserves | <u>\$ 2,051,467</u> | <u>\$ 1,445,041</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event

Long-term debt and pledged assets consisted of the following as of March 31, 2015 and 2014:

| Borrower and Description of Debt | 2015 | 2014 |
|--|---------------|---------------|
| <u>Frances House, Inc.</u> | | |
| First Mid-Illinois Bank & Trust, N.A., mortgage note payable, refinanced September 2012, 4.25%, due in monthly installments of \$151,740, including interest, with the remaining balance due September 28, 2017, collateralized by substantially all of the assets of Liberty Estates of Danville, Liberty Estates of Peoria, Liberty Estates of Peru and Liberty Estates of Freeport, approximately \$25,106,000 book value. | \$ 18,197,644 | \$ 19,210,334 |
| <u>Danville Independence, LLC</u> | | |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, refinanced in February 2013, 3.50%, due in monthly installments of \$56,175, including interest, with the remaining balance due September 1, 2043, collateralized by substantially all of the assets of the related LLC, approximately \$12,564,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act. | 12,558,697 | 12,823,453 |
| <u>Peru Becker, Ltd., NFP</u> | | |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, refinanced May 2013, 3.80%, due in monthly installments of \$90,414, including interest, with the remaining balance due August 1, 2044, collateralized by substantially all of the assets located at the premises of the skilled nursing facility, sheltered care and assisted living facility known as Manor Court of Peru and Hawthome Inn of Peru, approximately \$19,632,000 book value, insured by HUD under Section 232, pursuant to Section 223(a)(7) of the National Housing Act. | 20,010,192 | 20,394,029 |
| Subtotal carried forward | 50,766,533 | 52,427,816 |

(Continued)

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event (Continued)

| Borrower and Description of Debt | 2015 | 2014 |
|--|---------------|---------------|
| Subtotal carried forward | \$ 50,766,533 | \$ 52,427,816 |
| <u>Peoria Manor Court, Ltd., NFP</u> | | |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.90%, due in monthly installments of \$54,642, including interest, with the remaining balance due January 1, 2045, collateralized by substantially all of the assets located at the premises of the skilled nursing facility and assisted living facility known as Manor Court of Peoria, approximately \$11,378,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act. | 10,270,377 | 10,418,858 |
| <u>Brandon Lumsden Road SNF, LLC</u> | | |
| Hawthome Care Center of Brandon, LLC, installment contract payable | - | 10,134,963 |
| Hawthome Inn of Brandon, LLC, installment contract payable | - | 5,890,279 |
| Cambridge Realty Capital, Ltd. of Illinois, mortgage note payable, 4.48%, due in monthly installments of \$69,961, including interest, with the remaining balance due May 1, 2044. The Organization and lessee, an unrelated party, have granted a security interest in substantially all of their assets, approximately \$18,908,000 book value, insured by HUD under Section 232, pursuant to Section 223(f) of the National Housing Act. | 13,653,981 | - |
| | 74,690,891 | 78,871,916 |
| Less current maturities | 2,114,129 | 17,834,572 |
| Long-term portion | \$ 72,576,762 | \$ 61,037,344 |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8. Long-Term Debt, Pledged Assets and Subsequent Event (Continued)

Scheduled maturities of long-term debt as of March 31, 2015 were as follows:

| <u>Year Ending March 31</u> | <u>Amount</u> |
|-----------------------------|----------------------|
| 2016 | \$ 2,114,129 |
| 2017 | 2,204,068 |
| 2018 | 17,184,007 |
| 2019 | 1,189,124 |
| 2020 | 1,235,874 |
| Thereafter | 50,763,689 |
| | <u>\$ 74,690,891</u> |

In connection with certain bank notes, the Organization has agreed to certain restrictive covenants, including but not limited to: (1) minimum fixed charge coverage ratio; (2) minimum current ratio; and (3) annual minimum tangible net worth, step-up.

Subsequent to March 31, 2015, the Organization refinanced Peoria Manor Court, Ltd., NFP's mortgage note payable with Cambridge Realty Capital, Ltd. Under the terms of the refinanced mortgage note payable, the Organization negotiated a note payable of \$10,905,000 with a fixed interest rate of 3.55% that is due in monthly installments of \$49,663, with the remaining balance due January 1, 2045.

During November 2009, FHI obtained a standby loan agreement with Community Living Options, Inc. (CLO), and unrelated party. Through this agreement CLO had agreed to advance, from time-to-time, working capital funds to FHI. The unsecured agreement provided for a credit limit of up to \$2,800,000 and expired November 30, 2014.

HUD Insured debt: The Organization's subsidiaries' loans with HUD insured financing have certain regulatory and compliance requirements, including but not limited to, required deposits (Notes 6 and 7) and reporting requirements.

Note 9. Administrative and Support Service Agreements

Administrative services: The Organization has administrative service agreements that are renewed annually with RFMS, Inc. (RFMS), an unrelated company. RFMS is a related party through common ownership with the three facility lessors, including Edwin Enterprises, LLC, LB Properties, Inc., and Mid-Illini Healthcare, Inc., as disclosed in Note 15. RFMS provides administrative services for cash management, accounting and financial reporting, payroll and employee benefits, information technology, and other general operational and financial management services.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 9. Administrative and Support Service Agreements (Continued)

Support Services: Frances House, Inc. and Residential Alternatives of Illinois, Inc. are two of eight not-for-profit entities that are members of a limited liability company, LTC Support Services, LLC (LTC). The purpose of LTC is to support its members' operations by providing consulting services to its members and others. The Organization entered into a contractual agreement with this related party to obtain consulting services that include, but are not limited to: training, regulatory compliance, quality assurance programs, human resource support, marketing and maintenance. The agreement is for one year with an automatic one year renewal unless cancelled with at least 30 days' notice.

Fees incurred under the administrative and support services agreements are included in general and administrative expenses for the years ended March 31, 2015 and 2014 and were as follows:

| | <u>2015</u> | <u>2014</u> |
|---|---------------------|---------------------|
| RFMS, Inc., administrative services | \$ 2,798,614 | \$ 2,751,028 |
| LTC Support Services, LLC, support services | <u>2,098,789</u> | <u>1,808,550</u> |
| | <u>\$ 4,897,403</u> | <u>\$ 4,559,578</u> |

Note 10. Employee Benefit Plans

Medical benefit plan: The Organization has adopted a multiple-employer health and welfare plan providing medical benefits, short-term disability benefits, group term life insurance, dependent care assistance and medical expense reimbursement. The medical benefits, short-term disability benefits and group term insurance portion of this plan is administered by an unrelated third-party organization. The medical and short-term disability benefits are, in effect, self-insured. This plan involves several organizations who contribute monthly premiums to a VEBA 501(c)(9) trust, which is to be used exclusively for payment of the claims of all eligible employees and certain administrative fees. The portion of the plan relating to dependent care and medical expense reimbursement is administered by employees of RFMS, an unrelated organization. Qualifying expenses are paid from the related participants contributions. Expenses relating to the medical benefit plan totaled approximately \$1,588,000 and \$1,424,000 for the years ended March 31, 2015 and 2014, respectively.

Workers' compensation insurance plan: The workers' compensation insurance plan for the Organization's employees is administered by a third party organization and, in effect, is a self-insured plan involving several not-for-profit organizations who formed a not-for-profit trust. These organizations contribute monthly premiums to a special pooled account, which is to be used exclusively for payment of the workers' compensation claims of all the participating organizations plus administrative fees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is also a member of the Board of Trustees for this plan. The Organization's share of expenses relating to this plan totaled approximately \$1,215,000 and \$1,300,000 for the years ended March 31, 2015 and 2014, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 10. Employee Benefit Plans (Continued)

Retirement savings plan: The Organization has adopted a multiple-employer 401(k) retirement savings plan (Plan) covering substantially all employees. The President of the FHI, PIN, and PIO Board and Secretary of the RAI Board is employed as a broker for the company that administers the Plan. The Plan's administrator is an unrelated party. Plan management consists of employees of LTC, a related party as described in Note 9, and RFMS, an unrelated organization. The Plan is funded by (a) participant contributions and (b) 50% matching by the Organization of participant's eligible contributions up to 5% of the participant's compensation. Participant contributions are fully vested at the time they are made. Employer contributions begin vesting after two years of service at 20% per year. Expenses related to this Plan totaled approximately \$245,000 and \$228,000 for the years ended March 31, 2015 and 2014, respectively.

Note 11. Provider Participation Fees

The Illinois Department of Public Aid assesses provider participation fees on Illinois health care providers receiving Medicaid payments. Provider participation fees totaled approximately \$2,806,000 and \$2,853,000 for the years ended March 31, 2015 and 2014, respectively.

Note 12. Long-Term Receivables

Note receivable due from Hometown Community Bancorp, Inc.: In March 2012, the Organization invested \$1,000,000 in a subordinated promissory note issued by Hometown Community Bancorp, Inc. in a private placement. The note bears interest at the rate of 6% per annum that is paid quarterly for a period of seven years. The principal will be repaid in installments of 20% of the original principal amount, with the first payment having occurred in March 2015. The remaining installment payments will occur in four equal annual principal payments on the fourth, fifth, sixth and seventh annual March anniversary of the note with the final principal and interest due in March 2019. The note is unsecured and subordinated to the other debt of Hometown Community Bancorp, Inc. and has not been registered with the Securities and Exchange Commission. The notes were only offered to certain investors who met the criteria for "accredited investors" under Regulation D of the Securities and Exchange Commission and therefore, transfer of the notes are restricted by state and federal securities laws. The private placement memorandum associated with the note indicates that this investment is speculative and illiquid, in that there is no public market for the notes and that a public market is not expected to develop for the notes and that investors should expect to hold the notes for the entire term of the notes. The balance of the subordinated promissory note as of March 31, 2015 and 2014 was \$800,000 and \$1,000,000, respectively.

When assessing the credit quality of the note receivable, management considers the financial condition of the bank, as well as any past due amounts. As of March 31, 2015 and 2014, management determined no allowance related to the note receivable was necessary.

Standby loan agreement receivable due from Achievement Unlimited, Inc.: FHI entered into a standby loan agreement with Achievement Unlimited, Inc. (AUI) in December 2012. Through this agreement, FHI has agreed to advance, from time-to-time, working capital funds to AUI. The unsecured agreement provides for a credit limit up to \$1,000,000. Interest shall be reset monthly based on the applicable federal rate for short-term loans (0.40% as of March 31, 2015). The agreement expires December 20, 2017. No advances or payments have been made as of March 31, 2015 or 2014.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 12. Long-Term Receivables (Continued)

Activity in the allowance for long-term receivables: The Organization evaluates credit quality indicators on long-term receivables based on the delinquency status and other factors associated with each receivable. None of the long-term receivables as of March 31, 2015 and 2014 were considered to be past due and none of the long-term receivables are considered impaired. There was no allowance activity for the long-term receivables account for the year ended March 31, 2015. Activity in the allowance for long-term receivables account for the year ended March 31, 2014 was as follows:

| | <u>2014</u> |
|-------------------|--------------------|
| Beginning balance | \$ 1,650,000 |
| Provision | - |
| Recoveries | <u>(1,650,000)</u> |
| Ending balance | <u>\$ -</u> |

Note 13. Contractual Arrangements with Third-Party Payors

The Organization's skilled-care facilities have cost reimbursement agreements with state and federal third-party payors (Medicaid and Medicare) that are based on prospectively determined rates that are generally not subject to retroactive adjustment, as described in Note 2 under the revenue recognition policy. However, the laws and regulations under which the Medicare and Medicaid programs operate are complex, subject to frequent change and subject to interpretation. As part of operating under these programs, there is a possibility that governmental authorities may review the Organization's compliance with these laws and regulations. Such review may result in retroactive adjustments to Medicare and/or Medicaid reimbursements previously received and possibly subject the Organization to fines and penalties. Although no assurance can be given, management believes that they have complied with the requirements of the Medicaid and Medicare programs.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 14. Concentration of Credit Risk and Major Third-Party Payors

Concentration of cash in bank deposit accounts: The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses from these accounts and believes it is not exposed to any significant credit risk on bank deposit accounts.

Concentration of revenue and receivables with third-party payors: Net resident service revenue and resident accounts receivable as of March 31, 2015 and 2014, by payor, as a percentage of total net resident service revenue and resident accounts receivable, respectively, were as follows:

| | Net Resident Service Revenue | | Resident Accounts Receivable | |
|----------|------------------------------|------|------------------------------|------|
| | 2015 | 2014 | 2015 | 2014 |
| Medicare | 26% | 23% | 20% | 20% |
| Medicaid | 30% | 32% | 48% | 47% |
| Private | 44% | 45% | 32% | 33% |
| | 100% | 100% | 100% | 100% |

The Organization recognizes resident service revenue associated with services provided to residents who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured residents, the Organization recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, were as follows:

| | Net Resident Service Revenue | |
|----------|------------------------------|---------------|
| | 2015 | 2014 |
| Medicare | \$ 27,317,805 | \$ 22,942,617 |
| Medicaid | 32,137,038 | 30,522,041 |
| | 45,940,863 | 44,235,664 |
| | \$ 105,395,706 | \$ 97,700,322 |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 15. Lease Commitments, Total Rental Expense and Subsequent Event

RAI leases some of its facilities from unrelated leasing companies under agreements that require monthly rentals plus the payment of real property taxes, insurance and maintenance costs. Monthly lease payments of certain leases are adjusted periodically according to the lease agreement based on 50% of the change in the consumer price index (CPI). Certain lease agreements contain options to renew for additional five-year periods. The terms of these leases as of March 31, 2015 were as follows:

| Lessor and Facility Name | Monthly Lease Payment | Expiration of Lease |
|------------------------------|--------------------------|------------------------|
| Edwin Enterprises, LLC: | | |
| Liberty Estates of Streator | \$ 45,419 | February 2016 |
| Windmill Manor | 90,812 | April 2019 |
| LB Properties, Inc.: | | |
| Liberty Estates of Geneseo | 40,948 | August 2018 |
| Windmill Pointe Estates | 40,555 | July 2017 |
| Mid-Illini Healthcare, Inc.: | | |
| Manor Court of Clinton | <u>101,253</u> | April 2015 |
| | <u>\$ 318,987</u> | |

Minimum rental commitments under facility leases, excluding real property taxes, insurance and maintenance as of March 31, 2015 are due as follows:

| Year Ending March 31 | Amount |
|----------------------|----------------------|
| 2016 | \$ 3,963,142 |
| 2017 | 3,483,780 |
| 2018 | 3,159,340 |
| 2019 | 2,710,484 |
| 2020 | 1,506,812 |
| Thereafter | <u>7,000</u> |
| | <u>\$ 14,830,558</u> |

The Manor Court of Clinton lease was renewed subsequent to year end with a revised monthly rent payment of \$114,500 and a lease expiration date of April 1, 2020. The revised rent payment is reflected in rent expense commitment schedule above.

Frances House, Inc. opened and commenced operation of an 8-bed CILA, Woodburn Court, subsequent to year end. The CILA property, located in Sterling, Illinois, is leased by Northwest Illinois CILA, LLC, an unrelated party. The lease commenced June 1, 2015 and has a five year lease agreement with two, five year each, optional renewal periods. Monthly payments equal \$3,500 for the first five years. The original term of the lease expires May 31, 2020. The rental commitments of this lease are reflected in the rent expense commitment schedule above.

Total rental expense for the years ended March 31, 2015 and 2014, including real property taxes, insurance and maintenance costs, were approximately \$4,897,000 and \$4,572,000, respectively.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 16. Functional Expense Classifications

Operating and nonoperating expenses of the Organization according to their functional categories for the years ended March 31, 2015 and 2014 are as follows:

| | 2015 | 2014 |
|------------------------|----------------------|----------------------|
| Program activities | \$ 94,936,207 | \$ 87,908,189 |
| Management and general | 4,757,182 | 2,922,122 |
| | <u>\$ 99,693,389</u> | <u>\$ 90,830,311</u> |

Note 17. Professional Liability Insurance and Litigation Contingencies

Professional liability insurance: The Organization is covered by professional liability insurance on a claims-made basis. Each entity is insured for individual and aggregate claims on an annual basis of \$1,000,000 and \$3,000,000, respectively.

Litigation contingencies: The Organization is involved as a defendant in certain litigation and regulatory claims arising in the ordinary course of business. After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the Organization's net assets.

Note 18. Accrued Expenses

Accrued expenses consisted of the following as of March 31, 2015 and 2014:

| | 2015 | 2014 |
|---------------------------------|---------------------|---------------------|
| Wages and other related payroll | \$ 2,443,692 | \$ 2,293,473 |
| Real estate taxes | 2,489,360 | 2,327,029 |
| Other | 991,265 | 1,080,944 |
| | <u>\$ 5,924,317</u> | <u>\$ 5,701,446</u> |

Note 19. Construction in Progress Commitments

The Organization had construction projects in process that totaled approximately \$49,000 and \$1,067,000 as of March 31, 2015 and 2014, respectively. These projects are being funded through available unrestricted cash. The following is a summary of construction in progress and construction commitments as of March 31, 2015:

| Project Location and Description | Costs Incurred Through March 31, 2015 | Approximate Total Project Cost | Projected Completion Date |
|----------------------------------|--|--------------------------------------|---------------------------------|
| Miscellaneous upgrades | <u>\$ 49,394</u> | <u>\$ 49,394</u> | June 2015 |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 20. Fair Value Disclosures

Fair Value of Financial Instruments

The carrying values and estimated fair values of the Organization's financial instruments are as follows:

| | March 31, 2015 | | March 31, 2014 | |
|--|----------------|----------------------|----------------|----------------------|
| | Carrying Value | Estimated Fair Value | Carrying Value | Estimated Fair Value |
| Financial assets: | | | | |
| Cash | \$ 19,477,948 | \$ 19,477,948 | \$ 26,784,573 | \$ 26,784,573 |
| Resident receivables | 15,982,393 | 15,982,393 | 14,045,165 | 14,045,165 |
| Restricted deposits for mortgage escrows and residual receipts | 813,450 | 813,450 | 605,050 | 605,050 |
| Restricted deposits for replacement reserves | 2,036,977 | 2,036,977 | 1,445,041 | 1,445,041 |
| Restricted deposits for repair reserve | 14,490 | 14,490 | - | - |
| Investment in available-for-sale securities | 37,025,582 | 37,025,582 | 33,001,147 | 33,001,147 |
| Financial liabilities: | | | | |
| Mortgage notes payable | \$ 74,690,891 | \$ 70,656,246 | \$ 78,871,916 | \$ 80,569,272 |
| Construction payable | - | - | 1,043,611 | 1,043,611 |
| Accounts payable | 2,593,337 | 2,593,337 | 2,974,324 | 2,974,324 |

Fair Value Measurements

The FASB's authoritative guidance on fair value measurements establishes a framework for measuring fair value, and expands disclosure about fair value measurements. This guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. Under this guidance, assets and liabilities carried at fair value must be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are not corroborated by market data.

In determining the appropriate levels, the Organization performs a detailed analysis of the assets and liabilities that are measured and reported on a fair value basis. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The following is a description of the valuation methodologies used for instruments measured at fair value:

Investments in Available-for-sale Securities: The fair value of investments in available-for-sale securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers.

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 20. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis

Assets measured at fair value on a recurring basis as of March 31, 2015, are as follows:

| | Total | Level 1 | Level 2 | Level 3 |
|---|----------------------|----------------------|-------------|-------------|
| Investments in available-for-sale securities: | | | | |
| Common stock - manufacturing | \$ 579,175 | \$ 579,175 | \$ - | \$ - |
| Common stock - technology | 428,678 | 428,678 | - | - |
| Common stock - pharmaceuticals | 368,071 | 368,071 | - | - |
| Common stock - insurance | 167,837 | 167,837 | - | - |
| Common stock - oil & gas | 318,046 | 316,046 | - | - |
| Common stock - beverages | 130,147 | 130,147 | - | - |
| Common stock - building material | 76,610 | 76,610 | - | - |
| Common stock - utilities | 203,343 | 203,343 | - | - |
| Common stock - services | 593,941 | 593,941 | - | - |
| Common stock - personal products | 207,521 | 207,521 | - | - |
| Common stock - financial | 79,049 | 79,049 | - | - |
| Common stock - other | 545,600 | 545,600 | - | - |
| Exchange traded funds | 4,988,905 | 4,988,905 | - | - |
| Real estate and unit investment trusts | 6,944,070 | 6,944,070 | - | - |
| Mutual funds primarily invested in equity securities | 14,135,175 | 14,135,175 | - | - |
| Mutual funds primarily invested in investment grade bonds | 5,761,110 | 5,761,110 | - | - |
| Mutual funds primarily invested in U.S. government securities | 1,500,304 | 1,500,304 | - | - |
| | <u>\$ 37,025,582</u> | <u>\$ 37,025,582</u> | <u>\$ -</u> | <u>\$ -</u> |

Frances House, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 20. Fair Value Disclosures (Continued)

Assets Measured at Fair Value on a Recurring Basis (Continued)

Assets measured at fair value on a recurring basis as of March 31, 2014, are as follows:

| | Total | Level 1 | Level 2 | Level 3 |
|---|----------------------|----------------------|-------------|-------------|
| Investments in available-for-sale securities: | | | | |
| Common stock - manufacturing | \$ 207,544 | \$ 207,544 | \$ - | \$ - |
| Common stock - technology | 256,089 | 256,089 | - | - |
| Common stock - pharmaceuticals | 185,703 | 185,703 | - | - |
| Common stock - insurance | 38,607 | 38,607 | - | - |
| Common stock - oil & gas | 205,790 | 205,790 | - | - |
| Common stock - beverages | 26,564 | 26,564 | - | - |
| Common stock - building material | 15,402 | 15,402 | - | - |
| Common stock - utilities | 195,227 | 195,227 | - | - |
| Common stock - services | 240,692 | 240,692 | - | - |
| Common stock - personal products | 131,941 | 131,941 | - | - |
| Common stock - other | 294,789 | 294,789 | - | - |
| Exchange traded funds | 3,631,181 | 3,631,181 | - | - |
| Real estate and unit investment trusts | 3,874,637 | 3,874,637 | - | - |
| Mutual funds primarily invested in equity securities | 15,594,148 | 15,594,148 | - | - |
| Mutual funds primarily invested in investment grade bonds | 6,598,858 | 6,598,858 | - | - |
| Mutual funds primarily invested in U.S. government securities | 1,503,975 | 1,503,975 | - | - |
| | <u>\$ 33,001,147</u> | <u>\$ 33,001,147</u> | <u>\$ -</u> | <u>\$ -</u> |

Note 21. Subsequent Events

Management has evaluated subsequent events through November 11, 2015, the date on which the consolidated financial statements were available to be issued, in preparing the consolidated financial statements, and notes thereto, for the year ended March 31, 2015.



RSM US LLP

**Independent Auditor's Report
on the Supplementary Information**

To the Board of Directors
Frances House, Inc.
Galesburg, Illinois

We have audited the consolidated financial statements of Frances House, inc. and Subsidiaries as of and for the years ended March 31, 2015 and 2014, and have issued our report thereon which contains an unmodified opinion on those consolidated financial statements. See page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and other supplementary information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating and other supplementary information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

RSM US LLP

Galesburg, Illinois
November 11, 2015

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet
March 31, 2015

| Assets | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|--|------------------------|------------------------------|------------------------------------|
| Current Assets | | | |
| Cash | \$ 6,030,024 | \$ 6,409,114 | \$ 1,986,640 |
| Fiduciary trust accounts | - | - | - |
| Receivables: | | | |
| Resident accounts, net | 2,053,903 | 1,283,100 | 841,763 |
| Other | 9,023 | - | - |
| Current maturities of mortgage notes receivable, intercompany | 337,380 | - | - |
| Intercompany receivables | 22,901,343 | 9,952,766 | 910,000 |
| Prepaid expenses | 17,408 | 45,263 | 31,087 |
| Total current assets | 31,349,081 | 17,690,243 | 3,769,490 |
| Long-Term Investments | | | |
| Investments in available-for-sale securities | 25,030,491 | 4,707,198 | 2,089,226 |
| Other | 10,000 | - | - |
| | 25,040,491 | 4,707,198 | 2,089,226 |
| Property and Equipment | | | |
| Land | 2,688,620 | 519,315 | 227,807 |
| Land improvements | 1,028,793 | 212,505 | 61,998 |
| Buildings and improvements | 47,051,539 | 4,903,436 | 3,360,446 |
| Equipment, furniture and fixtures | 1,423,107 | 322,854 | 396,113 |
| Vehicles | 873,143 | 371,212 | 410,617 |
| Construction in progress | 28,624 | - | - |
| | 53,093,826 | 6,329,322 | 4,456,981 |
| Less accumulated depreciation | 16,476,137 | 4,017,786 | 2,666,178 |
| | 36,617,689 | 2,311,536 | 1,790,803 |
| Long-Term Receivables and Other Assets | | | |
| Assets held for sale | - | - | - |
| Subordinated promissory note receivable | 800,000 | - | - |
| Mortgage notes receivable, intercompany | 9,780,133 | - | - |
| Deferred financing costs, net | 161,399 | - | - |
| Restricted deposits for mortgage escrow and residual receipts | - | - | - |
| Restricted deposits on repair reserve | - | - | - |
| Restricted deposits for replacement reserves | - | - | - |
| | 10,741,532 | - | - |
| Total assets | \$ 103,748,793 | \$ 24,708,977 | \$ 7,649,519 |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ 500,557 | \$ 4,551,613 | \$ - | \$ 19,477,948 |
| - | 96,538 | - | 96,538 |
| - | 11,803,627 | - | 15,982,393 |
| 872,388 | 88,090 | - | 969,501 |
| - | - | (337,380) | - |
| 221,576 | - | (33,985,685) | - |
| 87,564 | 287,468 | - | 468,790 |
| 1,682,085 | 16,827,336 | (34,323,065) | 36,995,170 |
| - | 5,198,667 | - | 37,025,582 |
| - | 10,000 | - | 20,000 |
| - | 5,208,667 | - | 37,045,582 |
| 4,356,000 | 273,810 | - | 8,065,552 |
| 3,074,853 | 246,315 | - | 4,624,464 |
| 70,379,610 | 17,994,160 | - | 143,689,191 |
| 2,614,703 | 4,003,042 | - | 8,759,819 |
| - | 831,225 | - | 2,486,197 |
| - | 20,770 | - | 49,394 |
| 80,425,166 | 23,369,322 | - | 167,674,617 |
| 16,114,262 | 7,520,110 | - | 46,794,473 |
| 64,310,904 | 15,849,212 | - | 120,880,144 |
| - | 2,680,658 | - | 2,680,658 |
| - | - | - | 800,000 |
| - | - | (9,780,133) | - |
| 2,091,991 | - | - | 2,253,390 |
| 813,450 | - | - | 813,450 |
| 14,490 | - | - | 14,490 |
| 2,036,977 | - | - | 2,036,977 |
| 4,956,908 | 2,680,658 | (9,780,133) | 8,598,965 |
| \$ 70,949,897 | \$ 40,565,873 | \$ (44,103,198) | \$ 203,519,861 |

Frances House, Inc. and Subsidiaries

Consolidating Balance Sheet (Continued)

March 31, 2015

| Liabilities and Net Assets | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|---|--------------------------------|---------------------------------------|---|
| Current Liabilities | | | |
| Current maturities of long-term debt | \$ 1,054,710 | \$ - | \$ - |
| Accounts payable | 199,019 | 184,301 | 95,700 |
| Accrued expenses | 428,307 | 281,769 | 215,540 |
| Deferred revenue | 26,000 | 23,000 | 26,000 |
| Amounts refundable to residents | - | - | - |
| Due to third-party payors | 190,000 | 146,000 | 97,000 |
| Due to residents, trust accounts | - | - | - |
| Intercompany payables | 10,357,766 | - | 706,305 |
| Total current liabilities | 12,255,802 | 635,070 | 1,140,545 |
| Long-Term Debt, net of current maturities | 17,142,934 | - | - |
| Long-Term Intercompany Payables | - | - | - |
| Resident Security Deposits | - | - | - |
| Total liabilities | 29,398,736 | 635,070 | 1,140,545 |
| Net Assets (Deficit), unrestricted | 74,350,057 | 24,073,907 | 6,508,974 |
| Total liabilities and net assets | \$ 103,748,793 | \$ 24,708,977 | \$ 7,649,519 |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ 1,059,419 | \$ 337,380 | \$ (337,380) | \$ 2,114,129 |
| 9,034 | 2,105,283 | - | 2,593,337 |
| 672,590 | 4,326,111 | - | 5,924,317 |
| - | 322,000 | - | 397,000 |
| - | 242,000 | - | 242,000 |
| - | 432,000 | - | 865,000 |
| - | 96,538 | - | 96,538 |
| 8,196,448 | 521,620 | (19,782,139) | - |
| 9,937,491 | 8,382,932 | (20,119,519) | 12,232,321 |
| 55,433,828 | 9,780,133 | (9,780,133) | 72,576,762 |
| 14,203,546 | - | (14,203,546) | - |
| - | 1,278,363 | - | 1,278,363 |
| 79,574,865 | 19,441,428 | (44,103,198) | 86,087,446 |
| (8,624,968) | 21,124,445 | - | 117,432,415 |
| <u>\$ 70,949,897</u> | <u>\$ 40,565,873</u> | <u>\$ (44,103,198)</u> | <u>\$ 203,519,861</u> |

Frances House, Inc. and Subsidiaries

**Consolidating Statement of Operations
Year Ended March 31, 2015**

| | Frances House, Inc. | Pioneer Concepts, Inc. | Pinnacle Opportunities, Inc. |
|--|------------------------|------------------------------|------------------------------------|
| Operating revenue: | | | |
| Net resident services and rental income, net of contractual allowances and discounts | \$ 11,822,824 | \$ 6,898,328 | \$ 4,482,477 |
| (Provision for) recovery of doubtful accounts | 80 | (22,120) | (3,826) |
| Net resident service revenue | <u>11,822,904</u> | <u>6,876,208</u> | <u>4,478,651</u> |
| Leasing | 2,809,584 | - | - |
| Other | 105,008 | 81,166 | 61,098 |
| Total operating revenue | <u>14,737,496</u> | <u>6,957,374</u> | <u>4,539,749</u> |
| Operating expenses: | | | |
| Program support | 3,086,964 | 2,172,859 | 1,789,307 |
| Nursing services | 441,177 | 369,067 | 237,990 |
| Dietary | 1,680,331 | 1,019,595 | 657,761 |
| General and administrative | 2,541,493 | 1,296,525 | 976,096 |
| Operations and maintenance | 934,358 | 723,626 | 392,878 |
| Provider participation fees | 704,106 | 395,511 | 251,784 |
| Housekeeping | 501,997 | 277,368 | 194,803 |
| Depreciation | 1,777,611 | 249,594 | 244,382 |
| Special services | 58,737 | 44,310 | 22,080 |
| Laundry | 38,525 | 32,117 | 24,474 |
| Loss on debt extinguishment | - | - | - |
| Total operating expenses | <u>11,765,299</u> | <u>6,580,572</u> | <u>4,791,555</u> |
| Operating income (loss) | <u>2,972,197</u> | <u>376,802</u> | <u>(251,806)</u> |
| Nonoperating income (expense): | | | |
| Investment income (expense) | 4,847,792 | 202,540 | 137,908 |
| Interest expense | (808,190) | - | - |
| Contributions received | 2,211 | 1,214 | 50 |
| Contributions made | - | - | - |
| | <u>4,041,813</u> | <u>203,754</u> | <u>137,958</u> |
| Excess (deficiency) of revenue over expenses | 7,014,010 | 580,556 | (113,848) |
| Unrealized gains (losses) on investments | <u>(2,243,019)</u> | <u>(44,012)</u> | <u>(102,367)</u> |
| Increase (decrease) in unrestricted net assets | 4,770,991 | 536,544 | (216,215) |
| Net assets (deficit), unrestricted: | | | |
| Beginning of year | <u>69,579,066</u> | <u>23,537,363</u> | <u>6,725,189</u> |
| End of year | <u>\$ 74,350,057</u> | <u>\$ 24,073,907</u> | <u>\$ 6,508,974</u> |

| Sole Member Lessor Subsidiaries | Residential Alternatives of Illinois, Inc. | Intercompany Eliminations | Consolidated Totals |
|---------------------------------------|--|------------------------------|------------------------|
| \$ - | \$ 82,192,077 | \$ - | \$ 105,395,706 |
| - | (2,117,045) | - | (2,142,911) |
| - | 80,075,032 | - | 103,252,795 |
| 5,452,392 | - | (7,069,876) | 1,192,100 |
| - | 393,755 | - | 641,027 |
| 5,452,392 | 80,468,787 | (7,069,876) | 105,085,922 |
| - | 1,256,498 | - | 8,305,628 |
| - | 35,082,089 | - | 36,130,323 |
| - | 8,041,524 | - | 11,399,211 |
| 535,164 | 8,599,216 | - | 13,948,494 |
| 618,908 | 17,280,371 | (7,069,876) | 12,880,265 |
| - | 1,454,114 | - | 2,805,515 |
| - | 2,162,349 | - | 3,136,517 |
| 3,331,907 | 1,175,774 | - | 6,779,268 |
| - | 33,356 | - | 158,483 |
| - | 645,854 | - | 740,970 |
| 355,614 | - | - | 355,614 |
| 4,841,593 | 75,731,145 | (7,069,876) | 96,640,288 |
| 610,799 | 4,737,642 | - | 8,445,634 |
| 1,795 | 240,178 | (617,472) | 4,812,741 |
| (2,241,921) | (619,962) | 617,472 | (3,052,601) |
| - | 10,763 | - | 14,238 |
| - | (500) | - | (500) |
| (2,240,126) | (369,521) | - | 1,773,878 |
| (1,629,327) | 4,368,121 | - | 10,219,512 |
| - | 170,769 | - | (2,218,629) |
| (1,629,327) | 4,538,890 | - | 8,000,883 |
| (6,995,641) | 16,585,555 | - | 109,431,532 |
| \$ (8,624,968) | \$ 21,124,445 | \$ - | \$ 117,432,415 |

Pinnacle Opportunities, Inc.

**Schedule of Revenues and Expenses by Program
Year Ended March 31, 2015**

| | Program Type | | |
|--|--------------------|------------------|------------------|
| | C.I.L.A. - 24 Hour | Other | Total |
| Operating revenue: | | | |
| Net resident services revenue | \$ 371,520 | \$ 4,110,957 | \$ 4,482,477 |
| Other | 10,534 | 50,564 | 61,098 |
| Total operating revenue | 382,054 | 4,161,521 | 4,543,575 |
| Operating expenses: | | | |
| Program: | | | |
| Staff salaries | 204,841 | 1,441,864 | 1,646,705 |
| Payroll taxes and fringe benefits | 34,136 | 240,285 | 274,421 |
| Consultants and contract staff | 580 | 28,807 | 29,387 |
| Direct service equipment and supplies | 8,348 | 69,403 | 77,751 |
| Client transportation | 9,378 | 50,676 | 60,054 |
| Insurance | 3,161 | 24,868 | 28,029 |
| Telecommunications | 3,451 | 24,162 | 27,613 |
| Other | 1,167 | 10,437 | 11,604 |
| Total program | 265,062 | 1,890,502 | 2,155,564 |
| Support: | | | |
| Support salaries | - | 387,753 | 387,753 |
| Payroll taxes and fringe benefits | - | 64,618 | 64,618 |
| Dietary supplies | 31,866 | 304,022 | 335,888 |
| Housekeeping | 8,970 | 66,174 | 75,144 |
| Other | 1,348 | 12,287 | 13,635 |
| Total support | 42,184 | 834,854 | 877,038 |
| Occupancy: | | | |
| Staff salaries | 11,388 | 49,569 | 60,957 |
| Payroll taxes and fringe benefits | 1,898 | 8,260 | 10,158 |
| Building and equipment maintenance | 16,144 | 191,935 | 208,079 |
| Vehicle depreciation | - | 13,043 | 13,043 |
| Other depreciation | 39,638 | 191,701 | 231,339 |
| Other lease/rent/tax | - | 58,657 | 58,657 |
| Small equipment | 3,451 | 38,892 | 42,343 |
| Total occupancy | 72,519 | 552,057 | 624,576 |

Pinnacle Opportunities, Inc.

Schedule of Revenues and Expenses by Program (Continued)
Year Ended March 31, 2015

| | Program Type | | |
|--|--------------------|---------------------|---------------------|
| | C.I.L.A. - 24 Hour | Other | Total |
| Administrative and office: | | | |
| Staff salaries | \$ 29,836 | \$ 188,089 | \$ 217,725 |
| Payroll taxes and fringe benefits | 4,939 | 31,345 | 36,284 |
| Consultants and contract staff | 43,211 | 393,109 | 436,320 |
| Office supplies and small equipment | 4,829 | 31,803 | 36,632 |
| Allocated corporate expenses | - | 25 | 25 |
| Other | 16,178 | 395,039 | 411,217 |
| Total administrative and office | 98,793 | 1,039,410 | 1,138,203 |
| Total operating expenses | 478,558 | 4,316,823 | 4,795,381 |
| Operating loss | (96,504) | (155,302) | (251,806) |
| Nonoperating income: | | | |
| Interest income, unrealized gains and realized gains on unrestricted investments | - | 35,591 | 35,591 |
| Contributions made | - | - | - |
| | - | 35,591 | 35,591 |
| Decrease in unrestricted net assets | \$ (96,504) | \$ (119,711) | \$ (216,215) |

Pioneer Concepts, Inc.

Schedule of Revenues and Expenses by Program
Year Ended March 31, 2015

| | Program Type | | |
|---------------------------------------|--------------------|------------------|------------------|
| | C.I.L.A. - 24 Hour | Other | Total |
| Operating revenue: | | | |
| Net resident services revenue | \$ 549,560 | \$ 6,348,768 | \$ 6,898,328 |
| Other | 6,265 | 74,901 | 81,166 |
| Total operating revenue | 555,825 | 6,423,669 | 6,979,494 |
| Operating expenses: | | | |
| Program: | | | |
| Staff salaries | 324,556 | 1,773,643 | 2,098,199 |
| Payroll taxes and fringe benefits | 46,210 | 252,529 | 298,739 |
| Consultants and contract staff | 5,753 | 76,172 | 81,925 |
| Direct service equipment and supplies | 7,340 | 64,558 | 71,898 |
| Client transportation | 13,101 | 120,710 | 133,811 |
| Insurance | 4,853 | 48,150 | 53,003 |
| Telecommunications | 4,133 | 54,226 | 58,359 |
| Other | 2,218 | 23,928 | 26,146 |
| Total program | 408,164 | 2,413,916 | 2,822,080 |
| Support: | | | |
| Support salaries | - | 580,767 | 580,767 |
| Payroll taxes and fringe benefits | - | 82,688 | 82,688 |
| Dietary supplies | 46,384 | 509,342 | 555,726 |
| Housekeeping | 6,670 | 85,963 | 92,633 |
| Other | - | 17,266 | 17,266 |
| Total support | 53,054 | 1,276,026 | 1,329,080 |
| Occupancy: | | | |
| Staff salaries | 11,216 | 95,017 | 106,233 |
| Payroll taxes and fringe benefits | 1,597 | 13,528 | 15,125 |
| Building and equipment maintenance | 29,648 | 333,600 | 363,248 |
| Vehicle depreciation | - | 4,300 | 4,300 |
| Other depreciation | 7,307 | 237,987 | 245,294 |
| Small equipment | 4,680 | 53,587 | 58,267 |
| Total occupancy | 54,448 | 738,019 | 792,467 |

Pioneer Concepts, Inc.

Schedule of Revenues and Expenses by Program (Continued)
Year Ended March 31, 2015

| | Program Type | | |
|--|--------------------|-------------------|-------------------|
| | C.I.L.A. - 24 Hour | Other | Total |
| Administrative and office: | | | |
| Staff salaries | \$ 20,981 | \$ 333,684 | \$ 354,665 |
| Payroll taxes and fringe benefits | 2,987 | 47,510 | 50,497 |
| Consultants and contract staff | 74,582 | 593,262 | 667,844 |
| Office supplies and small equipment | 2,140 | 24,938 | 27,078 |
| Allocated corporate expenses | - | 28,440 | 28,440 |
| Other | 35,991 | 494,550 | 530,541 |
| Total administrative and office | 136,681 | 1,522,384 | 1,659,065 |
| Total operating expenses | 652,347 | 5,950,345 | 6,602,692 |
| Operating income (loss) | (96,522) | 473,324 | 376,802 |
| Nonoperating income: | | | |
| Interest income, unrealized gains and realized gains on unrestricted investments | - | 159,742 | 159,742 |
| Increase (decrease) in unrestricted net assets | \$ (96,522) | \$ 633,066 | \$ 536,544 |



RSM US LLP

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Peoria IL 61602

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F +1 309 673 2620

www.rsmus.com

August 9, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Ms. Avery:

RSM US LLP (f/k/a McGladrey LLP) has been the independent auditor of Frances House, Inc. and Subsidiaries (the Organization) consolidated financial statements for more than twenty years. Frances House, Inc. and Subsidiaries consolidated financial statements includes the accounts of Residential Alternatives of Illinois, Inc., a wholly owned subsidiary.

RSM US LLP issued an independent auditor's opinion on the Organization's March 31, 2016 consolidated financial statements on September 21, 2016. The Organization's consolidated balance sheet reported \$39,184,757 of cash at March 31, 2016 and \$36,700,977 of investments at March 31, 2016. Investment valuations were based on quoted market prices in active markets for identical assets.

RSM US LLP has been engaged to audit the Organization's March 31, 2017 consolidated financial statements. Management's March 31, 2017 consolidated balance sheet reported \$36,544,324 of cash at March 31, 2017 and \$40,618,015 of Investments at March 31, 2017.

At March 31, 2017 and 2016, the Organization's balance sheets report cash and investments exceeding the \$17,640,000 management asserts will be required to fund the construction of a 92 bed skilled nursing facility in Rochelle, IL and management's projected \$975,000 operating deficit after opening.

RSM US LLP

Thomas M. Farrell
Partner

cc. Ronald J. Wilson

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

ATTACHMENT-27C

Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

- 1. “A” Bond rating or better.**
- 2. All of the projects capital expenditures are completely funded through internal sources.**
- 3. The applicant’s current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent.**
- 4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided.

As the proposed project meets item 2 above of the Financial Viability Waiver, this item is not germane.

Economic Feasibility

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

Appended as ATTACHMENT-30A, is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

Appended as ATTACHMENT-30A, is a letter from the Owner addressing that the project is being funded completely with internal resources and does not require financing. Therefore this item is not germane.

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

| | | |
|-----------------------------|-------------|----------|
| Salaries | \$3,352,741 | |
| Benefits | \$575,856 | |
| Supplies | \$158,405 | |
| Patient Days @ 90% | | 30,222 |
| Total/Operating Cost/PT Day | \$4,087,002 | \$135.23 |

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

| | | |
|-----------------------------|-----------|---------|
| Depreciation | \$740,000 | |
| Interest Expense | \$0.00 | |
| Amortization | \$0.00 | |
| Real Estate Taxes | \$165,000 | |
| Patient Days @ 90% | | 30,222 |
| Total/Operating Cost/PT Day | \$905,000 | \$29.95 |

ATTACHMENT-30

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.
285 South Farnham Street
Galesburg, IL 61401

June 2, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

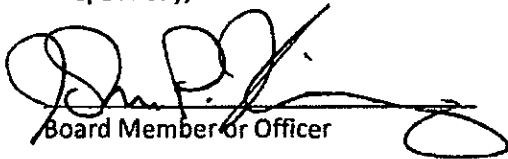
RE: Certification of Need Application for
Residential Alternatives of Illinois, Inc.

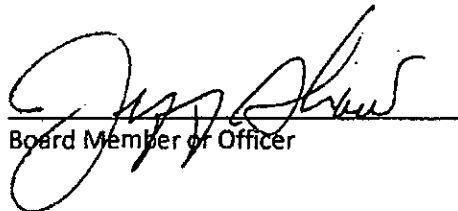
Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

The total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation. Please see enclosed letter from RSM.

Respectfully,


Board Member or Officer


Board Member or Officer

Notarization:

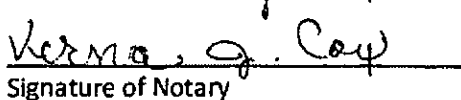
Subscribed and sworn to before me
this 15 day of June, 2017

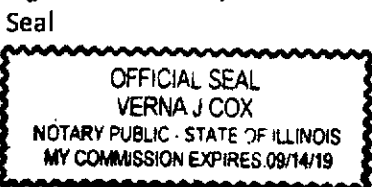

Signature of Notary



Notarization:

Subscribed and sworn to before me
this 2nd day of June, 2017


Signature of Notary



ATTACHMENT-30A

FRANCES HOUSE, INC.
285 South Farnham Street
Galesburg, IL 61401

June 2, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

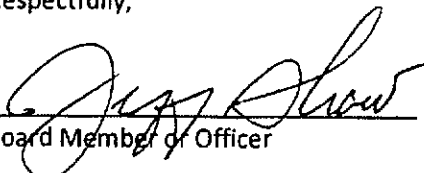
RE: Certification of Need Application for
Frances House, Inc.

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

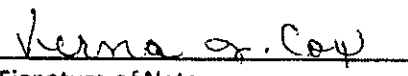
The total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation. Please see enclosed letter from RSM.

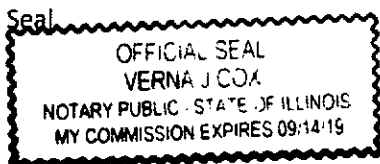
Respectfully,


Board Member or Officer

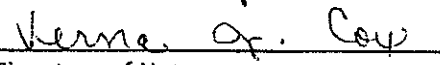

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 2nd day of June, 2017


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 5th day of June, 2017


Signature of Notary



ATTACHMENT-30A