

Facility Name & ID Number Providence Palos Heights

0007534 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	95	Skilled (SNF)	95	34,675	1
2		Skilled Pediatric (SNF/PED)			2
3	98	Intermediate (ICF)	98	35,770	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	193	TOTALS	193	70,445	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,835	4,416	20,999	31,250	8
9	SNF/PED					9
10	ICF	7,105	6,102	3,457	16,664	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,940	10,518	24,456	47,914	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.83%

D. How many bed-hold days during this year were paid by the Department?

0 (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 Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 02/01/1960

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 95 and days of care provided 20,999

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2012

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

Facility Name & ID Number

Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	612,258	50,709		662,967		662,967		662,967		1
2	Food Purchase		427,037		427,037		427,037	1,766	428,803		2
3	Housekeeping	309,175	67,159		376,334		376,334		376,334		3
4	Laundry	93,500	32,487		125,987		125,987	(815)	125,172		4
5	Heat and Other Utilities			181,640	181,640		181,640	16,000	197,640		5
6	Maintenance	271,963		345,231	617,194		617,194	(14,741)	602,453		6
7	Other (specify):*										7
8	TOTAL General Services	1,286,896	577,392	526,871	2,391,159		2,391,159	2,210	2,393,369		8
	B. Health Care and Programs										
9	Medical Director			52,000	52,000		52,000		52,000		9
10	Nursing and Medical Records	3,801,947	777,697	37,846	4,617,490		4,617,490		4,617,490		10
10a	Therapy										10a
11	Activities	129,632	9,746	636	140,014		140,014		140,014		11
12	Social Services	173,781		2,212	175,993		175,993		175,993		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,105,360	787,443	92,694	4,985,497		4,985,497		4,985,497		16
	C. General Administration										
17	Administrative			1,432,327	1,432,327		1,432,327	(1,305,113)	127,214		17
18	Directors Fees										18
19	Professional Services			30,442	30,442		30,442	21,535	51,977		19
20	Dues, Fees, Subscriptions & Promotions			52,280	52,280		52,280	2,614	54,894		20
21	Clerical & General Office Expenses	688,046	108,641	47,286	843,973		843,973	601,547	1,445,520		21
22	Employee Benefits & Payroll Taxes			1,554,108	1,554,108		1,554,108		1,554,108		22
23	Inservice Training & Education			2,272	2,272		2,272		2,272		23
24	Travel and Seminar			200	200		200	38,546	38,746		24
25	Other Admin. Staff Transportation			16,184	16,184		16,184	3,704	19,888		25
26	Insurance-Prop.Liab.Malpractice			293,512	293,512		293,512	353	293,865		26
27	Other (specify):* Home Office Benefits							286,262	286,262		27
28	TOTAL General Administration	688,046	108,641	3,428,611	4,225,298		4,225,298	(350,552)	3,874,746		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,080,302	1,473,476	4,048,176	11,601,954		11,601,954	(348,342)	11,253,612		29

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

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

Facility Name & ID Number

Providence Palos Heights

#0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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			368,544	368,544		368,544	180,105	548,649			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			302,826	302,826		302,826	58,008	360,834			32
33	Real Estate Taxes							9,397	9,397			33
34	Rent-Facility & Grounds							10,192	10,192			34
35	Rent-Equipment & Vehicles			5,428	5,428		5,428		5,428			35
36	Other (specify):*											36
37	TOTAL Ownership			676,798	676,798		676,798	257,702	934,500			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,186,912	1,762,170	2,949,082		2,949,082		2,949,082			39
40	Barber and Beauty Shops	1,586	(3,352)		(1,766)		(1,766)		(1,766)			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			269,626	269,626		269,626		269,626			42
43	Other (specify):* Non-Allowable Co			843,492	843,492		843,492	(843,492)				43
44	TOTAL Special Cost Centers	1,586	1,183,560	2,875,288	4,060,434		4,060,434	(843,492)	3,216,942			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,081,888	2,657,036	7,600,262	16,339,186		16,339,186	(934,132)	15,405,054			45

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning: 01/01/2013

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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	(824)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,490)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	149,437	30		9
10	Interest and Other Investment Income	(36,337)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	43		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	(323,290)	43		24
25	Fund Raising, Advertising and Promotional	(8,246)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(4,172)	43		28
29	Other-Attach Schedule See Pg 5A	(517,662)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (749,014)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	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)	(185,118)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (185,118)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (934,132)		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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Providence Palos Heights

ID# 0007534

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow non-allowable Lab Expense	\$ (104,527)	43	1
2	Disallow non-allowable X-Ray Expense	(104,929)	43	2
3	Disallow Laundry Income	(815)	4	3
4	Disallow Interehab Physiatry	(72,000)	43	4
5	Disallow non-allowable residents welfare	(71,910)	43	5
6	Disallow non-allowable marketing expense	(148,467)	43	6
7	Disallow non-allowable accretion expense	(4,521)	43	7
8	Offset Undocumented Legal	(1,081)	19	8
9	Remove Capitalized Repair Expenses	18,105	6	9
10	Offset Miscellaneous Income	(27,517)	21	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(517,662)	49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Rest Haven Illiana Christian Convalescent Home		Rest Haven South	South Holland	Holland Home	South Holland	Sheltered Care
		Rest Haven West	Downers Grove	Village Woods	Crete	Independent Ret.
		Haven Park	Zeeland, MI	Providence Mgmt. & Development Co.	Tinley Park	Management Co.
		Plymouth Place	LaGrange Park	Providence Home		
		Park Place Christian Community	Elmhurst	Health Care	Tinley Park	Home Health
				Saratoga Grove	Downers Grove	Supportive Living

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 2,590	\$ 2,590	1
2	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	16,000	16,000	2
3	V	6 Maintenance-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,489	3,489	3
4	V	17 Administrative	1,432,327	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	127,214	(1,305,113)	4
5	V	19 Professional Services		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	22,616	22,616	5
6	V	20 Dues,fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,614	2,614	6
7	V	21 Clerical & General-Salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	516,310	516,310	7
8	V	21 Clerical & General-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	119,244	119,244	8
9	V	24 Travel & Seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	38,546	38,546	9
10	V	25 Other admin. Staff transporation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,704	3,704	10
11	V	26 Insurance-prop.liab. & malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	353	353	11
12	V	27 Mgmt allocation of EE benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	286,262	286,262	12
13	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	30,670	30,670	13
14	Total		\$ 1,432,327			\$ 1,169,612	\$ * (262,715)	14

* 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	32 Interest expense	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	\$ 58,008	\$ 58,008	15
16	V	33 Real Estate taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	9,397	9,397	16
17	V	34 Rent-facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providence Life	100.00%	10,192	10,192	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		\$			\$ 77,597	\$ * 77,597	39

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	N/A - Voluntary Board with no compensation. See Attached Schedule 7A								\$	1
2										2
3	No Board Members or businesses that they control has business dealings with the facility.									3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

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

Name of Related Organization Providence Mgmt & Development Co.
 Street Address 18601 North Creek Drive, Suite A
 City / State / Zip Code Tinley Park, IL 60477
 Phone Number (708) 342-8100
 Fax Number (708) 342-8006

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	2	Food	Accumulated Cost B	92,917,310	17	\$ 16,905	\$ 14,234,319	\$ 2,590	1	
2	5	Utilities	Accumulated Cost B	92,917,310	17	104,441	14,234,319	16,000	2	
3	6	Maintenance	Accumulated Cost B	92,917,310	17	22,775	14,234,319	3,489	3	
4	17	Administrative	Direct Cost A	1	1	1,152,003	1,152,003	1	127,214	4
5	19	Professional services	Accumulated Cost B	92,917,310	17	147,633	14,234,319	22,616	5	
6	20	Dues, fees & subscriptions	Accumulated Cost B	92,917,310	17	17,064	14,234,319	2,614	6	
7	21	Clerical & general - salary	Accumulated Cost B	92,917,310	17	3,370,313	3,370,313	516,310	7	
8	21	Clerical & general - Other	Accumulated Cost B	92,917,310	17	778,386	14,234,319	119,244	8	
9	24	Travel & seminar	Accumulated Cost B	92,917,310	17	251,618	14,234,319	38,546	9	
10	25	Other Admin. Staff transportation	Accumulated Cost B	92,917,310	17	24,180	14,234,319	3,704	10	
11	26	Insurance-prop.,liab. & malpract	Accumulated Cost B	92,917,310	17	2,302	14,234,319	353	11	
12	27	Mgmt allocation of ee benefits	Accumulated Cost B	92,917,310	17	1,868,634	14,234,319	286,262	12	
13	30	Depreciation	Accumulated Cost B	92,917,310	17	200,207	14,234,319	30,670	13	
14	32	Interest expense	Accumulated Cost B	92,917,310	17	378,660	14,234,319	58,008	14	
15	33	Real Estate taxes	Accumulated Cost B	92,917,310	17	61,340	14,234,319	9,397	15	
16	34	Rent-facility & grounds	Accumulated Cost B	92,917,310	17	66,528	14,234,319	10,192	16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 8,462,989	\$ 4,522,316	\$ 1,247,209	25	

Facility Name & ID Number

Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	Name of Lender	2		3	4	5	6		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	FHA Mortgage		X	Facility Mortgage	Varies	08/15/2013	\$ 5,920,000	\$ 5,883,304	09/01/2038	0.0360	\$ 80,884	1					
2	Tax Exempt Bonds		X	Mortgage & Additions	Varies	11/01/2001	4,800,000		10/31/2034	Variable	136,452	2					
3												3					
4												4					
5												5					
Working Capital																	
6	Refinancing Costs										72,663	6					
7												7					
8												8					
9	TOTAL Facility Related						\$ 10,720,000	\$ 5,883,304			\$ 289,999	9					
B. Non-Facility Related*																	
10											12,827	10					
11											58,008	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ 70,835	14					
15	TOTALS (line 9+line14)						\$ 10,720,000	\$ 5,883,304			\$ 360,834	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 12,827 Line # 32

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2012 report.				\$	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2012			\$	2	
3. Under or (over) accrual (line 2 minus line 1).				\$	3	
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.		Allocated from Home Office			9,397	
TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	9,397 7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	_____	12			
Real Estate taxes are allocated from a for-profit management entity						
				13	FROM R. E. TAX STATEMENT FOR 2012 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Palos Heights COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007534

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

TELEPHONE (708) 342-8100 FAX #: (708) 348-8006

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-09-01-203-007-1007</u>	<u>Home Office Building</u>	\$ <u>22,747.04</u>	\$ <u>3,801.96</u>
2. <u>19-09-01-203-007-1001</u>	<u>Home Office Building</u>	\$ <u>15,187.72</u>	\$ <u>2,538.49</u>
3. <u>19-09-01-203-007-1006</u>	<u>Home Office Building</u>	\$ <u>18,287.26</u>	\$ <u>3,056.55</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>56,222.02</u></u>	\$ <u><u>9,397.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,845 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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

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

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

None

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

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

Nature of Costs: _____
 (Attach a complete schedule detailing the 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>Resident Care</u>	<u>441,662</u>	<u>1960</u>	<u>\$ 30,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	441,662		\$ 30,000	3

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	50			1960	\$ 341,041	\$	40	\$	\$	\$ 341,041	4
5	50			1962	122,119		40			122,119	5
6				1963	86,546		40			86,546	6
7	93			1967	585,862		40			585,862	7
8				1975	147,301		40	3,683	3,683	143,616	8
	Improvement Type**										
9	Improvements			1967	312,475		40			312,475	9
10	Improvements			1970	74,824		40			74,824	10
11	Improvements			1971	10,740		40			10,740	11
12	Improvements			1972	3,992		40			3,992	12
13	Improvements			1973	2,002		40	35	35	2,002	13
14	Improvements			1974	1,001		40	25	25	980	14
15	Improvements			1976	8,418		40	210	210	7,870	15
16	Improvements			1977	1,073		40	27	27	981	16
17	Improvements			1979	450		40	11	11	385	17
18	Improvements			1980	629		40	16	16	544	18
19	Improvements			1982	3,077		40	77	77	2,464	19
20	Improvements			1983	4,063		40	102	102	3,162	20
21	Improvements			1984	11,366		40	284	284	8,520	21
22	Improvements			1985	5,552		40	139	139	4,031	22
23	Improvements			1986	308,545		40	7,714	7,714	215,992	23
24	Improvements			1987	242,285		40	6,057	6,057	163,539	24
25	Improvements			1988	144,720		40	3,618	3,618	82,736	25
26	Improvements			1989	75,090		40	1,877	1,877	46,916	26
27	Improvements			1990	258,016		40	6,450	6,450	158,180	27
28	Improvements			1991	88,476		40	2,212	2,212	52,608	28
29	Improvements			1992	51,572		40	1,289	1,289	28,358	29
30	Improvements			1993	283,946		40	7,099	7,099	149,668	30
31	Improvements			1994	396,618		40	9,915	9,915	199,314	31
32	Improvements			1995	207,113		40	5,526	5,526	101,500	32
33	Improvements			1995	13,913		15			13,913	33
34	Parking Lot Expansion			1996	74,714		40	1,868	1,868	32,690	34
35	Wing C & D Renovations			1996	226,501		40	5,662	5,662	99,085	35
36	Improvements			1996	279,308		40	6,982		122,185	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Dental Office Renovations	1996	\$ 4,642	\$	15	\$	\$	\$ 4,642	37
38	Lighting System	1996	49,263		40	1,232	1,232	21,560	38
39	Architect Fees	1996	13,512		40	338	338	5,915	39
40	Alarm System	1996	4,704		15			4,704	40
41	Whirlpool Renovation	1996	11,914		15			11,914	41
42	Door	1996	656		15			656	42
43	Unit I & II Renovation	1996	22,981		40	574	574	10,045	43
44	Landscaping	1997	5,984		15			5,984	44
45	Unit I A & B remodel:Carpentry, elec. Plumb	1997	236,778		25	9,472	9,472	156,289	45
46	Unit I C & D remodel:Carpentry, elec. plumb.	1997	211,804		25	8,472	8,472	139,788	46
47	Unit I Whirlpool Renovation	1997	3,264		25	130	130	2,145	47
48	Unit II Whirlpool Renovation	1997	3,910		25	156	156	2,574	48
49	Plumbing	1997	1,595		25	64	64	1,056	49
50	Unit II Laundry Room Cabinets	1997	729		25	30	30	495	50
51	Chapel Roof	1997	8,750		25	350	350	5,775	51
52	Ramp Entrance	1997	32,456		25	1,298	1,298	21,417	52
53	Employee Patio	1997	3,975		25	159	159	2,624	53
54	Ramp Curbing	1997	1,396		25	56	56	924	54
55	Stairwell Doors	1997	1,833		25	74	74	1,221	55
56	Handicap Ramp	1997	12,166		25	486	486	8,019	56
57	Medical Supply Room Renovation	1997	20,773		25	830	830	13,695	57
58	Unit II A & B remodel:Carpentry, fire protection	1997	78,500		25	3,140	3,140	51,810	58
59	A & B Basement Remodeling	1997	2,331		25	94	94	1,551	59
60	Unit II Storage Room	1997	3,458		25	138	138	2,277	60
61	Unit I A & B remodel:Carpentry, elec., tile	1998	18,389		25			18,389	61
62	Unit II Handicap Ramp	1998	2,002		25	80	80	1,240	62
63	Unit II Storage Room	1998	8,807		25	352	352	5,456	63
64	Unit II A & B Bsmnt remodel:Carpty, elec, plumb.	1998	83,634		25	3,345	3,345	51,848	64
65	Unit I A & B remodel:Carpty,plmg, elec.	1998	19,906		25	796	796	12,338	65
66	Unit II A & B Bsmt remodel:Carpty & fire prot.	1998	10,676		25	427	427	6,619	66
67	Design Plan for Renovation	1998	706		25	28	28	434	67
68	Unit II A & B Bsmt remodel:Carpentry & fee	1998	2,314		25	93	93	1,441	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,257,157	\$		\$ 103,092	\$ 96,110	\$ 3,753,683	70

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,257,157	\$		\$ 103,092	\$ 103,092	\$ 3,753,683	1
2	Painting for Renovation	1998	3,873		25	154	154	2,387	2
3	Unit I A & B remodel:Carpty,& finishing	1998	20,171		25	806	806	12,493	3
4	Carpeting	1998	13,997		5			13,997	4
5	Unit I A & B remodel:Carpty, plmg, fire	1998	8,026		25	322	322	4,991	5
6	Unit II Patio /Alzheimer's Garden	1998	49,519		25	1,980	1,980	30,690	6
7	Hot Water Heater	1998	831		15	19	19	831	7
8	Roof	1998	991		10			991	8
9	A/C Circulator	1998	1,115		15	42	42	1,115	9
10	Chimney Vent	1998	519		25	20	20	310	10
11	Fascia	1998	789		25	32	32	496	11
12	Smoke Detectors	1998	1,081		15	37	37	1,081	12
13	Speed Bumps for Parking Lot	1998	781		5			781	13
14	Heating & Cooling System	1998	34,826		25	1,394	1,394	21,607	14
15	Nurses' Alarm System	1998	13,917		25	556	556	8,618	15
16	Piping	1998	682		25	28	28	434	16
17	Patio	1999	10,472		40	262	262	3,799	17
18	Carpeting	1999	6,283		10			6,283	18
19	Electrical Generator	1999	66,394		10			66,394	19
20	Wall Firestopping	1999	15,000		10			15,000	20
21	Interior design fee	1999	228		10			228	21
22	Electrical	1999	4,383		10			4,383	22
23	Wall Firestopping	1999	35,000		10			35,000	23
24	Switchboard	1999	5,696		10			5,696	24
25	Landscaping	1999	48,376		40	1,210	1,210	17,545	25
26	Parking Lot	1999	8,610		40	216	216	3,132	26
27	Air Conditioners	1999	80,030		40			80,030	27
28	Boiler Repairs	1999	9,060		10			9,060	28
29	Landscaping	2000	10,704		15	712	712	9,612	29
30	Patio Shelter	2000	5,150		20	256	256	3,456	30
31	Garden	2000	7,768		15	516	516	6,966	31
32	Benches	2000	958		10			958	32
33	Lobby remodel	2000	102,660		10			102,660	33
34	TOTAL (lines 1 thru 33)		\$ 5,825,047	\$		\$ 111,654	\$ 111,654	\$ 4,224,707	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,825,047	\$		\$ 111,654	\$ 111,654	\$ 4,224,707	1
2	Dining Room Renovation	2000	6,269		15	416	416	5,616	2
3	Wing Renovation	2000	102,095		40	2,552	2,552	34,452	3
4	Boiler and Pump	2000	10,450		15	696	696	9,396	4
5	Ansul	2000	3,728		15	248	248	3,348	5
6	Generator	2000	8,629		20	430	430	5,805	6
7	Fire Alarm System	2000	10,135		40	252	252	3,402	7
8	Exhaust Fan	2000	2,780		15	184	184	2,484	8
9	Landscaping	2001	5,680		5			5,680	9
10	Lobby remodel	2001	41,806		40	1,045	1,045	13,063	10
11	A-Wing remodel	2001	51,393		40	1,285	1,285	16,063	11
12	Sinks	2001	5,165		15	344	344	4,300	12
13	Doors	2001	5,278		15	352	352	4,400	13
14	Ejector Pump	2001	9,674		15	645	645	8,063	14
15	Automatic door	2001	4,817		7			4,817	15
16	Dining Room Renovation	2001	3,076		7			3,076	16
17	Exam Room Decoration	2001	14,068		7			14,068	17
18	Sewage Pump	2002	718		15	48	48	552	18
19	Whirlpool renovation	2002	2,177		15	145	145	1,668	19
20	Roof renovation	2002	90,250		10			90,250	20
21	Code Alert	2002	3,164		10			3,164	21
22	Firestopping work	2002	3,108		40	78	78	897	22
23	Dining Room Renovation	2002	135,527		40	3,388	3,388	38,962	23
24	Cabinets	2002	4,928		7			4,928	24
25	Blinds	2002	1,045		7			1,045	25
26	File cabinets	2002	2,327		7			2,327	26
27	Furniture	2002	1,814		7			1,814	27
28	Dining Room Renovation	2003	17,358		7			17,358	28
29	Lights	2003	20,442		20	1,022	1,022	10,731	29
30	Roof renovation	2003	152,000		10	7,600	7,600	152,000	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,544,948	\$		\$ 132,384	\$ 132,384	\$ 4,688,436	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,544,948	\$		\$ 132,384	\$ 132,384	\$ 4,688,436	1
2	Menu boards	2003	2,160		10	108	108	2,160	2
3	Carpeting	2003	5,957		7			5,957	3
4	Sliding doors	2003	2,100		10	105	105	2,100	4
5	Wander system	2003	21,630		20	1,082	1,082	11,871	5
6									6
7	Tile	2004	24,492		10	2,450	2,450	23,275	7
8	Door	2004	4,579		10	458	458	4,351	8
9	Basement restroom	2004	37,076		40	927	927	10,197	9
10	Lights/shades	2004	3,562		20	178	178	1,958	10
11	Awning	2004	10,790		10	1,079	1,079	10,251	11
12	Shades	2004	1,960		7			1,960	12
13	Exit ramps	2004	5,450		15	363	363	3,449	13
14									14
15	Fire Door	2005	5,637		10	564	564	4,794	15
16	Storm Sewer improvements	2005	42,800		20	2,140	2,140	18,190	16
17	Water Heaters	2005	8,808		15	588	588	4,998	17
18	Patio and Major Landscaping Improvements	2005	16,805		15	1,120	1,120	9,520	18
19	Lights	2005	16,708		20	836	836	7,106	19
20	Unit 1 basement Improvements	2005	4,165		20	208	208	1,768	20
21	Elevator	2005	28,163		20	1,408	1,408	11,968	21
22	Unit 1 basement windows	2005	7,750		40	194	194	1,649	22
23	Wallpaper	2005	8,185		7			8,185	23
24	Baseboards	2005	1,078		7			1,078	24
25	Dock flooring	2005	2,000		7			2,000	25
26	Window Coverings	2005	13,162		7			13,162	26
27	5 Ton 3 Phase Condensing Unit	2005	2,696		20	135	135	1,147	27
28	Carpeting	2005	1,254		20	63	63	535	28
29	Electric Door Unit	2005	1,087		20	54	54	459	29
30	PC Disposer	2005	2,699		20	135	135	1,147	30
31	Electric Door Unit	2005	1,529		20	76	76	646	31
32	Nurse Call System	2005	7,749		20	387	387	3,290	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,836,979	\$		\$ 147,042	\$ 147,042	\$ 4,857,607	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,836,979	\$		\$ 147,042	\$ 147,042	\$ 4,857,607	1
2	Parking Lot Lights	2005	2,940		15	196	196	1,666	2
3	Patio & Drainage Improvements	2005	10,958		15	731	731	6,213	3
4	Driveway	2005	29,377		20	1,469	1,469	12,486	4
5	Elevator	2006	18,897		20	472	472	3,776	5
6	Security Alarm System	2006	115,751		10	5,788	5,788	46,304	6
7	Nurse Call System	2006	123,550		7	8,825	8,825	70,600	7
8	5 Ton Rooftop Water Heater/Circulation Pump	2006	10,954		15	365	365	2,920	8
9	Asbestos Retirement Obligation	2006	97,309		7	6,951	6,951	55,608	9
10	Whirlpool Tub	2006	41,350		15	1,378	1,378	11,024	10
11	CSH Heating Unit	2006	3,750		15	125	125	1,000	11
12	Dock Door	2006	3,959		20	99	99	792	12
13	Central Air Unit	2006	5,677		15	189	189	1,512	13
14	Auto Door Opener	2006	2,200		10	110	110	880	14
15	New Phone System	2007	99,032		10	9,903	9,903	64,370	15
16	Cabnets Remodel	2007	4,686		15	312	312	2,028	16
17	Front Desk Cabinets	2007	13,428		20	671	671	4,362	17
18	Sump Pump	2007	9,240		15	616	616	4,004	18
19	Fire Panel	2007	16,950		10	1,695	1,695	11,018	19
20	HVAC Fixed	2007	11,325		15	755	755	4,908	20
21	Door Installed	2007	3,320		15	221	221	1,437	21
22	Outlets	2007	10,620		2			10,620	22
23	Foyer Windows and Cabinets	2007	5,530		20	277	277	1,800	23
24	Boiler Repairs	2007	114,664		15	7,644	7,644	49,686	24
25	Dinning Windows & Kickplates	2007	4,894		20	245	245	1,592	25
26	Waterproof Basement	2007	3,300		15	220	220	1,430	26
27	Doors and Cabinets Installed	2007	6,572		20	329	329	2,138	27
28	HVAC C&D Wing Piping	2007	85,642		40	2,141	2,141	13,917	28
29	Audio Station, Shades, Control Box	2007	3,168		7	453	453	2,944	29
30	Sign Repair	2007	2,840		20	142	142	923	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,698,862	\$		\$ 199,364	\$ 199,364	\$ 5,249,565	34

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

Facility Name & ID Number Providence Palos Heights

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,698,862	\$		\$ 199,364	\$ 199,364	\$ 5,249,565	1
2	Unit 2 lobby - remove wall & replace flooring	2008	19,750		40	495	495	2,722	2
3	Install sprinkler system in Chapel	2008	23,175		40	580	580	3,190	3
4	Elec. Units - 2 carts	2008	5,240		20	262	262	1,441	4
5	HVAC - fan coils	2008	42,386		20	2,120	2,120	11,660	5
6	A/C unit	2008	5,292		20	264	264	1,452	6
7									7
8	Pipe railings	2008	5,298		15	354	354	1,947	8
9	Insulate hot water piping	2008	4,348		15	290	290	1,595	9
10	Commercial doors	2008	9,360		15	624	624	3,432	10
11	Reconnect new RTU and replace air handlers	2008	39,719		15	2,648	2,648	14,564	11
12	5 ton HVAC - rooftop unit	2008	9,788		15	652	652	3,586	12
13									13
14	Unit 2 lobby - carpeting	2008	14,161		7	2,024	2,024	11,132	14
15	Wallpaper	2008	9,000		7	1,286	1,286	7,073	15
16									16
17	Central-Wander alarm	2009	131,334		10	13,133	13,133	59,100	17
18	Unit 2 Waterproofing	2009	4,365		15	291	291	1,310	18
19	Central Egress doors	2009	10,735		20	537	537	2,416	19
20	Chimney Tuckpointing	2009	7,000		20	350	350	1,575	20
21	Dining Room Lighting	2009	6,777		20	339	339	1,525	21
22	Emergency Phone	2009	3,168		7	453	453	2,037	22
23	Facility Signage	2009	3,628		10	363	363	1,633	23
24	Facility Signage	2009	13,033		10	1,303	1,303	5,865	24
25	Tile Flooring	2009	10,785		20	539	539	2,427	25
26	Signage	2009	8,059		10	806	806	3,627	26
27	Painting-Lobby	2009	15,100		7	2,157	2,157	9,707	27
28	Asbestos removal	2009	3,520		7	503	503	2,263	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,103,883	\$		\$ 231,737	\$ 231,737	\$ 5,406,844	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,103,883	\$		\$ 231,737	\$ 231,737	\$ 5,406,844	1
2	Nurse Call Station	2010	156,023		10	15,602	15,602	54,607	2
3	H-Vac Roof Unit	2010	9,222		15	615	615	2,152	3
4	Drain lines	2010	43,579		20	2,179	2,179	7,626	4
5	Unit 1 Boiler	2010	116,668		15	7,778	7,778	27,223	5
6	Gas Line Repair & Replacement	2010	11,879		20	594	594	2,079	6
7	Repair & Replace Alarm & Smoke Detectors	2010	12,583		20	629	629	2,202	7
8	Kitchen Water Heater, Exhaust Fan, and Water Pump	2010	9,133		20	457	457	1,599	8
9	Heater Exchange Unit Installed	2010	3,592		20	180	180	629	9
10	Repair Cost Non-Depre	2010			20				10
11									11
12	PH repeaters	2011	27,545		10	2,754	2,754	6,885	12
13	Wireless project	2011	9,793		10	980	980	2,450	13
14	Gas piping	2011	30,174		40	754	754	1,885	14
15	Nursecall station	2011	9,477		10	948	948	2,370	15
16	Valve	2011	7,850		15	524	524	1,310	16
17	PH drapes	2011	19,764		7	2,824	2,824	7,060	17
18	Ph asphalt	2011	91,376		10	9,138	9,138	22,845	18
19	U2 A&D flooring	2011	5,896		7	842	842	2,105	19
20	DR Hvac	2011	15,563		15	1,038	1,038	2,595	20
21	Seal Coat drive and U shape drive	2011	5,600		20	280	280	700	21
22	Sheet dampers	2011	2,572		20	128	128	320	22
23	Electrical installation	2011	3,300		20	166	166	415	23
24	Glass and mirror	2011	5,831		20	292	292	730	24
25	Installation of new Valve	2011	3,353		20	168	168	420	25
26	Kitchen remodelling	2011	8,069		20	404	404	1,010	26
27	Shower Project	2011	10,713		20	536	536	1,337	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,723,438	\$		\$ 281,547	\$ 281,547	\$ 5,559,398	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 8,723,438	\$		\$ 281,547	\$ 281,547	\$ 5,559,398	1
2	Flooring/Tile Work: Lobby & Dining Area	2012	21,812		7	3,116	3,116	4,674	2
3	Install Drywall/Ceiling: 2 Commons Unit	2012	144,203		40	3,605	3,605	5,408	3
4	Automatic Front Door	2012	2,730		10	273	273	410	4
5	Duct Work/Circulating Pump	2012	3,397		15	226	226	339	5
6	PVC Piping/Sewer Drain - Basement Hallway	2012	3,753		15	250	250	375	6
7	Paving - Remove & Install Concrete Pad, Wire Mesh & Asphalt	2012	4,675		20	234	234	351	7
8	Stainless Steel Fire Door - Kitchen	2012	4,840		15	323	323	484	8
9	Thermostat & Guards: Dining, Chapel, Wicker, & Garden	2012	5,057		10	506	506	759	9
10	Hallways: Resident Rooms 71-73, 97-100,84,86 & 88 & Lounge								10
11	Spindles & Fabrication - NE Stairwell & Laundry Area	2012	6,155		10	616	616	924	11
12	Add & Replace Smoke Detectors	2012	7,332		10	733	733	1,100	12
13	HVAC	2012	10,803		15	720	720	1,080	13
14									14
15	Business Office Boiler	2013	5,291		15	176	176	176	15
16	Chapel Rooftop HVAC	2013	15,000		15	500	500	500	16
17	Concrete Pad & Sidewalk	2013	7,895		15	263	263	263	17
18	Elevator Repairs	2013	9,967		20	249	249	249	18
19	Outpatient Ramp Awning	2013	9,850		15	328	328	328	19
20	Oven Pad Removal	2013	2,601		15	87	87	87	20
21	Pave Chapel & Dock Lot	2013	27,555		15	919	919	919	21
22	Roof Duct Insulation	2013	18,986		20	475	475	475	22
23	Unit 2 Water Heaters	2013	18,342		15	611	611	611	23
24	Unit 2 Whirlpool Renovation	2013	21,940		15	731	731	731	24
25	Unit 2 Commons Pt 2 building renovation: cabling,	2013	98,430		15	2,461	2,461	2,461	25
26	carpeting, et.								26
27									27
28									28
29	R&M Reclass - Pave Chapel & Dock Lot	2013	2,500		10	125	125	125	29
30	R&M Reclass - Chapel Rooftop HVAC	2013	33,406		10	1,670	1,670	1,670	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,209,958	\$		\$ 300,744	\$ 300,744	\$ 5,583,897	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 9,209,958	\$		\$ 300,744	\$ 300,744	\$ 5,583,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10	Current Year Building Depreciation	2013		36,256			(36,256)		10
11	Current Year Land Improvement Depreciation	2013		202,006			(202,006)		11
12	Allocation from Home Office	2013	646,145		20	23,121	23,121	189,246	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)		\$ 9,856,103	\$ 238,262		\$ 323,865	\$ 85,603	\$ 5,773,143	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,579,291	\$ 130,282	\$ 208,649	\$ 78,367	3-10	\$ 2,581,470	71
72	Current Year Purchases	181,342		8,585	8,585	5-10	8,585	72
73	Fully Depreciated Assets	2,493,580					2,493,580	73
74	Allocation from Home Office	687,552		7,426	7,426		658,341	74
75	TOTALS	\$ 5,941,766	\$ 130,282	\$ 224,660	\$ 94,378		\$ 5,741,976	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocation from Home Office			\$ 8,758	\$	\$ 124	\$ 124		\$ 8,446	76
77										77
78										78
79										79
80	TOTALS			\$ 8,758	\$	\$ 124	\$ 124		\$ 8,446	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)	\$ 15,836,627	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 368,544	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 548,649	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 180,105	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,523,565	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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.

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	Allocated from home office				101,912			6
7	TOTAL				\$ 101,912			7

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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 _____.

N/A

N/A

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: \$ 5,428

Description: Dietary Equip - 5,428

(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			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

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

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

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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. 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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,371	\$ 818,738	\$	11,371	\$ 818,738	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,748	269,871		3,748	269,871	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		9,355	673,561		9,355	673,561	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescripts				1,186,912		1,186,912	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	24,474	\$ 1,762,170	\$ 1,186,912	24,474	\$ 2,949,082	14	

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

Facility Name & ID Number Providence Palos Heights# 0007534Report Period Beginning: 01/01/2013Ending: 12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(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	\$ 1,500	\$ 1,500	1
2	Cash-Patient Deposits	9,555	9,555	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>194,255</u>)	1,718,083	1,718,083	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	16,398	16,398	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,745,536	\$ 1,745,536	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	30,000	30,000	13
14	Buildings, at Historical Cost	9,032,817	9,856,103	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,377,183	5,950,524	16
17	Accumulated Depreciation (book methods)	(11,945,197)	(11,523,565)	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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,494,803	\$ 4,313,062	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,240,339	\$ 6,058,598	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 613,277	\$ 613,277	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,555	9,555	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	81,858	81,858	30
31	Accrued Taxes Payable (excluding real estate taxes)	65,458	65,458	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due In/From Related Entities</u>	4,437,330	4,437,330	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,207,478	\$ 5,207,478	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable		5,883,304	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Long-Term Liabilities</u>	155,232	155,232	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 155,232	\$ 6,038,536	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,362,710	\$ 11,246,014	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,122,371)	\$ (5,187,416)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,240,339	\$ 6,058,598	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (952,604)	1
2	Restatements (describe):		2
3	Prior Period adjustment	93,709	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (858,895)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(263,476)	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)	\$ (263,476)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,122,371)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Providence Palos Heights# 0007534Report Period Beginning: 01/01/2013Ending: 12/31/2013

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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,846,123	1
2	Discounts and Allowances for all Levels	(5,547,409)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,298,714	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,328,052	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,328,052	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	824	14
15	Telephone, Television and Radio	6,490	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,104,270	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	198,120	19
20	Radiology and X-Ray	61,254	20
21	Other Medical Services	49,654	21
22	Laundry	815	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,421,427	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Revenue	27,517	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 27,517	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,075,710	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,391,159	31
32	Health Care	4,985,497	32
33	General Administration	4,225,298	33
B. Capital Expense			
34	Ownership	676,798	34
C. Ancillary Expense			
35	Special Cost Centers	3,790,808	35
36	Provider Participation Fee	269,626	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,339,186	40
41	Income before Income Taxes (line 30 minus line 40)**	(263,476)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (263,476)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,032,405	44
45	Private Pay - Net Inpatient Revenue	2,075,753	45
46	Medicare - Net Inpatient Revenue	4,638,029	46
47	Other-(specify) <u>Managed Care</u>	552,527	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,298,714	49

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

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

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

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	1,904	2,080	\$ 97,800	\$ 47.02	1
2	Assistant Director of Nursing	3,152	3,315	120,220	36.27	2
3	Registered Nurses	48,190	48,950	1,413,902	28.88	3
4	Licensed Practical Nurses	28,529	30,223	697,208	23.07	4
5	CNAs & Orderlies	118,636	125,013	1,415,222	11.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	9,529	10,169	129,632	12.75	10
11	Social Service Workers	10,131	10,616	173,781	16.37	11
12	Dietician	2,017	2,081	53,521	25.72	12
13	Food Service Supervisor	1,796	1,860	55,115	29.63	13
14	Head Cook	15,914	16,841	277,852	16.50	14
15	Cook Helpers/Assistants	21,675	22,545	225,770	10.01	15
16	Dishwashers					16
17	Maintenance Workers	18,802	20,193	271,963	13.47	17
18	Housekeepers	25,347	26,784	309,175	11.54	18
19	Laundry	7,384	7,760	93,500	12.05	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	31,246	32,671	688,046	21.06	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	3,872	4,168	57,595	13.82	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Beautician</u>	187	187	1,586	8.48	33
34	TOTAL (lines 1 - 33)	348,311	365,456	\$ 6,081,888 *	\$ 16.64	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			35	
36	Medical Director	Monthly	52,000	9(3)	36
37	Medical Records Consultant	Monthly	1,162	10(3)	37
38	Nurse Consultant	Monthly	35,000	10(3)	38
39	Pharmacist Consultant	Monthly	1,684	39(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	636	11(3)	44
45	Social Service Consultant	Monthly	2,212	12(3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 92,694		49

C. CONTRACT NURSES

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

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	
Timothy Abbring	Administrator		\$ 127,214	Workers' Compensation Insurance	\$ 488,576	IDPH License Fee	\$ 6,071	
Amount paid out of home office, allocated in column 7				Unemployment Compensation Insurance	15,531	Advertising: Employee Recruitment		
				FICA Taxes	448,219	Health Care Worker Background Check		
				Employee Health Insurance	448,745	(Indicate # of checks performed 348)	9,744	
				Employee Meals		Patient Background Checks	211 2,527	
				Illinois Municipal Retirement Fund (IMRF)*		JCAHO Expense	15,900	
				Employee Education	13,371	Life Services Network Dues	11,716	
				Employee Welfare	57,391	Miscellaneous Dues	3,272	
				Drug Testing	6,269	Miscellaneous Subscriptions	3,050	
				TDA Expense	65,458	Allocated from Home Office	2,614	
				Uniform	3,137	Less: Public Relations Expense	()	
				Employee Medical	7,411	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 127,214	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,554,108		\$ 54,894		
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
Management Fees (eliminated in Col. 7)			\$ 1,432,327	N/A		\$	Out-of-State Travel	\$
							In-State Travel	
							Seminar Expense	200
							Allocated from Home Office	38,546
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,432,327	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 38,746	
C. Professional Services								
Vendor/Payee	Type		Amount					
See Schedule 21A			\$ 30,442					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 30,442					

* Attach copy of IMRF notifications

**See instructions.

Providence Palos Heights

Provider #: 0007534

1/1/2013 to

Schedule 21C

12/31/2013

C. Professional Services

Total (agree to Schedule V, Line 19 Column 4)

Laner Muchin Ltd.	Legal	2,552
Much Shelist	Legal	2,865
KPMG allocation	Accounting	5,740
McGladrey	Accounting	11,150
Joanne Miaczynski	Consulting	7,100
AMA Profiles	Operations	500
National Practitioner Data Bank	Operations	535

Plus Allocated from Home Office 21,535

Total (agrees to Schedule V Line 19 Column 8) 51,977

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. Life Services Network - 11,716
- (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? 6.5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 124,162 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. 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. \$ 269,626
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 824
- (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? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- 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? N/A**
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: KPMG
- (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.