

Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/08 Ending: 06/30/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	88	Skilled (SNF)	88	32,120	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,650	3
4		Intermediate/DD			4
5	43	Sheltered Care (SC)	43	15,695	5
6		ICF/DD 16 or Less			6
7	141	TOTALS	141	51,465	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
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF	4,232	19,614	5,289	29,135	8
9	SNF/PED					9
10	ICF		2,433		2,433	10
11	ICF/DD					11
12	SC		8,704		8,704	12
13	DD 16 OR LESS					13
14	TOTALS	4,232	30,751	5,289	40,272	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.25%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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

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 11/27/1996

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/27/1996 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 88 and days of care provided 4,825

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: 06/30/2009 Fiscal Year: 06/30/2009

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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/08 Ending: 06/30/09

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	349,969	38,890	165,679	554,538		554,538		554,538		1
2	Food Purchase		297,929		297,929		297,929	(68,841)	229,088		2
3	Housekeeping	472,267	58,654	3,958	534,879		534,879	(6,232)	528,647		3
4	Laundry		52,347		52,347		52,347		52,347		4
5	Heat and Other Utilities			194,286	194,286		194,286	(59,107)	135,179		5
6	Maintenance	117,958	25,061	129,517	272,536		272,536	(11,286)	261,250		6
7	Other (specify):*										7
8	TOTAL General Services	940,194	472,881	493,440	1,906,515		1,906,515	(145,466)	1,761,049		8
	B. Health Care and Programs										
9	Medical Director			21,600	21,600		21,600		21,600		9
10	Nursing and Medical Records	3,705,033	9,239	35,510	3,749,782		3,749,782		3,749,782		10
10a	Therapy	101,290	4,933	73,218	179,441		179,441	(73,218)	106,223		10a
11	Activities	183,335	20,528	616	204,479		204,479	(2,022)	202,457		11
12	Social Services	204,659	20	33,290	237,969		237,969		237,969		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,194,317	34,720	164,234	4,393,271		4,393,271	(75,240)	4,318,031		16
	C. General Administration										
17	Administrative	111,502		506,837	618,339		618,339		618,339		17
18	Directors Fees										18
19	Professional Services			37,645	37,645		37,645		37,645		19
20	Dues, Fees, Subscriptions & Promotions			28,934	28,934		28,934		28,934		20
21	Clerical & General Office Expenses	374,585	44,256	60,011	478,852		478,852	(97,558)	381,294		21
22	Employee Benefits & Payroll Taxes			1,679,764	1,679,764		1,679,764	(10,396)	1,669,368		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,536	8,536		8,536		8,536		24
25	Other Admin. Staff Transportation			7,452	7,452		7,452		7,452		25
26	Insurance-Prop.Liab.Malpractice			47,709	47,709		47,709	(5,280)	42,429		26
27	Other (specify):*										27
28	TOTAL General Administration	486,087	44,256	2,376,888	2,907,231		2,907,231	(113,234)	2,793,997		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,620,598	551,857	3,034,562	9,207,017		9,207,017	(333,940)	8,873,077		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Addolorata Villa

#0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,326,594	1,326,594		1,326,594	(831,012)	495,582			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			389,459	389,459		389,459	(17,377)	372,082			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			36,921	36,921		36,921		36,921			35
36	Other (specify):*			28,796	28,796		28,796		28,796			36
37	TOTAL Ownership			1,781,770	1,781,770		1,781,770	(848,389)	933,381			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		374,114	528,078	902,192		902,192		902,192			39
40	Barber and Beauty Shops		478	100,831	101,309		101,309	(101,309)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			53,655	53,655		53,655		53,655			42
43	Other (specify):*	1,459,105	564,999	2,712,759	4,736,863		4,736,863	(4,736,863)				43
44	TOTAL Special Cost Centers	1,459,105	939,591	3,395,323	5,794,019		5,794,019	(4,838,172)	955,847			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,079,703	1,491,448	8,211,655	16,782,806		16,782,806	(6,020,501)	10,762,305			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(41,126)	02		4
5	Telephone, TV & Radio in Resident Rooms	(59,107)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	71,885	30		9
10	Interest and Other Investment Income	(10,627)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(5,280)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,976,246)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (6,020,501)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (6,020,501)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.			\$	38
39					39
40	Gift and Coffee Shops				40
41	Barber and Beauty Shops				41
42	Laboratory and Radiology				42
43	Prescription Drugs				43
44					44
45	Other-Attach Schedule				45
46	Other-Attach Schedule				46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Addolorata Villa

ID# 0045443
 Report Period Beginning: 07/01/08
 Ending: 06/30/09

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Maintenance Income	\$ (2,309)	06	1
2	Telephone Income	(55,939)	21	2
3	Late Fees	(500)	21	3
4	Housekeeping Income	(6,232)	03	4
5	Realized Gains	(2,128)	21	5
6	Life Enrichment	(2,022)	11	6
7	Deli/Snack Shop	(27,715)	02	7
8	Employee Cobra Contributions	(7,146)	22	8
9	Miscellaneous Revenue	(460)	21	9
10	Rebates & Refunds	(110)	21	10
11	Rental Income	(2,500)	06	11
12	ALU Salaries	(149,942)	43	12
13	ALU/ILU Supplies	(25,112)	43	13
14	ALI/ILU Other	(215,099)	43	14
15	Senior Fitness Program	(73,218)	10a	15
16	Beauty Shop	(101,309)	40	16
17	Bond Trustee/Draw Fees	(8,142)	21	17
18	Bank Fees	(622)	21	18
19	Credit Card Expenses	(2,916)	21	19
20	Gifts	(567)	21	20
21	Interest Expense - Residents' Deposits - ILU	(6,750)	32	21
22	Penalties & Fines	(20,000)	21	22
23	Marketing Salaries	(196,607)	43	23
24	Marketing Supplies	(2,016)	43	24
25	Marketing Other	(101,778)	43	25
26	Employee - Gifts	(73)	21	26
27	Refferal Bonus	(3,250)	22	27
28	Capitalized R&M	(6,477)	06	28
29	Convent/Regional Office Salaries	(24,692)	43	29
30	Convent/Regional Office Supplies	(6,302)	43	30
31	Convent/Regional Office Other	(38,453)	43	31
32	Non-Care Depreciation	(902,897)	30	32
33	ALU/ILU Salaries	(1,087,863)	43	33
34	ALU/ILU Supplies	(528,235)	43	34
35	ALU/ILU Other	(2,360,764)	43	35
36	Investment Manager Fees	(5,316)	21	36
37	Unrealized Gains	(785)	21	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(5,976,246)		49

Addolorata Villa

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Addolorata Villa# 0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(68,841)											(68,841)	2
3	Housekeeping	(6,232)											(6,232)	3
4	Laundry													4
5	Heat and Other Utilities	(59,107)											(59,107)	5
6	Maintenance	(11,286)											(11,286)	6
7	Other (specify):*													7
8	TOTAL General Services	(145,466)											(145,466)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy	(73,218)											(73,218)	10a
11	Activities	(2,022)											(2,022)	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(75,240)											(75,240)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services													19
20	Fees, Subscriptions & Promotions													20
21	Clerical & General Office Expenses	(97,558)											(97,558)	21
22	Employee Benefits & Payroll Taxes	(10,396)											(10,396)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice	(5,280)											(5,280)	26
27	Other (specify):*													27
28	TOTAL General Administration	(113,234)											(113,234)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(333,940)											(333,940)	29

STATE OF ILLINOIS

Facility Name & ID Number Addolorata Villa# 0045443

Report Period Beginning:

07/01/08

Ending:

Summary B

06/30/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(831,012)											(831,012)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(17,377)											(17,377)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	(848,389)											(848,389)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(101,309)											(101,309)	40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(4,736,863)											(4,736,863)	43
44	TOTAL Special Cost Centers	(4,838,172)											(4,838,172)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(6,020,501)											(6,020,501)	45

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Communities	100%	See Attached		See Attached		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	17 FSCSC Shared Expense	\$ 506,837	Franciscan Sisters of Chicago	100.00%	\$ 506,837	\$	1
2	V	43 FSCSC Shared Expense	375,693	Franciscan Sisters of Chicago	100.00%	375,693		2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 882,530			\$ 882,530	\$ *	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/08 Ending: 06/30/09

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	See Attached-Board of Directors								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Franciscan Sisters of Chicago

Street Address

1260 Franciscan Drive

City / State / Zip Code

Lemont, IL 60439

Phone Number

(630) 257-3987

Fax Number

()

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	FSCSC Shared Expenses	Direct Allocation		\$	\$		\$ 506,837	1
2	43	FSCSC Shared Expenses	Direct Allocation					375,693	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 882,530	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____)

Fax Number (_____)

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/08 Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Amalgamated Bank		X	Acquisition of Property	\$7,597.00		\$	\$ 1,699,144	5/15/2013	Variable	\$ 104,427	1							
2	Amalgamated Bank		X	Acquisition of Property	\$9,204.83			2,003,075	5/15/2019	Variable	110,795	2							
3	Amalgamated Bank		X	Acquisition of Property	\$83,114.00			18,258,840	5/15/2007	Variable	997,423	3							
4												4							
5	See Supplemental Schedule											5							
Working Capital																			
6												6							
7												7							
8	See Supplemental Schedule											8							
9	TOTAL Facility Related				\$99,915.83		\$	\$ 21,961,059			\$ 1,212,645	9							
B. Non-Facility Related*																			
10	Interest Income		X								(10,627)	10							
11												11							
12	Allocation to ALU / ILU										(829,936)	12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$	\$			\$ (840,563)	14							
15	TOTALS (line 9+line14)						\$	\$ 21,961,059			\$ 372,082	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	TOTAL Long-Term																			
Working Capital																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	TOTAL Working Capital																			
B. Non-Facility Related*																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related																			

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 66,613 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 2

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).

Addolorata Villa Independent Livings Units - 80,036 Square Feet - 100 Units

Outpatient Therapy - 2,332 Square Feet

Assisted Living - 59,584 Square Feet - 65 Beds

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>6,125</u>	<u>1996</u>	<u>\$ 644,128</u>	<u>1</u>
2	<u>Alloc - Convent/Regional</u>			<u>28,094</u>	<u>2</u>
3	TOTALS	<u>6,125</u>		<u>\$ 672,222</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1996	4,747,979		20	195,505	195,505	2,399,494	9
10	Various		1997	596,240		20	24,043	24,043	428,493	10
11	Various		1998	213,118		20	6,330	6,330	126,402	11
12	Various		1999	339,176		20	16,087	16,087	218,458	12
13	Various		2000	2,752,214		20	88,992	88,992	922,980	13
14	Various		2001	374,755		20	13,996	13,996	112,040	14
15	Various		2002	82,424		20	5,406	5,406	41,508	15
16	Various		2003	52,806		20	3,223	3,223	25,910	16
17	Various		2004	534		20	27	27	134	17
18	Various		2005	27,498		20	1,375	1,375	5,351	18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

*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

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9				
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation				
37		\$	\$		\$	\$	\$	37			
38								38			
39								39			
40								40			
41								41			
42								42			
43								43			
44								44			
45								45			
46								46			
47								47			
48								48			
49								49			
50								50			
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60								60			
61								61			
62								62			
63								63			
64								64			
65								65			
66								66			
67	Related Building Company (Pages 12F & 12G)							67			
68	Related Party Allocations (Pages 12H & 12I)							68			
69	Financial Statement Depreciation				423,698	(423,698)		69			
70	TOTAL (lines 4 thru 69)	\$	\$		9,186,744	423,698	354,984	(68,714)	\$	4,280,770	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,186,744	\$ 423,698		\$ 354,984	\$ (68,714)	\$ 4,280,770	1
2	Security System	2006	342		20	17	17	68	2
3	2 Valences	2006	190		20	10	10	38	3
4	Replaced Wall A/C	2006	1,015		20	51	51	203	4
5	Security System	2006	342		20	17	17	68	5
6	New Phone System	2006	14,858		20	743	743	2,972	6
7	New Phone System	2006	1,615		20	81	81	323	7
8	Paint (Various Invoices)	2006	3,762		20	752	752	3,010	8
9	Floor Tile Replaced	2006	172		20	9	9	34	9
10	Carpet Replacement	2006	492		20	25	25	98	10
11	Fire Shutter Door	2006	1,395		20	70	70	279	11
12	Hcc Door Replacement	2006	13,415		20	671	671	2,683	12
13	Replace Toilet	2006	173		20	9	9	35	13
14	Light Fixtures (Various Invoices)	2006	2,000		20	100	100	400	14
15	Decorating	2006	380		20	19	19	76	15
16	Design Fees	2006	3,443		20	172	172	689	16
17	Counter Top Upgrade	2006	4,029		20	201	201	806	17
18	Switch Installation	2006	68		20	3	3	14	18
19	Benches	2006	336		20	17	17	67	19
20	Fire Alarm & Smoke Detectors	2006	9,201		20	460	460	1,840	20
21	Main Driveway Improvement	2006	6,908		20	345	345	1,382	21
22	Improvement	2006	107		20	5	5	21	22
23	Signs	2006	816		20	41	41	163	23
24	Signs	2006	4,858		20	243	243	972	24
25	Survey, Plans	2006	420		20	21	21	84	25
26	Signs	2006	8,117		20	406	406	1,623	26
27	Signs	2006	787		20	39	39	157	27
28	Signs	2006	7,234		20	362	362	1,447	28
29	Improvement	2006	237		20	12	12	47	29
30	Improvement	2006	2,196		20	110	110	439	30
31	Hvac Repairs	2006	1,009		20	50	50	151	31
32	Hvac Repairs	2006	1,931		20	97	97	290	32
33	Repair Of Main Water Pump	2006	813		20	41	41	122	33
34	TOTAL (lines 1 thru 33)		\$ 9,279,404	\$ 423,698		\$ 360,181	\$ (63,517)	\$ 4,301,372	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,279,404	\$ 423,698		\$ 360,181	\$ (63,517)	\$ 4,301,372	1
2	Repair Cooler Compressor	2006	880		20	44	44	132	2
3	Hvac Repairs	2006	1,009		20	50	50	151	3
4	Horcher Brothers Construction - New Sign Installation (10,865)	2006	3,509		20	175	175	526	4
5	V3 Companies - Driveway Improvement (3021)	2006	976		20	49	49	146	5
6	Village Of Wheeling - Permits For Roadway Construction (7173)	2006	2,317		20	116	116	348	6
7	V3 Companies - Driveway Improvement (862)	2006	279		20	14	14	42	7
8	Horcher Brothers Construction - New Concrete Sidewalk (2900)	2006	937		20	47	47	141	8
9	V3 Companies - Main Driveway (1312)	2006	424		20	21	21	64	9
10	Countryside Industries - Signs (400)	2006	129		20	6	6	19	10
11	V3 Companies - Driveway Improvement (575)	2006	186		20	9	9	28	11
12	Morgan Birge & Assoc. - New Phone System (61,957)	2006	20,012		20	1,001	1,001	3,002	12
13	Hydrologic - Pond Pump (4450)	2006	1,437		20	72	72	216	13
14	Nhp Service Company - Hvac (9400)	2006	3,036		20	152	152	455	14
15	New Outside Light Fixtures (3544)	2006	1,132		20	57	57	170	15
16	Repaired Kitchen Conveyor, Replace Pond Pump (2835)	2006	905		20	45	45	136	16
17	Replace Compressor Control Board On East Chiller (3480)	2006	1,111		20	56	56	167	17
18	Repair & Replace Chilled Water Piping (11084)	2006	3,540		20	177	177	531	18
19	Relamp And Replace Ballasts In 20 Fixtures (2728)	2006	1,391		20	70	70	209	19
20	Roof Top Unit Fan Motor, Blade And Connector (4354)	2006	845		20	42	42	127	20
21	Repair Leak In Kitchen Pipes (2645)	2006	1,297		20	65	65	195	21
22	Countryside Industries - New Sign Installation (17,010)	2007	5,494		20	275	275	824	22
23	V3 Companies - Driveway Improvement (560)	2007	181		20	9	9	27	23
24	Pyramid Sign & Design, Inc. (129)	2007	42		20	2	2	6	24
25	Horcher Bros. Construction - New Concrete Sidewalks (42,119)	2007	13,604		20	680	680	2,041	25
26	V3 Companies - Main Driveway (328,764)	2007	106,190		20	5,310	5,310	15,929	26
27	Domain Corp. - Roof Repair (3000)	2007	969		20	48	48	145	27
28	Horcher Brothers Constr. - Hcc Shower Replacement	2007	5,891		20	295	295	884	28
29	Nhp Service Company - Hvac (9185)	2007	2,967		20	148	148	445	29
30	Nhp Service Co. - New Ductless Ac Unit For Phone Room (13,600)	2007	4,393		20	220	220	659	30
31	Nhp Service Co. - Electric Ceiling Heater (23,035)	2007	7,440		20	372	372	1,116	31
32	Nhp Service Co. -Roof Top Hvac Replacement (7003)	2007	2,262		20	113	113	339	32
33	Retrofit Lighting (4060)	2007	4,268		20	213	213	640	33
34	TOTAL (lines 1 thru 33)		\$ 9,478,458	\$ 423,698		\$ 370,134	\$ (53,564)	\$ 4,331,230	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,478,458	\$ 423,698		\$ 370,134	\$ (53,564)	\$ 4,331,230	1
2	Replace Courtyard Fixtures, Install Lamps & Ballasts (13362)	2007	878		20	44	44	132	2
3	Hvac Parts (3010)	2007	961		20	48	48	144	3
4	Relamp 22 Fixtures, Rewire Pole, Replace Fuse, Fixture & Install	2007	812		20	41	41	122	4
5	Install Monitors On Chiller (2903)	2007	927		20	46	46	93	5
6	Metro- Emergency Generator Fuel Monitor System \$3137.5	2007	1,002		20	100	100	200	6
7	Metro- Emergency Generator Fuel Monitor System \$6275	2007	2,004		20	200	200	401	7
8	Initial Electronics \$4665	2007	1,490		20	74	74	149	8
9	Michael Wagner Plumbing \$553.86	2007	177		20	9	9	18	9
10	Boom Window- Window Treatments \$487.08	2007	156		20	8	8	16	10
11	Boom Window- Window Treatments \$1595.66	2007	510		20	25	25	51	11
12	Grainger- Bathroom Purchases \$142.4	2007	45		20	2	2	5	12
13	Grainger- Bathroom Purchases \$415.99	2007	133		20	7	7	13	13
14	Grainger- Bathroom Purchases \$831.98	2007	266		20	13	13	27	14
15	Great Lakes Service- Hvac Repairs \$1821.26	2007	582		20	29	29	58	15
16	Build Corps- Cabinets/Counters/Doors/Partitions \$3338	2007	1,066		20	53	53	107	16
17	Build Corps- Cabinets/Counters/Doors/Partitions \$7990	2007	2,552		20	128	128	255	17
18	Build Corps- Cabinets/Counters/Doors/Partitions \$1949	2007	622		20	31	31	62	18
19	Build Corps- Cabinets/Counters/Doors/Partitions \$2260	2007	722		20	36	36	72	19
20	Build Corps- Cabinets/Counters/Doors/Partitions \$2431	2007	776		20	39	39	78	20
21	Build Corps- Cabinets/Counters/Doors/Partitions \$14200	2007	4,535		20	227	227	454	21
22	Build Corps- Cabinets/Counters/Doors/Partitions \$4115	2007	1,314		20	66	66	131	22
23	Build Corps- Cabinets/Counters/Doors/Partitions \$2930	2007	936		20	47	47	94	23
24	Automated Pedestian Access 1St Floor Doors \$550	2007	550		20	28	28	55	24
25	Automated Pedestian Access 1St Floor Doors \$15200	2007	15,200		20	760	760	1,520	25
26	Automated Pedestian Access 1St Floor Doors \$18750	2007	18,750		20	938	938	1,875	26
27	Automated Pedestian Access 1St Floor Doors \$13262	2007	13,262		20	663	663	1,326	27
28	Door Solutions- Doors \$6982.42	2007	6,982		20	349	349	698	28
29	Door Solutions- Doors \$6675.6	2007	6,676		20	334	334	668	29
30	4 Design- Unit Refurbishment \$358.56	2007	115		20	6	6	11	30
31	Encompass Group- Cv Window Treatments \$734.46	2007	235		20	12	12	23	31
32	Repair Basement Leak (3906)	2008	1,248		20	62	62	125	32
33	Repair Water Heater Unit (5200)	2008	1,661		20	83	83	166	33
34	TOTAL (lines 1 thru 33)		\$ 9,565,601	\$ 423,698		\$ 374,641	\$ (49,057)	\$ 4,340,377	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

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Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,565,601	\$ 423,698		\$ 374,641	\$ (49,057)	\$ 4,340,377	1
2	Repair Cooling System (5894)	2008	1,882		20	94	94	188	2
3	Repair Cooling System (2853)	2008	911		20	46	46	91	3
4	Electrical Repairs (2817)	2008	900		20	45	45	90	4
5	Repair Of Hvac Components (2886)	2008	922		20	46	46	92	5
6	Circle Drive Repairs \$26873	2008	8,583		20	429	429	858	6
7	Michael Wagner Plumbing \$553.86	2008	177		20	9	9	18	7
8	Michael Wagner Plumbing \$553.86	2008	177		20	9	9	18	8
9	Michael Wagner Plumbing \$1482.17	2008	473		20	24	24	47	9
10	Boom Window- Window Treatments \$2829.59	2008	904		20	45	45	90	10
11	Great Lakes Service- Hvac Repairs \$2843.18	2008	908		20	45	45	91	11
12	Door Solutions- Doors \$859.3	2008	859		20	43	43	86	12
13	Door Solutions- Doors \$922.08	2008	922		20	46	46	92	13
14	Nicor- Gas Lines \$6635.84	2008	2,119		20	106	106	212	14
15	Goodman Plumbing- Sump Pump \$10363.5	2008	3,310		20	165	165	331	15
16	Sound Inc- Nurse Call System/Monitor System \$7235	2008	2,311		20	116	116	231	16
17	Sound Inc- Nurse Call System/Monitor System \$7235	2008	2,311		20	116	116	231	17
18	Sound Inc- Nurse Call System/Monitor System \$9490	2008	3,031		20	152	152	303	18
19	Continental Electric- Electric \$1919	2008	613		20	31	31	61	19
20	5 Design- Unit Refurbishment \$180	2008	57		20	3	3	6	20
21	Encompass Group- Cv Window Treatments \$3166.53	2008	1,011		20	51	51	101	21
22	Encompass Group- Cv Window Treatments \$12972.02	2008	4,143		20	207	207	414	22
23	National Safety Techology- Safety System \$1123.8	2008	359		20	18	18	36	23
24	Sound And Video \$10485	2008	3,349		20	167	167	335	24
25	Chiller Repair (5188)	2008	1,657		20	83	83	83	25
26	Hvac 5-0426 \$9740	2008	3,111		20	156	156	156	26
27	Hvac 5-0426 \$20671	2008	6,602		20	330	330	330	27
28	Toilets 5-0508 \$1887.15	2008	603		20	30	30	30	28
29	Sinks 4-0126 \$625.42	2008	200		20	10	10	10	29
30	Toilets 5-0508, Curtains & Drapes 5-0903, Tools 5-0802 \$1088.54	2008	348		20	17	17	17	30
31	Wall Covering - Paint 4-0301 \$4627.79	2008	1,478		20	74	74	74	31
32	Bathtubs 5-0511 \$625	2008	200		20	10	10	10	32
33	Carpet 4-0201 \$5531.25	2008	1,767		20	88	88	88	33
34	TOTAL (lines 1 thru 33)		\$ 9,621,798	\$ 423,698		\$ 377,451	\$ (46,247)	\$ 4,345,199	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		9,621,798	423,698		377,451	(46,247)	4,345,199	1
2	Sinks 4-0126 \$617.12	2008	197		20	10	10	10	2
3	Toilets 5-0508 \$1740.51	2008	556		20	28	28	28	3
4	Compressor 4-0409 \$14846	2008	4,742		20	237	237	237	4
5	Wall Covering - Paint 4-0301 \$647.46	2008	207		20	10	10	10	5
6	Sinks 4-0126 \$617.12	2008	197		20	10	10	10	6
7	Wall Covering - Paint 4-0301 \$2013.82	2008	643		20	32	32	32	7
8	Wall Covering - Paint 4-0301 \$29.06	2008	9		20	0	0	0	8
9	Carpet 4-0201 \$6705.6	2008	2,142		20	107	107	107	9
10	Toilets 5-0508 \$447.41	2008	143		20	7	7	7	10
11	Sinks 4-0126 \$311.25	2008	99		20	5	5	5	11
12	Sidewalks 2-0204 \$4428	2008	1,414		20	71	71	71	12
13	Carpet 4-0201 \$1438.47	2008	459		20	23	23	23	13
14	Concrete 3-0101 \$9730.27	2008	3,108		20	155	155	155	14
15	Bathtubs 5-0511 \$1875	2008	599		20	30	30	30	15
16	Counters 4-0103 \$3674	2008	1,173		20	59	59	59	16
17	Carpet 4-0201 \$11981.65	2008	3,827		20	191	191	191	17
18	Conduit & Wiring 4-0502 \$4750	2008	1,517		20	76	76	76	18
19	Sinks 4-0126 \$496.87	2008	159		20	8	8	8	19
20	Toilets 5-0508 \$1482.17	2008	473		20	24	24	24	20
21	Wall Covering - Paint 4-0301 \$346.53	2008	111		20	6	6	6	21
22	Carpet 4-0201 \$1121.64	2008	358		20	18	18	18	22
23	Continental Electrical-Fixtures 4-0505 \$5500	2008	1,757		20	88	88	88	23
24	Trees 2-0108 \$1600	2008	511		20	26	26	26	24
25	Counters 4-0103 \$3674	2008	1,173		20	59	59	59	25
26	Carpet 4-0201 \$2096.31	2008	670		20	33	33	33	26
27	Toilets 5-0508 \$1698.85	2008	543		20	27	27	27	27
28	Bathtubs 5-0511 \$318.93	2008	102		20	5	5	5	28
29	Doors And Frames - Wood 4-0109 \$510	2008	163		20	8	8	8	29
30	Counters 4-0103 \$8660	2008	2,766		20	138	138	138	30
31	Sinks 4-0126 \$1179.57	2008	377		20	19	19	19	31
32	Toilets 5-0508 \$1458	2008	466		20	23	23	23	32
33	Carpet 4-0201 \$-726.4	2008	(232)		20	(12)	(12)	(12)	33
34	TOTAL (lines 1 thru 33)		\$ 9,652,226	\$ 423,698		\$ 378,972	\$ (44,726)	\$ 4,346,720	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 9,652,226	\$ 423,698		\$ 378,972	\$ (44,726)	\$ 4,346,720	1
2	Wall Covering - Paint 4-0301 \$483.65	2008	154		20	8	8	8	2
3	Carpet 4-0201 \$1452.8	2008	464		20	23	23	23	3
4	Carpet 4-0201 \$5129.1	2008	1,638		20	82	82	82	4
5	Tile 4-0202, Carpet 4-0201 \$5042	2008	1,610		20	81	81	81	5
6	Wall Covering - Paint 4-0301 \$974.82	2008	311		20	16	16	16	6
7	Carpet 4-0201 \$732.59	2008	234		20	12	12	12	7
8	Wall Covering - Paint 4-0301 \$789.64	2008	252		20	13	13	13	8
9	Sinks 4-0126 \$515.88	2008	165		20	8	8	8	9
10	Bathtubs 5-0511 \$1250	2008	399		20	20	20	20	10
11	Carpet 4-0201 \$1754	2008	560		20	28	28	28	11
12	Tile 4-0202 \$3270	2008	1,044		20	52	52	52	12
13	Carpet 4-0201 \$3061.24	2008	978		20	49	49	49	13
14	Sinks 4-0126 \$433.75	2008	139		20	7	7	7	14
15	Toilets 5-0508 \$-1458	2008	(466)		20	(23)	(23)	(23)	15
16	Curtains & Drapes 5-0903 \$1300	2008	415		20	21	21	21	16
17	Toilets 5-0508 \$3596.4	2008	1,149		20	57	57	57	17
18	Wall Covering - Paint 4-0301 \$454.15	2008	145		20	7	7	7	18
19	Electrical Job (3181)	2009	1,016		20	51	51	51	19
20	Pump Repairs (6996)	2009	2,234		20	112	112	112	20
21	Chiller Motor Replacement (4915)	2009	1,570		20	78	78	78	21
22	Active Electrical-Fixtures 4-0505 \$3870.19	2009	1,236		20	62	62	62	22
23	Bathtubs 5-0511 \$625	2009	200		20	10	10	10	23
24	Carpet 4-0201 \$208	2009	66		20	3	3	3	24
25	Carpet 4-0201 \$876.4	2009	280		20	14	14	14	25
26	Carpet 4-0201 \$435	2009	139		20	7	7	7	26
27	Carpet 4-0201 \$432.76	2009	138		20	7	7	7	27
28	Carpet 4-0201 \$3258.2	2009	1,041		20	52	52	52	28
29	Carpet 4-0201 \$1062.21	2009	339		20	17	17	17	29
30	Carpet 4-0201 \$1258.4	2009	402		20	20	20	20	30
31	Carpet 4-0201 \$1275	2009	407		20	20	20	20	31
32	Carpet 4-0201 \$1152.28	2009	368		20	18	18	18	32
33	Carpet 4-0201 \$225	2009	72		20	4	4	4	33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 9,670,927	\$ 423,698		\$ 379,907	\$ (43,791)	\$ 4,347,655	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 9,670,927	\$ 423,698		\$ 379,907	\$ (43,791)	\$ 4,347,655	1
2	Carpet 4-0201 \$3310.2	2009	1,057		20	53	53	53	2
3	Carpet 4-0201 \$1164.5	2009	372		20	19	19	19	3
4	Concrete 2-0203, Fixtures 4-0505, Drapes 5-0903 \$282.1	2009	90		20	5	5	5	4
5	Counters 4-0103 \$12618	2009	4,030		20	202	202	202	5
6	Counters 4-0103 \$10214	2009	3,262		20	163	163	163	6
7	Counters 4-0103 \$9202	2009	2,939		20	147	147	147	7
8	Flooring 3-0209, Sinks 4-0126, Drapes 5-0903 \$485.38	2009	155		20	8	8	8	8
9	Hardwood Floor 4-0203 \$14900	2009	4,759		20	238	238	238	9
10	Heat Pump 4-0419 \$9993	2009	3,192		20	160	160	160	10
11	Hvac 5-0426 \$10800	2009	3,449		20	172	172	172	11
12	Piping 4-0422 \$2071	2009	661		20	33	33	33	12
13	Sinks 4-0126 \$1544.1	2009	493		20	25	25	25	13
14	Sinks 4-0126 \$-611.75	2009	(195)		20	(10)	(10)	(10)	14
15	Sinks 4-0126 \$837.84	2009	268		20	13	13	13	15
16	Sinks 4-0126 \$350.36	2009	112		20	6	6	6	16
17	Sinks 4-0126 \$424.75	2009	136		20	7	7	7	17
18	Sinks 4-0126 \$1255.64	2009	401		20	20	20	20	18
19	Telephone System 4-0128 \$1100	2009	351		20	18	18	18	19
20	Tile 4-0202 \$384	2009	123		20	6	6	6	20
21	Tile 4-0202 \$435	2009	139		20	7	7	7	21
22	Tile 4-0202, Carpet 4-0201 \$8650.2	2009	2,763		20	138	138	138	22
23	Tile 4-0202, Carpet 4-0201 \$3605.1	2009	1,151		20	58	58	58	23
24	Tile 4-0202, Carpet 4-0201 \$4594	2009	1,467		20	73	73	73	24
25	Tile 4-0202, Carpet 4-0201 \$11090.5	2009	3,542		20	177	177	177	25
26	Toilets 5-0508 \$1644.04	2009	525		20	26	26	26	26
27	Toilets 5-0508 \$957.6	2009	306		20	15	15	15	27
28	Toilets 5-0508 \$1220.8	2009	390		20	19	19	19	28
29	Wall Covering - Paint 4-0301*** \$6698.78	2009	2,140		20	107	107	107	29
30	Water Heater 4-0605 \$11640	2009	3,718		20	186	186	186	30
31	Windows 4-0133 \$1643.32	2009	525		20	26	26	26	31
32									32
33									33
34	Carpet 4-0201 \$3310.2		\$ 9,713,247	\$ 423,698		\$ 382,023	\$ (41,675)	\$ 4,349,771	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1		9,713,247	423,698		382,023	(41,675)	4,349,771	1	
2								2	
3								3	
4								4	
5	1996	225,977		20				5	
6	1997	23,211		20				6	
7	1998	46,428		20				7	
8	1999	6,129		20				8	
9	2000	4,342		20				9	
10	2001	49,995		20				10	
11	2002	7,767		20				11	
12	2003	3,994		20				12	
13	2004	8,688		20				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 (12H & 12I lines 1 thru 33)		\$ 10,089,778	\$ 423,698		\$ 382,023	\$ (41,675)	\$ 4,349,771	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,352,973	\$	\$ 105,217	\$ 105,217	10	\$ 1,172,160	71
72	Current Year Purchases	19,220		1,922	1,922	10	1,922	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,372,192	\$	\$ 107,139	\$ 107,139		\$ 1,174,082	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Illinois Bus	2001	\$ 11,548	\$	\$	\$	5	\$ 11,548	76
77		BUS Group - New Bus \$46042.1	2008	31,493		6,299	6,299	5	12,597	77
78		Northwest Ford and Truck \$19	2008	611		122	122	5	244	78
79										79
80	TOTALS			\$ 43,652	\$	\$ 6,421	\$ 6,421		\$ 24,389	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,177,844	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 423,698	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 495,583	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 71,885	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,548,242	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Noncare Assets - 2005	\$ 18,485,957	\$ 902,897	\$	86
87	Therapy Allocation - 2003	41,623			87
88	Regional Expense-LIMP - 2005	(376,531)			88
89	Regional Expense-EQUIP - 2005	(58,527)			89
90	NonCare Assets - 2006-2008	1,571,355			90
91	TOTALS	\$ 19,663,877	\$ 902,897	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5					_____			5
6					_____			6
7	TOTAL				\$ _____			7

8. List separately any amortization of lease expense included on page 4, line 34. _____

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 36,921 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2009 \$ _____

13. _____ /2010 \$ _____

14. _____ /2011 \$ _____

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	190,729	\$		\$	190,729	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				36,995				36,995	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				300,354				300,354	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					239,954			239,954	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>							134,160			134,160	13
14	TOTAL			\$		\$	528,078	\$	374,114	\$	902,192	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/08

Ending: 06/30/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/09 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 301,153	\$	1
2	Cash-Patient Deposits	4,963		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	920,675		3
4	Supply Inventory (priced at)	46,152		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,377		7
8	Accounts Receivable (owners or related parties)	3,940,044		8
9	Other(specify): <u>See Attached Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,223,364	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,850,000		13
14	Buildings, at Historical Cost	21,382,906		14
15	Leasehold Improvements, at Historical Cost	1,047,449		15
16	Equipment, at Historical Cost	8,974,322		16
17	Accumulated Depreciation (book methods)	(13,113,355)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	2,535,894		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 22,677,216	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,900,580	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 892,213	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	936,534		28
29	Short-Term Notes Payable	313,500		29
30	Accrued Salaries Payable	620,273		30
31	Accrued Taxes Payable (excluding real estate taxes)	14,179		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	151,502		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	139,394		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,067,595	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	21,647,559		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>	93,805		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 21,741,364	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 24,808,959	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,091,621	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 27,900,580	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 22,442,535	1
2	Restatements (describe):		2
3	Unrestricted Transfers	(19,837,491)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,605,044	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	486,577	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 486,577	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,091,621	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/08

Ending: 06/30/09

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,455,534	1
2	Discounts and Allowances for all Levels	(1,137,151)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,318,383	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	952,498	6
7	Oxygen	1,209	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 953,707	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	124,044	13
14	Non-Patient Meals	68,841	14
15	Telephone, Television and Radio	55,939	15
16	Rental of Facility Space	2,500	16
17	Sale of Drugs	247,996	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	38,805	19
20	Radiology and X-Ray	2,220	20
21	Other Medical Services	320,628	21
22	Laundry	17,956	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 878,929	23
D. Non-Operating Revenue			
24	Contributions	31,395	24
25	Interest and Other Investment Income***	10,627	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 42,022	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	76,342	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 76,342	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,269,383	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,906,515	31
32	Health Care	4,393,271	32
33	General Administration	2,907,231	33
B. Capital Expense			
34	Ownership	1,781,770	34
C. Ancillary Expense			
35	Special Cost Centers	5,740,364	35
36	Provider Participation Fee	53,655	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,782,806	40
41	Income before Income Taxes (line 30 minus line 40)**	486,577	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 486,577	43

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

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

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

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/08

Ending:

06/30/09

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,800	2,080	\$ 87,332	\$ 41.99	1
2	Assistant Director of Nursing					2
3	Registered Nurses	34,632	39,180	1,292,052	32.98	3
4	Licensed Practical Nurses	14,229	15,930	401,633	25.21	4
5	CNAs & Orderlies	131,633	145,387	1,895,289	13.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,252	5,145	101,290	19.69	8
9	Activity Director	1,762	2,072	52,053	25.12	9
10	Activity Assistants	7,943	8,604	131,282	15.26	10
11	Social Service Workers	7,351	8,704	204,659	23.51	11
12	Dietician					12
13	Food Service Supervisor	1,215	1,293	20,000	15.47	13
14	Head Cook	6,395	6,803	100,147	14.72	14
15	Cook Helpers/Assistants	22,592	24,034	229,822	9.56	15
16	Dishwashers					16
17	Maintenance Workers	4,803	5,806	117,958	20.32	17
18	Housekeepers	40,844	44,496	472,267	10.61	18
19	Laundry					19
20	Administrator	1,054	1,121	40,168	35.83	20
21	Assistant Administrator					21
22	Other Administrative	1,054	1,121	71,334	63.63	22
23	Office Manager					23
24	Clerical	16,040	18,688	374,585	20.04	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,939	2,070	28,727	13.88	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	73,552	78,999	1,459,104	18.47	33
34	TOTAL (lines 1 - 33)	374,090	411,533	\$ 7,079,702 *	\$ 17.20	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 50,145	01-03	35
36	Medical Director	Monthly	21,600	09-03	36
37	Medical Records Consultant	Monthly	2,513	10-03	37
38	Nurse Consultant	Monthly	32,997	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	616	11-03	44
45	Social Service Consultant	Monthly	1,920	12-03	45
46	Other(specify) Chaplain	Monthly	31,370	12-03	46
47	Senior Fitness Consultant	Monthly	73,218	10a-03	47
48	Outside Dietary Management	Monthly	115,534	01 -03	48
49	TOTAL (lines 35 - 48)		\$ 329,913		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
D. Cohn	Director of Operations	0%	\$ 69,942	Workers' Compensation Insurance	\$ 110,279	IDPH License Fee	\$	
L. Carlson	Executive Director	0%	124,210	Unemployment Compensation Insurance	67,651	Advertising: Employee Recruitment	1,634	
				FICA Taxes	474,712	Health Care Worker Background Check (Indicate # of checks performed <u>417</u>)	13,146	
				Employee Health Insurance	544,642	Patient Background Checks		
ALU / ILU Allocation			(82,651)	Employee Meals		Dues & Subscriptions	13,924	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	230	
				Dental Insurance	47,898			
				PTO Liability Adjustment	(34,476)			
				Special Events	35,911			
				Other Employee Benefits	37,640	Less: Public Relations Expense	()	
				Vision Insurance	9,972	Non-allowable advertising	()	
				Disability Insurance	14,975	Yellow page advertising	()	
				See Supplemental Schedule	360,164			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 111,501	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,669,368	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 28,934	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Franciscan Sisters of Chicago - Shared Expenses			\$ 882,530				Out-of-State Travel	\$
ALU / ILU Allocation			(375,693)				In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 506,837				Seminar Expense	8,536
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee	Type		Amount				()	
Ernst & Young	Accounting		\$ 25,960					
Frost, Ruttenberg & Rothblatt	Accounting		5,350					
Probusiness Services	Payroll Processing		20,308					
Ungaretti	Legal		13,896					
CT Corporation	Legal		36					
ALU / ILU Allocation			(27,905)					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 37,645					

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/08

Ending: 06/30/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN \$3,729
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ N/A Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 53,655
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes-ILU If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes-ILU Bldg For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 41,126
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Ernst & Young The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.