



Facility Name & ID Number Sacred Heart Home

# 0013334 Report Period Beginning: 01/01/10 Ending: 12/31/10

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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	<u>172</u>	Intermediate (ICF)	<u>172</u>	<u>62,780</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>172</u>	TOTALS	<u>172</u>	<u>62,780</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	<u>53,414</u>	<u>424</u>		<u>53,838</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>53,414</u>	<u>424</u>		<u>53,838</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.76%

D. How many bed-hold days during this year were paid by the Department? 553 (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)  
None

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 07/01/1971

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided N/A

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number Sacred Heart Home # 0013334 Report Period Beginning: 01/01/10 Ending: 12/31/10

**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
	<b>A. General Services</b>										
1	Dietary	270,334	32,745	67,938	371,017		371,017		371,017		1
2	Food Purchase		379,862		379,862	(40,625)	339,238	(30)	339,208		2
3	Housekeeping	270,063	92,126		362,189		362,189		362,189		3
4	Laundry	51,064	27,360		78,424		78,424		78,424		4
5	Heat and Other Utilities			151,811	151,811		151,811	1,048	152,859		5
6	Maintenance	254,453		205,749	460,202		460,202	27,048	487,250		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>845,914</b>	<b>532,093</b>	<b>425,498</b>	<b>1,803,505</b>	<b>(40,625)</b>	<b>1,762,881</b>	<b>28,066</b>	<b>1,790,947</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,150,298	56,675	318,914	1,525,887		1,525,887		1,525,887		10
10a	Therapy										10a
11	Activities	284,426	100,388	3,298	388,112		388,112		388,112		11
12	Social Services	178,045	815	108,176	287,036		287,036		287,036		12
13	CNA Training										13
14	Program Transportation			2,256	2,256		2,256		2,256		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>1,612,769</b>	<b>157,878</b>	<b>438,644</b>	<b>2,209,291</b>		<b>2,209,291</b>		<b>2,209,291</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative			672,314	672,314		672,314	(448,865)	223,449		17
18	Directors Fees										18
19	Professional Services			108,685	108,685	(500)	108,185	(49,007)	59,178		19
20	Dues, Fees, Subscriptions & Promotions			29,961	29,961		29,961	(4,106)	25,856		20
21	Clerical & General Office Expenses	7,522	41,383	92,402	141,307		141,307	87,512	228,819		21
22	Employee Benefits & Payroll Taxes			397,516	397,516	40,625	438,141	(52,951)	385,189		22
23	Inservice Training & Education										23
24	Travel and Seminar			400	400		400		400		24
25	Other Admin. Staff Transportation			1,896	1,896		1,896	4,526	6,422		25
26	Insurance-Prop.Liab.Malpractice			134,474	134,474		134,474	12,060	146,534		26
27	Other (specify):*							64,894	64,894		27
28	<b>TOTAL General Administration</b>	<b>7,522</b>	<b>41,383</b>	<b>1,437,648</b>	<b>1,486,553</b>	<b>40,125</b>	<b>1,526,678</b>	<b>(385,938)</b>	<b>1,140,740</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>2,466,205</b>	<b>731,354</b>	<b>2,301,790</b>	<b>5,499,349</b>	<b>(500)</b>	<b>5,498,849</b>	<b>(357,872)</b>	<b>5,140,977</b>		<b>29</b>

\*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 &amp; ID Number

Sacred Heart Home

#0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			257,393	257,393		257,393	(97,344)	160,049			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							8,129	8,129			32
33	Real Estate Taxes					500	500	12,628	13,128			33
34	Rent-Facility & Grounds			188,400	188,400		188,400	(188,400)				34
35	Rent-Equipment & Vehicles			7,475	7,475		7,475		7,475			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			453,268	453,268	500	453,768	(264,988)	188,780			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops			2,225	2,225		2,225		2,225			40
41	Coffee and Gift Shops		35,233		35,233		35,233	(35,233)	0			41
42	Provider Participation Fee			94,170	94,170		94,170		94,170			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		35,233	96,395	131,628		131,628	(35,233)	96,395			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,466,205	766,587	2,851,453	6,084,245		6,084,245	(658,092)	5,426,153			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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

**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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(101,605)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(30)	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	(9,387)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(17,924)	21		24
25	Fund Raising, Advertising and Promotional	(3,869)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(654)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(241,493)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (374,963)		\$	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)	(283,129)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (283,129)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (658,092)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

**Sacred Heart Home**

**ID#** 0013334  
**Report Period Beginning:** 01/01/10  
**Ending:** 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Additional R&M	\$ 24,065	06	1
2	Vending Income	(35,233)	41	2
3	Bank Charges	(19,887)	21	3
4	Donations	(750)	20	4
5	PPA - Employee Benefits (Dental Fees)	(52,951)	22	5
6	Building Co. - Management Fees	(90,000)	17	6
7	Building Co. - Licenses & Fees	(133)	20	7
8	Building Co. - Corporate Income Taxes	(592)	21	8
9	Building Co. - Penalty	(3,736)	21	9
10	Building Co. - Professional Fees	(3,034)	19	10
11	Annual Report	(100)	20	11
12	Capitalized R&M	(2,945)	06	12
13	Non-Allowable Legal	(52,822)	19	13
14	IOP Rented Space - Utilities	(741)	05	14
15	IOP Rented Space - Maintenance	(1,126)	06	15
16	IOP Rented Space - Insurance	(656)	26	16
17	IOP Rented Space - Depreciation	(726)	30	17
18	IOP Rented Space - Real Estate Tax	(127)	33	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(241,493)		49

Sacred Heart Home

ID# 0013334

Report Period Beginning: 01/01/10

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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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

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

	<b>Operating Expenses</b>	<b>PAGES</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>PAGE</b>	<b>SUMMARY</b>	
	<b>A. General Services</b>	<b>5 &amp; 5A</b>	<b>6</b>	<b>6A</b>	<b>6B</b>	<b>6C</b>	<b>6D</b>	<b>6E</b>	<b>6F</b>	<b>6G</b>	<b>6H</b>	<b>6I</b>	<b>TOTALS</b>	
													<b>(to Sch V, col.7)</b>	
1	Dietary													1
2	Food Purchase	(30)											(30)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(741)		1,789									1,048	5
6	Maintenance	19,994		7,054									27,048	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>19,223</b>		<b>8,843</b>									<b>28,066</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>													<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(90,000)	90,000	(448,865)									(448,865)	17
18	Directors Fees													18
19	Professional Services	(55,856)	3,034	3,815									(49,007)	19
20	Fees, Subscriptions & Promotions	(4,852)	133	613									(4,106)	20
21	Clerical & General Office Expenses	(52,179)	4,328	135,363									87,512	21
22	Employee Benefits & Payroll Taxes	(52,951)											(52,951)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation			4,526									4,526	25
26	Insurance-Prop.Liab.Malpractice	(656)	526	12,190									12,060	26
27	Other (specify):*			64,894									64,894	27
28	<b>TOTAL General Administration</b>	<b>(256,495)</b>	<b>98,021</b>	<b>(227,464)</b>									<b>(385,938)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(237,272)</b>	<b>98,021</b>	<b>(218,621)</b>									<b>(357,872)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Sacred Heart Home# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(102,331)		4,987									(97,344)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest			8,129									8,129	32
33	Real Estate Taxes	(127)	9,241	3,514									12,628	33
34	Rent-Facility & Grounds		(188,400)										(188,400)	34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(102,459)</b>	<b>(179,159)</b>	<b>16,630</b>									<b>(264,988)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops	(35,233)											(35,233)	41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	<b>TOTAL Special Cost Centers</b>	<b>(35,233)</b>											<b>(35,233)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(374,963)</b>	<b>(81,138)</b>	<b>(201,991)</b>									<b>(658,092)</b>	<b>45</b>

**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
Peter O'Brien	60%	See Attached		See Attached		
Daniel O'Brien	20%					
Mary O'Brien	20%					

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)	
1	V	34 Rental Income	\$ 188,400	Long Term Care	100.00%	\$	(188,400)	1
2	V	26 Insurance		Long Term Care	100.00%	526	526	2
3	V	33 Real Estate Taxes		Long Term Care	100.00%	9,241	9,241	3
4	V	17 Management Fee		Long Term Care	100.00%	90,000	90,000	4
5	V	20 Licences & Fees		Long Term Care	100.00%	133	133	5
6	V	21 Corporate Income Taxes		Long Term Care	100.00%	592	592	6
7	V	21 Penalty		Long Term Care	100.00%	3,736	3,736	7
8	V	19 Professional Fees		Long Term Care	100.00%	3,034	3,034	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 188,400			\$ 107,262	\$ * (81,138)	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:
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	5 UTILITIES	\$	MADO MGMT. LP	100.00%	\$ 1,789	\$ 1,789
16	V	6 REPAIRS AND MAINT.				7,054	7,054
17	V	17 ADMINISTRATIVE				6,849	6,849
18	V	19 PROFESSIONAL FEES				3,815	3,815
19	V	20 DUES AND SUBSCRIPTIONS				613	613
20	V	21 CLERICAL AND GENERAL				135,363	135,363
21	V	25 AUTO EXPENSE				4,526	4,526
22	V	26 PROPERTY INSURANCE				12,190	12,190
23	V	27 GEN. ADMIN. - EMP. BEN.				33,412	33,412
24	V	30 DEPRECIATION				4,987	4,987
25	V	32 INTEREST				8,129	8,129
26	V	33 REAL ESTATE TAXES				3,514	3,514
27	V						
28	V	17 MANAGEMENT FEES	618,000				(618,000)
29	V						
30	V	17 SALARY-P. O'BRIEN				42,286	42,286
31	V	27 EMP. BEN.-P. O'BRIEN				7,040	7,040
32	V						
33	V	17 ADMINISTRATIVE SALARY				120,000	120,000
34	V	27 GEN. ADMIN. - EMP. BEN.				24,442	24,442
35	V	33 REAL ESTATE TAXES					
36	V						
37	V						
38	V						
39	Total		\$ 618,000			\$ 416,009	\$ * (201,991)

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

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	10 NURSING	\$ 250,945	WINDY CITY NURSING	100.00%	\$ 250,945	\$
16	V	01 DIETARY	53,726	WINDY CITY NURSING	100.00%	53,726	
17	V	21 CLERICAL	84,534	WINDY CITY NURSING	100.00%	84,534	
18	V	06 MAINTENANCE	56,649	WINDY CITY NURSING	100.00%	56,649	
19	V	12 SOCIAL SERVICES	99,140	WINDY CITY NURSING	100.00%	99,140	
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 544,994			\$ 544,994	\$ *

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

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name &amp; ID Number

Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

## 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	Peter O'Brien	Owner	Administrative	60.00%	See Attached	10.80	18.00%	Alloc. Salary	\$ 42,286	17-07	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	\$ 42,286		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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

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 MADO MGMT. LP  
 Street Address 1541 N. WELLS ST.  
 City / State / Zip Code CHICAGO, IL. 60610  
 Phone Number ( 312) 787-9400  
 Fax Number ( 312) 787-9434

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	5	UTILITIES	PATIENT DAYS	229,174	5	\$ 7,615	\$ 53,838	\$ 1,789	1	
2	6	REPAIRS AND MAINT.	PATIENT DAYS	229,174	5	30,025	53,838	7,054	2	
3	17	ADMINISTRATIVE	PATIENT DAYS	229,174	5	29,154	29,154	53,838	6,849	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	229,174	5	16,240	53,838	3,815	4	
5	20	DUES AND SUBSCRIPTIONS	PATIENT DAYS	229,174	5	2,608	53,838	613	5	
6	21	CLERICAL AND GENERAL	PATIENT DAYS	229,174	5	576,206	514,886	53,838	135,363	6
7	25	AUTO EXPENSE	PATIENT DAYS	229,174	5	19,264	53,838	4,526	7	
8	26	PROPERTY INSURANCE	PATIENT DAYS	229,174	5	51,889	53,838	12,190	8	
9	27	GEN. ADMIN. - EMP. BEN.	PATIENT DAYS	229,174	5	142,224	53,838	33,412	9	
10	30	DEPRECIATION	PATIENT DAYS	229,174	5	21,227	53,838	4,987	10	
11	32	INTEREST	PATIENT DAYS	229,174	5	34,604	53,838	8,129	11	
12	33	REAL ESTATE TAXES	PATIENT DAYS	229,174	5	14,959	53,838	3,514	12	
13									13	
14									14	
15									15	
16	17	SALARY-P. O'BRIEN	AVG. HOURS WORKED	46	5	180,000	180,000	10.80	42,286	16
17	27	EMP. BEN.-P. O'BRIEN	AVG. HOURS WORKED	46	5	29,966		10.80	7,040	17
18									18	
19	17	ADMINISTRATIVE SALARY	DIRECT ALLOCATION		5	426,020	426,020		120,000	19
20	27	GEN. ADMIN. - EMP. BEN.	DIRECT ALLOCATION		5	76,074			24,442	20
21	33	REAL ESTATE TAXES	DIRECT ALLOCATION		1	4,323				21
22									22	
23									23	
24									24	
25	TOTALS					\$ 1,662,398	\$ 1,150,060	\$ 416,009	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

WINDY CITY NURSING

Street Address

1541 N. WELLS ST.

City / State / Zip Code

CHICAGO, IL. 60610

Phone Number

( 312) 787-9400

Fax Number

( 312) 787-9434

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	10	NURSING						\$ 250,945	1
2	01	DIETARY						53,726	2
3	21	CLERICAL						84,534	3
4	06	MAINTENANCE						56,649	4
5	12	SOCIAL SERVICES						99,140	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				\$	\$		\$ 544,994	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

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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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

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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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334 Report Period Beginning: 01/01/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

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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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

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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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending: 12/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

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					\$	\$		\$	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT



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**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
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1							\$	\$			\$	1								
2												2								
3												3								
4												4								
5												5								
6												6								
7	<b>TOTAL Long-Term</b>																			
	<b>Working Capital</b>																			
8							\$	\$			\$	8								
9												9								
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Working Capital</b>																			
	<b>B. Non-Facility Related*</b>																			
15							\$	\$			\$	15								
16												16								
17												17								
18												18								
19												19								
20	<b>TOTAL Non-Facility Related</b>																			

\* 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 Sacred Heart Home

# 0013334 Report Period Beginning:

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**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 79,940 B. General Construction Type: Exterior Frame Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>			\$ <u>22,077</u>	1
2					2
3	TOTALS			\$ <u>22,077</u>	3

SEE ACCOUNTANTS' COMPILATION REPORT

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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
	<b>Improvement Type**</b>										
9	Various		1973		9,000		20			9,000	9
10	Various		1975		16,880		20			16,880	10
11	Various		1976		4,234		20			4,234	11
12	Various		1977		43,234		20			43,234	12
13	Various		1978		50,867		20			50,867	13
14	Various		1979		40,393		20			40,393	14
15	Various		1980		4,392		20			4,392	15
16	Various		1981		15,817		20			15,817	16
17	Various		1982		15,180		20			15,180	17
18	Various		1984		7,505		20			7,505	18
19	Various		1985		60,377		20			60,377	19
20	Various		1986		41,792		20			41,792	20
21	Various		1987		17,344		20			17,344	21
22	Various		1988		13,840		20			13,824	22
23	Various		1989		10,568		20			10,568	23
24	Various		1990		48,324		20			48,324	24
25	Various		1991		26,113		20	132	132	25,917	25
26	Various		1992		105,671		20			105,671	26
27	Various		1993		14,487		20			14,487	27
28	Various		1994		37,950		20	1,898	1,898	32,262	28
29	Various		1995		38,705		20	1,935	1,935	29,027	29
30	Various		1996		34,431		20	1,722	1,722	26,152	30
31	Various		1997		62,792		20	3,140	3,140	42,250	31
32	Various		1998		73,236		20	3,662	3,662	46,711	32
33	Various		1999		51,272		20	2,564	2,564	29,410	33
34	Various		2000		120,486		20	6,024	6,024	63,995	34
35	Various		2001		159,720		20	7,986	7,986	75,519	35
36	Various		2002		148,315		20	13,762		126,387	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 Various	2003	\$ 140,910	\$	20	\$ 14,091	\$ 14,091	\$ 105,124	37
38 Various	2004	159,051		20	15,905	15,905	103,917	38
39 Various	2005	156,033		20	9,221	9,221	49,938	39
40 Various	2006	173,699		20	16,147	16,147	71,110	40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67 Related Building Company (Pages 12F & 12G)		140,000					140,000	67
68 Related Party Allocations (Pages 12H & 12I)		74,766	2,390		2,772	382	41,603	68
69 Financial Statement Depreciation			256,667			(256,667)		69
70 TOTAL (lines 4 thru 69)		\$ 2,117,384	\$ 259,057		\$ 100,959	\$ (171,859)	\$ 1,529,212	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,117,384	\$ 259,057		\$ 100,959	\$ (158,097)	\$ 1,529,212	1
2	Labor & Mats. For Sprinkler Reconfiguration	2007	3,976		20	398	398	1,557	2
3	Upgrade Water Line For 1St & 2Nd Floors	2007	11,221		20	1,122	1,122	4,488	3
4	Exterior Doors Replacement	2007	4,807		20	481	481	1,803	4
5	Materials For Shower Room 3Rd Floor	2007	2,732		20	273	273	1,024	5
6	Cold Line From Activity Office To Storeroom	2007	2,970		20	297	297	1,139	6
7	Run Water Line	2007	2,750		20	275	275	1,077	7
8	Roof Repair & Replacement	2007	11,400		20	1,140	1,140	4,370	8
9	Labor & Mats. For Sprinkler Reconfiguration	2007	3,582		20	358	358	1,373	9
10	Run Water Line	2007	5,340		20	534	534	2,003	10
11	Upgraded & Replaced Doors For Resident Rooms	2007	2,778		20	278	278	1,019	11
12	Renovation Of Shower Room 3Rd Floor	2007	7,513		20	751	751	2,692	12
13	Labor Upgrade Pipes - Smoking Area, Bathroom & Boiler Room	2007	2,800		20	280	280	1,003	13
14	Roof Repair & Replacement	2007	2,750		20	275	275	985	14
15	Replaced Rotten Pipes In Boiler Room	2007	4,180		20	418	418	1,498	15
16	Pipes - Boiler Rm.	2007	6,985		20	699	699	2,445	16
17	Mats. - Total Renovation Of Res' Community Bathrooms 2Nd Flr	2007	4,125		20	413	413	1,375	17
18	Mats. Built Soc. Svc. & Group Rm. Behavioral Coord. Office	2007	6,571		20	657	657	2,190	18
19	Upgrade Heating Lines In Basement	2007	3,520		20	352	352	1,144	19
20	Water Lines - Hobby Room	2007	3,960		20	396	396	1,221	20
21	Labor - Water Lines 2Nd Floor North Bldg.	2007	4,840		20	484	484	1,492	21
22	Sprinkler Head Installations	2007	19,211		20	1,921	1,921	7,044	22
23	Ac Circuits - Residents Rooms	2007	12,920		20	1,292	1,292	4,307	23
24	Asbestos Removal	2007	3,500		20	175	175	656	24
25	Stainless Steel Sheets For Elevator Door	2008	552		20	28	28	80	25
26	Upgrade Water Lines - 2Nd Floor Bathroom	2008	17,045		20	852	852	2,202	26
27	Upgrade Water Lines - 2Nd Floor Bathrooms.	2008	14,040		20	702	702	1,463	27
28	Carpet	2008	1,374		20	69	69	143	28
29	Doors	2008	1,653		20	83	83	172	29
30	Upgrade Water Lines - 3Rd Floor Bathrooms	2008	10,106		20	505	505	1,053	30
31	Resident Room Doors	2008	2,520		20	126	126	367	31
32	Elevator Panels	2008	541		20	27	27	79	32
33	Motor For Elevator Cooling Pump	2008	1,035		20	52	52	138	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,300,679	\$ 259,057		\$ 116,671	\$ (142,386)	\$ 1,582,815	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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	<b>Totals from Page 12B, Carried Forward</b>		\$ 2,300,679	\$ 259,057		\$ 116,671	\$ (142,386)	\$ 1,582,815	1
2	Catch Basins & Sewer Line Upgrade	2008	10,609		20	530	530	1,370	2
3	Compressor	2008	1,985		20	99	99	256	3
4	Door Holders	2008	635		20	32	32	82	4
5	Power Supply - Exit Signs	2008	2,785		20	139	139	348	5
6	Replace Lintels - North Wall	2008	7,860		20	393	393	917	6
7	Metal Exit Door	2008	933		20	47	47	105	7
8	Window Blinds	2008	605		20	30	30	63	8
9	Door	2008	927		20	46	46	112	9
10	Screens For Entire Building	2008	1,445		20	72	72	157	10
11	Repairs In 2Nd Floor Bathrooms	2008	3,900		20	195	195	553	11
12	Roof Repair	2008	4,500		20	225	225	506	12
13	Tuckpointing Of Roof - South Side Of Bldg	2008	4,800		20	240	240	540	13
14	Pump Motor & Thermostatic Valve	2009	4,579		20	229	229	420	14
15	Cement And Exterior Lights For Courtyard	2009	5,266		20	263	263	439	15
16	Removal & Repaving Of Courtyard	2009	7,000		20	350	350	554	16
17	New Layer Of Hot Roofing Rubber	2009	4,700		20	235	235	353	17
18	Doors For Resident Rooms	2009	3,352		20	168	168	237	18
19	Hot Water Heater & Installation Supplies	2009	4,564		20	228	228	323	19
20	Removal Of Fire Escape	2009	32,500		20	1,625	1,625	2,302	20
21	Brickwork For Doorways & Windows	2009	4,500		20	225	225	300	21
22	Closure Of 12 Fire Exit Doors	2009	5,056		20	253	253	337	22
23	Replaced Broken Pipe; Paved Hole - Courtyard	2009	2,943		20	147	147	172	23
24	Upgrade Boiler Room & Sewer	2009	2,548		20	127	127	149	24
25	Labor - Conversion Of Hobby Room To Activity Room	2009	5,355		20	268	268	290	25
26	Labor - Electrical Work - Nurses Station Renovation	2009	16,040		20	802	802	869	26
27	2Nd & 3Rd Flr Bathrooms- Tiles, Shelves, Flushometer	2009	22,471		20	1,124	1,124	1,966	27
28	Conversion Of Hobby Room To Activiy Room- Flooring, Walls, Pai	2009	9,875		20	494	494	617	28
29	2Nd Flr Nurses Station& Activity Rm- Tiles, Paint, Ceiling	2009	16,020		20	801	801	868	29
30	2Nd Flr Nurses Station & Bathroom- Fixtures, Paint, Doors	2009	5,690		20	284	284	379	30
31	Install & Paint Iron Fence & Gate	2009	3,900		20	195	195	228	31
32	Upgrade 2Nd Floor Nurses Station- Flooring, Wall Work	2009	7,633		20	382	382	445	32
33	Seal Fire Exit Doors Prior To Removal	2009	5,612		20	281	281	374	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,511,268	\$ 259,057		\$ 127,200	\$ (131,857)	\$ 1,599,445	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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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	<b>Totals from Page 12C, Carried Forward</b>		\$ 2,511,268	\$ 259,057		\$ 127,200	\$ (131,857)	\$ 1,599,445	1
2	Upgrade Courtyard Gate	2009	2,754		20	138	138	149	2
3	Installation Of Exterior Lighting - Courtyard	2009	9,875		20	494	494	782	3
4	2Nd Flr Nurses Station- Flooring, New Wall, Cabinets/Counter To	2009	14,621		20	731	731	792	4
5	2Nd & 3Rd Floor Security System - Cameras & Monitor	2010	4,872		20	203	203	203	5
6	Water Heater For Laundry	2010	4,162		20	104	104	104	6
7	Fire Alarm System Work	2010	3,400		20	28	28	28	7
8	Furnished And Installed Terrazzo Flooring	2010	4,300		20	215	215	215	8
9	Smoke Detectors & Fire Panels	2010	26,847		20	1,230	1,230	1,230	9
10	Fire Rated Doors	2010	10,594		20	486	486	486	10
11	Conversion Of Activity Room To Rehab Office	2010	5,843		20	243	243	243	11
12	Window Screens	2010	4,239		20	177	177	177	12
13	Compressor For Fire Pump	2010	3,705		20	154	154	154	13
14	Furnished & Installed Pedestrian Door	2010	2,828		20	118	118	118	14
15	Furnished & Replaced Broken Section Of Boiler	2010	15,125		20	567	567	567	15
16	Electric Upgrade & Outlets For A/C	2010	28,750		20	958	958	958	16
17	New Central Heating & A/C Unit	2010	18,715		20	780	780	780	17
18	Doors & Supplies For 1St Floor Bathroom & Stairs	2010	3,611		20	105	105	105	18
19	1St Floor Bathrooms - Plumbing	2010	12,300		20	359	359	359	19
20	Electrical Work On 2Nd & 3Rd Floors	2010	2,875		20	72	72	72	20
21	Upgrade Fire Sprinkler System	2010	10,842		20	226	226	226	21
22	Floor Tiles - Iop Project	2010	7,981		20	133	133	133	22
23	Ceiling Tiles And Doors For Iop Office	2010	4,007		20	67	67	67	23
24	Electrical Work For Iop Office	2010	5,075		20	63	63	63	24
25	New Hvac For Iop Office	2010	6,220		20	78	78	78	25
26	Upgrade Electrical Panel	2010	4,587		20	57	57	57	26
27	Bathroom Renovation - Walls, Plumbing, Showers, Tubs, Lighting	2010	72,577		20	302	302	302	27
28	Iop Office Conversion - Demolition, Drywall, Electrical, Flooring,	2010	78,375		20	327	327	327	28
29	Iop Office Bathroom - Doors & Supplies	2010	3,492		20	58	58	58	29
30	Sprinkler Head Installations	2010	2,945		20	147	147	147	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,886,785	\$ 259,057		\$ 135,821	\$ (123,236)	\$ 1,608,426	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		\$ 2,886,785	\$ 259,057		\$ 135,821	\$ (123,236)	\$ 1,608,426	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 2,886,785	\$ 259,057		\$ 135,821	\$ (123,236)	\$ 1,608,426	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3	Long Term Care	1971	140,000					140,000	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

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		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12F & 12G lines 1 thru 33)	\$ 140,000	\$		\$	\$	\$ 140,000	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	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	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	MADO Management Allocation	1988	48,693	1,778	35	1,391	(387)	20,869	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	MADO Management Allocation	1995	1,129	112	20	57	(55)	876	9
10	MADO Management Allocation	1993	18,547	494	20	927	433	16,159	10
11	MADO Management Allocation	2000	2,774		20	139	139	1,459	11
12	MADO Management Allocation	2001	1,201		20	60	60	584	12
13	MADO Management Allocation	2002	1,890		20	171	171	1,489	13
14	MADO Management Allocation	2004	532	6	20	27	21	167	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)	\$ 74,766	\$ 2,390		\$ 2,772	\$ 382	\$ 41,603	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	\$ 273,046	\$ 76	\$ 17,989	\$ 17,913	10	\$ 204,494	71
72	Current Year Purchases	20,404		1,290	1,290	10	1,290	72
73	Fully Depreciated Assets	183,241		164	164	10	180,550	73
74								74
75	TOTALS	\$ 476,691	\$ 76	\$ 19,443	\$ 19,367		\$ 386,333	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		1997 JEEP GRAND CHER	1998	\$ 24,457	\$	\$	\$	5	\$ 24,456	76
77		Alloc. from MADO Mgmt	2010	39,692	2,520	4,784	2,264	5	28,984	77
78										78
79										79
80	TOTALS			\$ 64,149	\$ 2,520	\$ 4,784	\$ 2,264		\$ 53,440	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)	\$ 3,449,702	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 261,653	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 160,047	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (101,605)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,048,199	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	BOILER REPAIR - 1997	\$ 2,297	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 2,297	\$	\$	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: \$ 7,475 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. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	N/A	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <a href="#">See Supplemental</a>									13
14	<b>TOTAL</b>			\$		\$	\$		\$	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 Sacred Heart Home# 0013334Report Period Beginning: 01/01/10Ending: 12/31/10

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 239,111	\$ 239,111	1
2	Cash-Patient Deposits	(1,058)	(1,058)	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	76,032	76,032	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,971	27,971	6
7	Other Prepaid Expenses	517	540	7
8	Accounts Receivable (owners or related parties)	1,931,667	4,941,054	8
9	Other(specify): <u>See Attached Schedule</u>	4,960	4,960	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,279,200	\$ 5,288,610	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		15,865	13
14	Buildings, at Historical Cost		140,000	14
15	Leasehold Improvements, at Historical Cost	2,340,070	2,340,070	15
16	Equipment, at Historical Cost	578,780	593,780	16
17	Accumulated Depreciation (book methods)	(1,741,797)	(1,896,797)	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>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,177,053	\$ 1,192,918	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,456,253	\$ 6,481,528	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 353,004	\$ 353,005	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,182	89,182	30
31	Accrued Taxes Payable (excluding real estate taxes)	289	289	31
32	Accrued Real Estate Taxes(Sch.IX-B)		26,053	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes		379	35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>		709,242	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 442,475	\$ 1,178,150	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 442,475	\$ 1,178,150	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,013,778	\$ 5,303,378	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,456,253	\$ 6,481,528	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>3,188,082</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Nursing Supplies/Insurance/Adv &amp; Promo/Miscellaneous</b>	<b>(6,665)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>3,181,417</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(167,639)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(167,639)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>3,013,778</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,785,462	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,785,462	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	107,358	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	23,786	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 131,144	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<a href="#">See Supplemental Schedule</a>		28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,916,606	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,803,505	31
32	Health Care	2,209,291	32
33	General Administration	1,486,553	33
<b>B. Capital Expense</b>			
34	Ownership	453,268	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	37,458	35
36	Provider Participation Fee	94,170	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 6,084,245	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(167,639)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (167,639)	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete 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 Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

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
2	Assistant Director of Nursing	1,388	42,090	28.99	2
3	Registered Nurses	2,993	90,977	28.17	3
4	Licensed Practical Nurses	12,335	304,868	23.52	4
5	CNAs & Orderlies	59,298	712,363	10.91	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	2,875	49,025	15.85	9
10	Activity Assistants	23,295	235,401	9.48	10
11	Social Service Workers	12,869	178,045	12.82	11
12	Dietician	6,827	73,815	10.06	12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants	17,758	196,519	9.81	15
16	Dishwashers				16
17	Maintenance Workers	26,182	254,453	9.08	17
18	Housekeepers	26,367	270,063	9.31	18
19	Laundry	5,213	51,064	8.93	19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager				23
24	Clerical	551	7,522	13.08	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				31
32	Other Health Care(specify)				32
33	Other(specify) See Supplemental				33
34	TOTAL (lines 1 - 33)	197,951	2,466,205 *	11.45	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	368	12,871	01-03	35
36	Medical Director	Monthly	6,000	09-03	36
37	Medical Records Consultant	96	4,416	10-03	37
38	Nurse Consultant	177	10,620	10-03	38
39	Pharmacist Consultant	12	600	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,360	11-03	44
45	Social Service Consultant	160	9,036	12-03	45
46	Other(specify) Dietary - O/S Labor	3,252	55,067	01-03	46
47	Social Service - O/S Labor	4,429	99,140	12-03	47
48	Activity - O/S Labor	268	938	11-03	48
49	TOTAL (lines 35 - 48)	8,810	201,048		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	3,734	174,463	10-03	50
51	Licensed Practical Nurses	4,259	128,815	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7,993	303,278		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

# 0013334

Report Period Beginning: 01/01/10

Ending: 12/31/10

**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	
			\$	Workers' Compensation Insurance	\$ 55,252	IDPH License Fee	\$	
				Unemployment Compensation Insurance	39,542	Advertising: Employee Recruitment	16,487	
				FICA Taxes	185,445	Health Care Worker Background Check	4,910	
				Employee Health Insurance	63,425	(Indicate # of checks performed <u>491</u> )		
				Employee Meals	40,625	<u>Patient Background Checks</u>		
				Illinois Municipal Retirement Fund (IMRF)*		<u>Licenses, Dues &amp; Fees</u>	3,845	
				<u>401 K - Employers</u>	536	<u>Allocated from MADO Management</u>	613	
				<u>Other Employee Benefits</u>	365			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
<u>Management Fees - MADO Management</u>			\$ 618,000					
<u>Outside Labor - Assistant Administrator</u>			54,314					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$ 672,314				
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount	
<u>Frost, Ruttenberg &amp; Rothblatt</u>	<u>Accounting</u>	\$ 7,000			\$	Out-of-State Travel	\$	
<u>Maemur P.C.</u>	<u>Architectural Consulting</u>	525						
<u>McCormick &amp; Wagner, LLC</u>	<u>Real Estate Appraiser</u>	500						
<u>Personnel Planners, Inc</u>	<u>Unemployment Consulting</u>	1,964				In-State Travel		
<u>Wolf &amp; Company</u>	<u>Accounting</u>	6,522						
<u>HDSI</u>	<u>Data Processing</u>	8,430						
<u>See Attached</u>	<u>Legal</u>	83,744				Seminar Expense	400	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 108,685	TOTAL	\$	Entertainment Expense	( )	
						(agree to Sch. V, line 24, col. 8)		
						TOTAL	\$ 400	

\* 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								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Sacred Heart Home

# 0013334

Report Period Beginning:

01/01/10

Ending:

12/31/10

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. N/A
- (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. \$ 905 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. 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. \$ 94,170  
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 If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? N/A
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 40,625 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- 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? No  
Firm Name: N/A
- (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? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.