

Facility Name & ID Number Sacred Heart Home

0013334 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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	172	Intermediate (ICF)	172	62,780	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	172	TOTALS	172	62,780	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					8
9	SNF/PED					9
10	ICF	50,976	635	289	51,900	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,976	635	289	51,900	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.67%

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) 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 7/1/1971

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: 12/31/2013 Fiscal Year: 12/31/2013

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Sacred Heart Home

0013334

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	279,429	38,883	52,017	370,329		370,329		370,329		1
2	Food Purchase		426,674		426,674	(51,201)	375,473	(636)	374,837		2
3	Housekeeping	236,624	98,279		334,903		334,903		334,903		3
4	Laundry	101,418	35,555		136,973		136,973		136,973		4
5	Heat and Other Utilities			135,434	135,434		135,434	371	135,805		5
6	Maintenance	183,989		95,828	279,817		279,817	(17,986)	261,831		6
7	Other (specify):* Security	376,369			376,369		376,369		376,369		7
8	TOTAL General Services	1,177,829	599,391	283,279	2,060,499	(51,201)	2,009,298	(18,251)	1,991,047		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,502,308	58,504	211,111	1,771,923		1,771,923		1,771,923		10
10a	Therapy										10a
11	Activities	298,201	11,510		309,711		309,711		309,711		11
12	Social Services	324,435		165,821	490,256		490,256		490,256		12
13	CNA Training										13
14	Program Transportation			11,607	11,607		11,607		11,607		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,124,944	70,014	394,539	2,589,497		2,589,497		2,589,497		16
	C. General Administration										
17	Administrative			618,000	618,000		618,000	(441,762)	176,238		17
18	Directors Fees										18
19	Professional Services			42,957	42,957		42,957	8,813	51,770		19
20	Dues, Fees, Subscriptions & Promotions			18,329	18,329		18,329	(936)	17,393		20
21	Clerical & General Office Expenses		28,380	188,720	217,100		217,100	(80,444)	136,656		21
22	Employee Benefits & Payroll Taxes			505,484	505,484	51,201	556,685		556,685		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,282	6,282		6,282		6,282		24
25	Other Admin. Staff Transportation							10,752	10,752		25
26	Insurance-Prop.Liab.Malpractice			221,979	221,979		221,979	(4,443)	217,536		26
27	Other (specify):*							59,449	59,449		27
28	TOTAL General Administration		28,380	1,601,751	1,630,131	51,201	1,681,332	(448,571)	1,232,761		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,302,773	697,785	2,279,569	6,280,127		6,280,127	(466,822)	5,813,305		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Sacred Heart Home
13334
Cost Report Reclassifications
01/01/13
12/31/13

Schedule V
Line #

22	Employee Benefits	51,201	
2	Food		51,201

To reclass cost of employee meals from raw food to employee benefits

Facility Name & ID Number

Sacred Heart Home

#0013334

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			92,384	92,384		92,384	71,074	163,458			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			122,724	122,724		122,724	3,137	125,861			32
33	Real Estate Taxes							11,909	11,909			33
34	Rent-Facility & Grounds			188,400	188,400		188,400	(188,400)				34
35	Rent-Equipment & Vehicles			3,982	3,982		3,982		3,982			35
36	Other (specify):*											36
37	TOTAL Ownership			407,490	407,490		407,490	(102,280)	305,210			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops			752	752		752	(9,832)	(9,080)			40
41	Coffee and Gift Shops			27,373	27,373		27,373		27,373			41
42	Provider Participation Fee			223,537	223,537		223,537		223,537			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		27,373	224,289	251,662		251,662	(9,832)	241,830			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,302,773	725,158	2,911,348	6,939,279		6,939,279	(578,934)	6,360,345			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: 01/01/2013

Ending: 12/31/2013

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	72,695	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	(636)	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	(80,338)	21		18
19	Entertainment				19
20	Contributions	(350)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(8,022)	21		24
25	Fund Raising, Advertising and Promotional	(862)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(387)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (17,900)		\$	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)	(418,276)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (418,276)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (436,176)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Sacred Heart Home

ID# 0013334

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Vending Income	\$ (9,832)	40	1
2	Bank Charges	(5,979)	21	2
3	Building Co - Management Fees	(90,000)	17	3
4	Building Co - Licenses & Fees	(1,113)	20	4
5	Building Co - Penatly & Bank Charges	(38)	21	5
6	IOP Rented Space - Utilities	(2,898)	05	6
7	IOP Rented Space - Maintenance	(3,891)	06	7
8	IOP Rented Space - Insurance	(4,443)	26	8
9	IOP Rented Space - Depreciation	(5,258)	30	9
10	IOP Rented Space - Interest	(2,907)	32	10
11	IOP Rented Space - R/E Taxes	(174)	33	11
12	Capitalized R&M	(24,718)	6	12
13	Additional R&M	8,556	6	13
14	Non allowable interest expense	(63)	32	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		(142,758)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Sacred Heart Home# 0013334

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(636)	0	0	0	0	0	0	0	0	0	0	(636)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,898)	0	3,269	0	0	0	0	0	0	0	0	371	5
6	Maintenance	(20,053)	0	2,067	0	0	0	0	0	0	0	0	(17,986)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(23,587)	0	5,336	0	(18,251)	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(90,000)	90,000	(441,762)	0	0	0	0	0	0	0	0	(441,762)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	8,813	0	0	0	0	0	0	0	0	8,813	19
20	Fees, Subscriptions & Promotions	(2,325)	1,113	276	0	0	0	0	0	0	0	0	(936)	20
21	Clerical & General Office Expenses	(94,764)	38	14,282	0	0	0	0	0	0	0	0	(80,444)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	10,752	0	0	0	0	0	0	0	0	10,752	25
26	Insurance-Prop.Liab.Malpractice	(4,443)	0	0	0	0	0	0	0	0	0	0	(4,443)	26
27	Other (specify):*	0	0	59,449	0	0	0	0	0	0	0	0	59,449	27
28	TOTAL General Administration	(191,532)	91,151	(348,190)	0	(448,571)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(215,119)	91,151	(342,854)	0	(466,822)	29							

STATE OF ILLINOIS

Facility Name & ID Number Sacred Heart Home# 0013334

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	67,437	0	3,637	0	0	0	0	0	0	0	0	71,074	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,970)	0	6,107	0	0	0	0	0	0	0	0	3,137	32
33	Real Estate Taxes	(174)	8,116	3,967	0	0	0	0	0	0	0	0	11,909	33
34	Rent-Facility & Grounds	0	(188,400)	0	0	0	0	0	0	0	0	0	(188,400)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	64,293	(180,284)	13,711	0	(102,280)	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(9,832)	0	0	0	0	0	0	0	0	0	0	(9,832)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(9,832)	0	0	0	0	0	0	0	0	0	0	(9,832)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(160,658)	(89,133)	(329,143)	0	0	0	0	0	0	0	0	(578,934)	45

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
Peter O'Brien	100%	St. Annes Manor, Inc	Chicago	Windy City Nursing	Chicago	Outside labor for:
		St. Martha Manor	Chicago	Windy City Nursing	Chicago	Nursing & Dietary
		Margaret Manor Inc	Chicago	Mado Management	Chicago	Bookkeeping/Manag
		Margaret Manor North	Chicago	Long Term Care LP	Chicago	Building Co.

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 Rent	\$ 188,400	Long Term Care LP	100.00%	\$	\$ (188,400)	1
2	V	26 Insurance		Long Term Care LP	100.00%			2
3	V	33 Real Estate Taxes		Long Term Care LP	100.00%	8,116	8,116	3
4	V	17 Management Fees		Long Term Care LP	100.00%	90,000	90,000	4
5	V	20 Licenses & Fees		Long Term Care LP	100.00%	1,113	1,113	5
6	V	21 Penalty & Bank Charges		Long Term Care LP	100.00%	38	38	6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 188,400			\$ 99,267	\$ * (89,133)	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 Management, L.P.	100.00%	\$ 3,269	\$ 3,269
16	V	6 Repairs & Maintenance		MADO Management, L.P.	100.00%	2,067	2,067
17	V	17 Administrative		MADO Management, L.P.	100.00%		
18	V	19 Professional Fees		MADO Management, L.P.	100.00%	8,813	8,813
19	V	20 Dues and Subscriptions		MADO Management, L.P.	100.00%	276	276
20	V	21 Clerical & General		MADO Management, L.P.	100.00%	14,282	14,282
21	V	25 Auto Expense		MADO Management, L.P.	100.00%	10,752	10,752
22	V	26 Property Insurance		MADO Management, L.P.	100.00%		
23	V	27 Gen. Admin. - Emp. Ben.		MADO Management, L.P.	100.00%	31,578	31,578
24	V	30 Depreciation		MADO Management, L.P.	100.00%	3,637	3,637
25	V	32 Interest		MADO Management, L.P.	100.00%	6,107	6,107
26	V	33 Real Estate Taxes		MADO Management, L.P.	100.00%	3,967	3,967
27	V						
28	V	17 Management Fees	618,000	MADO Management, L.P.	100.00%		(618,000)
29	V						
30	V	17 Salary-P. O'Brien		MADO Management, L.P.	100.00%	41,238	41,238
31	V	27 Emp. Ben.-P. O'Brien		MADO Management, L.P.	100.00%	6,872	6,872
32	V						
33	V	17 Administrative Salary		MADO Management, L.P.	100.00%	135,000	135,000
34	V	27 Gen. Admin. - Emp. Ben.		MADO Management, L.P.	100.00%	20,999	20,999
35	V	33 Real Estate Taxes		MADO Management, L.P.	100.00%		
36	V						
37	V						
38	V						
39	Total		\$ 618,000			\$ 288,857	\$ * (329,143)

* 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	10 NURSING	\$ 209,339	WINDY CITY NURSING	100.00%	\$ 209,339	\$	15
16	V	01 DIETARY	52,017	WINDY CITY NURSING	100.00%	52,017		16
17	V	21 CLERICAL	69,757	WINDY CITY NURSING	100.00%	69,757		17
18	V	12 SOCIAL SERVICES	151,296	WINDY CITY NURSING	100.00%	151,296		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		\$ 482,409			\$ 482,409	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Sacred Heart Home

0013334

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home # 0013334 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	Peter O'Brien	Owner	Administrative	100.00	See Attached	10.5	18.00	Alloc. Salary	\$ 41,256	17-7	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	\$ 41,256		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

Peter O'Brien
 Weighted Average Hours Worked
 And Compensation
 1/1/13 - 12/31/13

Facility Name	% Allocation	Average Hours Worked	Allocated Salary from MAD0 Mgmt	Total Compensation
Margaret Manor	17.72%	8.2	\$ 31,896	\$ 31,896
Margaret Manor North	14.75%	6.8	\$ 26,550	26,550
St. Agnes	24.75%	11.4	\$ 44,550	44,550
Sacred Heart	22.92%	10.5	\$ 41,256	41,256
St. Martha	19.86%	9.1	\$ 35,748	35,748
Other	-	14.0	-	-
Total	100.00%	60.0	\$ 180,000	\$ 180,000

Facility Name & ID Number Sacred Heart Home

0013334

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 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

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	5	Utilities	Patient Days	226,409	5	\$ 14,929	\$ 51,900	\$ 3,422	1	
2	6	Repairs & Maintenance	Patient Days	226,409	5	10,399	51,900	2,384	2	
3	17	Administrative	Patient Days	226,409	5		51,900	0	3	
4	19	Professional Fees	Patient Days	226,409	5	38,446	51,900	8,813	4	
5	20	Dues and Subscriptions	Patient Days	226,409	5	1,203	51,900	276	5	
6	21	Clerical & General	Patient Days	226,409	5	709,342	51,900	162,603	6	
7	25	Auto Expense	Patient Days	226,409	5	46,904	51,900	10,752	7	
8	26	Property Insurance	Patient Days	226,409	5	0	51,900	0	8	
9	27	Gen. Admin. - Emp. Ben.	Patient Days	226,409	5	137,755	51,900	31,578	9	
10	30	Depreciation	Patient Days	226,409	5	15,864	51,900	3,637	10	
11	32	Interest	Patient Days	226,409	5	26,640	51,900	6,107	11	
12	33	Real Estate Taxes	Patient Days	226,409	5	17,306	51,900	3,967	12	
13									13	
14									14	
15									15	
16	17	Salary-P. O'Brien	Avg. Hours Worked	46	5	180,000	180,000	11	41,238	16
17	27	Emp. Ben.-P. O'Brien	Avg. Hours Worked	46	5	30,107		11	6,872	17
18									18	
19	17	Administrative Salary	Direct Allocation		5	135,000	135,000		135,000	19
20	27	Gen. Admin. - Emp. Ben.	Direct Allocation		5	20,999			20,999	20
21	33	Real Estate Taxes	Direct Allocation		1	3,965				21
22									22	
23									23	
24									24	
25	TOTALS					\$ 1,388,858	\$ 315,000	\$ 437,648	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Sacred Heart Home

0013334

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**					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							\$	\$			\$					
2																
3																
4																
5																
	Working Capital															
6	Allocated from MADO Manage	X									6,107					
7	Bridgeview Bank		X	Line of Credit				610,800			121,661					
8	Allocated from MADO Manage	X									1,000					
9	TOTAL Facility Related						\$	\$ 610,800			\$ 128,768					
	B. Non-Facility Related*															
10	Rented Space										(2,907)					
11																
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (2,907)					
15	TOTALS (line 9+line14)						\$	\$ 610,800			\$ 125,861					

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

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

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

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.		\$	7,695		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.)		\$	10,873		2
3. Under or (over) accrual (line 2 minus line 1).		\$	3,178		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	7,203		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	10,381		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>4,695</u>	8	FOR BHF USE ONLY	
	2009	<u>6,959</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ 13
	2010	<u>7,262</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2011	<u>7,432</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2012	<u>6,908</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
Beginning accrual adjusted					
Allocated from Mado Management = \$3,965					
2013 Accrual = \$6,908 x 1.0427 = \$7,203					

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.

SEE ACCOUNTANTS' COMPILATION REPORT

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sacred Heart Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0013334

CONTACT PERSON REGARDING THIS REPORT Peter O'Brien

TELEPHONE 312-787-9400 FAX #: ()

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>16-24-106-035</u>	<u></u>	\$ <u>1,205.01</u>	\$ <u>1,205.01</u>
2. <u>16-24-106-036</u>	<u></u>	\$ <u>2,289.58</u>	\$ <u>2,289.58</u>
3. <u>16-24-106-037</u>	<u></u>	\$ <u>3,413.80</u>	\$ <u>3,413.80</u>
4. <u>17-04-204-012</u>	<u>Home Office (see attachment)</u>	\$ <u>25,450.20</u>	\$ <u>3,964.69</u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u><u>32,358.59</u></u>	\$ <u><u>10,873.08</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.**

Facility Name & ID Number Sacred Heart Home

0013334 Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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).

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

0013334

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	172			1971	\$ 140,000	\$		\$	\$	\$ 140,000	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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			25,972	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	1,893	1,893	37,950	28
29	Various			1995	38,705		20	1,935	1,935	34,833	29
30	Various			1996	34,431		20	1,698	1,698	31,270	30
31	Various			1997	62,792		20	3,140	3,140	51,670	31
32	Various			1998	73,236		20	3,662	3,662	57,697	32
33	Various			1999	51,272		20	2,564	2,564	37,102	33
34	Various			2000	120,486		20	6,024	6,024	82,068	34
35	Various			2001	159,720		20	7,986	7,986	99,477	35
36	Various			2002	148,315		20	1,035		148,315	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2003	\$ 140,910	\$	10	\$ 7,604	\$ 7,604	\$ 140,910	37
38	Various	2004	159,051		10	15,905	15,905	151,632	38
39	Various	2005	156,033		Various	9,221	9,221	77,602	39
40	Various	2006	173,699		Various	16,147	16,147	119,551	40
41	Various	2007	134,430		10	13,268	13,268	87,709	41
42	Various	2008	72,586		20	3,629	3,629	19,625	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									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,249,634	\$		\$ 95,711	\$ 94,676	\$ 1,863,272	70

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

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 12A, Carried Forward		\$ 2,249,634	\$		\$ 95,711	\$ 95,711	\$ 1,863,272	1
2	Pump Motor & Thermostatic Valve	2009	4,579		20	229	229	1,107	2
3	Removal & Repaving Of Courtyard	2009	7,000		20	350	350	1,604	3
4	New Layer Of Hot Roofing Rubber	2009	4,700		20	235	235	1,058	4
5	Doors For Resident Rooms	2009	3,352		20	168	168	741	5
6	Hot Water Heater & Installation Supplies	2009	4,564		20	228	228	1,008	6
7	Removal Of Fire Escape	2009	32,500		20	1,625	1,625	7,177	7
8	Brickwork For Doorways & Windows	2009	4,500		20	225	225	975	8
9	Closure Of 12 Fire Exit Doors	2009	5,056		20	253	253	1,096	9
10	Replaced Broken Pipe; Paved Hole - Courtyard	2009	2,943		20	147	147	613	10
11	Upgrade Boiler Room & Sewer	2009	2,548		20	127	127	530	11
12	Labor - Conversion Of Hobby Room To Activity Room	2009	5,355		20	268	268	1,094	12
13	Labor - Electrical Work - Nurses Station Renovation	2009	16,040		20	802	802	3,275	13
14	2Nd & 3Rd Flr Bathrooms- Tiles, Shelves, Flushometer	2009	22,471		20	1,124	1,124	5,337	14
15	Conversion Of Hobby Room To Activiy Room- Flooring, Walls, Pai	2009	4,543		20	227	227	965	15
16	2Nd Flr Nurses Station& Activity Rm- Tiles, Paint, Ceiling	2009	16,020		20	801	801	3,271	16
17	2Nd Flr Nurses Station & Bathroom- Fixtures, Paint, Doors	2009	5,690		20	284	284	1,232	17
18	Install & Paint Iron Fence & Gate	2009	3,900		20	195	195	813	18
19	Upgrade 2Nd Floor Nurses Station- Flooring, Wall Work	2009	7,633		20	382	382	1,591	19
20	Upgrade Courtyard Gate	2009	2,754		20	138	138	563	20
21	Installation Of Exterior Lighting - Courtyard	2009	9,875		20	494	494	2,263	21
22	2Nd Flr Nurses Station- Flooring, New Wall, Cabinets/Counter To	2009	14,621		20	731	731	2,985	22
23	2Nd & 3Rd Floor Security System - Cameras & Monitor	2010	4,872		20	244	244	934	23
24	Water Heater For Laundry	2010	4,162		10	416	416	1,352	24
25	Fire Alarm System Work	2010	3,400		20	170	170	538	25
26	Furnished And Installed Terrazzo Flooring	2010	4,300		20	215	215	860	26
27	Smoke Detectors & Fire Panels	2010	26,847		20	1,342	1,342	5,257	27
28	Fire Rated Doors	2010	10,594		20	530	530	2,075	28
29	Conversion Of Activity Room To Rehab Office	2010	5,843		20	292	292	1,120	29
30	Window Screens	2010	4,239		20	212	212	813	30
31	Compressor For Fire Pump	2010	3,705		20	185	185	710	31
32	Furnished & Installed Pedestrian Door	2010	2,828		20	141	141	542	32
33	Furnished & Replaced Broken Section Of Boiler	2010	15,125		20	756	756	2,836	33
34	TOTAL (lines 1 thru 33)		\$ 2,516,193	\$		\$ 109,247	\$ 109,247	\$ 1,919,607	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

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		\$ 2,516,193	\$		\$ 109,247	\$ 109,247	\$ 1,919,607	1
2	Electric Upgrade & Outlets For A/C	2010	28,750		20	1,438	1,438	5,271	2
3	New Central Heating & A/C Unit	2010	18,715		20	936	936	3,587	3
4	Doors & Supplies For 1St Floor Bathroom & Stairs	2010	3,611		20	181	181	647	4
5	1St Floor Bathrooms - Plumbing	2010	12,300		20	615	615	2,204	5
6	Electrical Work On 2Nd & 3Rd Floors	2010	2,875		20	144	144	503	6
7	Upgrade Fire Sprinkler System	2010	10,842		20	542	542	1,852	7
8	Floor Tiles - Iop Project	2010	7,981		20	399	399	1,330	8
9	Ceiling Tiles And Doors For Iop Office	2010	4,007		20	200	200	667	9
10	Electrical Work For Iop Office	2010	5,075		20	254	254	825	10
11	New Hvac For Iop Office	2010	6,220		20	311	311	1,011	11
12	Upgrade Electrical Panel	2010	4,587		20	229	229	745	12
13	Bathroom Renovation - Walls, Plumbing, Showers, Tubs, Lighting	2010	72,577		20	3,629	3,629	11,189	13
14	Iop Office Conversion - Demolition, Drywall, Electrical, Flooring,	2010	78,375		20	3,919	3,919	12,083	14
15	Iop Office Bathroom - Doors & Supplies	2010	3,492		20	175	175	582	15
16	Sprinkler Head Installations	2010	2,945		20	147	147	466	16
17	2Nd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan, F	2011	14,741		20	737	737	2,150	17
18	3Rd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan, F	2011	5,231		20	262	262	763	18
19	Janitor Closets - New Pipes, Walls, Tile, Sinks	2011	13,358		20	668	668	1,892	19
20	Reception & Conference Rm - Walls, Doors, Duct Work, Tile, Cab	2011	33,828		10	3,383	3,383	9,585	20
21	3Rd Floor Triage Unit - Walls, Floor, Electrical Fixtures, Doors, Sin	2011	116,104		20	5,805	5,805	13,545	21
22	Fire Sprinklers - Elevator	2011	5,884		20	294	294	809	22
23	Fire Sprinklers - Reception & Lounge	2011	3,077		20	154	154	423	23
24	Additional Fire Sprinklers For State Compliance	2011	6,722		20	336	336	896	24
25	Fire Sprinklers - Janitor Closets	2011	3,716		20	186	186	496	25
26	Fire Sprinklers - Canopy	2011	2,708		20	135	135	361	26
27	New Windows	2011	6,924		20	346	346	836	27
28	Fire Sprinklers - Triage	2011	6,266		20	313	313	652	28
29	Transitional Living Unit - Vents, Drains, Sewer Connect, Window	2011	89,875		20	4,494	4,494	13,107	29
30	Transitional Unit Construction Drawing & Permit	2011	13,959		20	698	698	1,512	30
31	Transitional Care Unit - Electrical Wiring	2012	32,285		Various	1,614	1,614	2,825	31
32	Transitional Care Unit - Fire Sprinkler System	2012	34,224		Various	1,711	1,711	2,709	32
33	Transitional Care Unit - Plumbing & Hvac	2012	10,014		Various	501	501	793	33
34	TOTAL (lines 1 thru 33)		\$ 3,177,461	\$		\$ 144,003	\$ 144,003	\$ 2,015,923	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

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 12C, Carried Forward		\$ 3,177,461	\$		\$ 144,003	\$ 144,003	\$ 2,015,923	1
2	Transitional Care Unit - Labor & Materials	2012	98,849		Various	4,798	4,798	7,681	2
3	Transitional Care Unit - Doors	2012	9,580		27	461	461	820	3
4	Transitional Care Unit - Paint, Floor Tile, Adhesive Materials	2012	5,395		24	259	259	484	4
5	Transitional Care Unit - Fire Protection Windows	2012	4,285		Various	202	202	452	5
6	Transitional Care Unit - Additional Materials, Hvac, Lighting, Doc	2012	39,920		Various	1,979	1,979	2,312	6
7	Water Heater	2012	9,865		Various	456	456	1,196	7
8	Granite Kitchen Top & Sink	2012	2,950		Various	141	141	264	8
9	Gas Pipes To Range Hood	2012	8,500		Various	411	411	694	9
10	Replace Hydraulic Valve	2012	2,638		20	125	125	257	10
11	Elevator Repair - Head Gaskets & Hydraulic Packing	2012	2,927		20	139	139	285	11
12	Roofing Work - South & Northwest Roof Of Bldg	2012	4,900		20	233	233	478	12
13	Addressable Fire Alarm System	2013	4,300		7	512	512	512	13
14	MATERIALS TO MAINTAIN 2ND FLOOR - ILP	2013	2,534		20	106	106	106	14
15	SUPPLIES FOR MAINTENANCE-ILP;TRIAGE,RESIDENTS' R	2013	2,639		20	66	66	66	15
16	MATERIALS FOR 2ND FLOOR; RESIDENTS' ROOM REPAIR	2013	2,759		20	126	126	126	16
17	FURNISHED & INSTALLED ONE NEW 230 VOLT IMPERIAL	2013	2,823		20	24	24	24	17
18	MATERIALS FOR 1ST FLOOR;BUILT 4 RESIDENTS BED&SH	2013	3,440		20	72	72	72	18
19	BATTERIES, TILE CEILINGS, FLOOR TILES; ELECTRICAL	2013	4,747		20	40	40	40	19
20	MATERIALS TO MAINTAIN-COURTYARD,TRIAGE&AROUN	2013	5,776		20	168	168	168	20
21	FURNITURE	2013	2,645	1,511	7	378	(1,133)	2,267	21
22	TEN(10) AIRCONDITIONERS 6000 BTU & TEN(10) UNTS 8MB	2013	3,592	2,155	5	479	(1,676)	3,113	22
23	FOUR(4) UNITS OF AIRCONDITIONERS	2013	7,097	4,258	5	1,065	(3,193)	6,032	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)		\$ 3,409,622	\$ 7,924		\$ 156,243	\$ 148,319	\$ 2,043,372	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,409,622	\$ 7,924		\$ 156,243	\$ 148,319	\$ 2,043,372	1
2	Related Party Information								2
3	Buildings:								3
4	MADO Management Allocation	1988	47,487	1,734	35	1,357	(377)	24,422	4
5									5
6									6
7									7
8									8
9	Leasehold Improvements:								9
10	MADO Management Allocation	1995	1,101		20	55	55	1,019	10
11	MADO Management Allocation	1993	18,088	482	20	904	422	18,471	11
12	MADO Management Allocation	2000	2,705		20	135	135	1,829	12
13	MADO Management Allocation	2001	1,172		20	59	59	746	13
14	MADO Management Allocation	2002	1,843		20	89	89	1,796	14
15	MADO Management Allocation	2004	519	6	20	26	20	241	15
16									16
17									17
18									18
19									19
20	Financial Statement Depreciation			92,297			(92,297)		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)		\$ 3,482,537	\$ 102,443		\$ 158,868	\$ 56,425	\$ 2,091,896	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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	\$ 302,969	\$ 87	\$ 18,714	\$ 18,627	10	\$ 217,354	71
72	Current Year Purchases	13,334	7,925	1,921	(6,004)	5 7	1,921	72
73	Fully Depreciated Assets	222,652				10	222,652	73
74								74
75	TOTALS	\$ 538,955	\$ 8,012	\$ 20,635	\$ 12,623		\$ 441,927	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		1997 Jeep Grand Cherokee	1998	\$ 24,457	\$	\$	\$	5	\$ 24,456	76
77		Allocated from MADO Management		47,119	1,831	5,478	3,647	5	45,722	77
78										78
79										79
80	TOTALS			\$ 71,576	\$ 1,831	\$ 5,478	\$ 3,647		\$ 70,178	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)	\$ 4,115,145	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 112,286	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 184,981	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 72,695	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,604,001	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

MADO Management LLP
Allocation of Related Company Assets & Depreciation
12/31/2013

	Cost	Life	Book Depreciation	SL Depreciation	Accum. Depreciation	Cost to Allocate	Agnes St. Agnes	Central Margaret Manor	Martha St. Martha	North Margaret Manor	Sacred Heart	Direct Allocation to St. Martha
Patient Days	226368						56032	40115	44956	33406	51859	
Percentage Total	100%						24.75%	17.72%	19.86%	14.76%	22.91%	100.00%
Assets												
Building-1541 N. Wells												
Cost - 1988	304815					207274	51300	36729	41165	30594	47487	
Book Depreciation		27.5	11132			7570	1873	1341	1503	1117	1734	
Straight Line Depr.		35		8709		5922	1466	1049	1176	874	1357	
Accum. Depreciation					156762	106598	26383	18889	21170	15734	24422	
Warehouse-4616 N. Clifton												
Cost - 1985	72100					0	0	0	0	0	0	
Book Depreciation						0	0	0	0	0	0	
Straight Line Depr.		35		2060		0	0	0	0	0	0	
Accum. Depreciation					37080	0	0	0	0	0	0	
Warehouse-4616 N. Clifton												
Cost - 2009	21800					0	0	0	0	0	0	
Book Depreciation						0	0	0	0	0	0	
Straight Line Depr.		35		623		0	0	0	0	0	0	
Accum. Depreciation					2523	0	0	0	0	0	0	
Total Building Costs												
Cost	398715					207274	51300	36729	41165	30594	47487	
Book Depreciation			11131.9			7570	1873	1341	1503	1117	1734	
Straight Line Depr.				11392		5922	1466	1049	1176	874	1357	
Accum. Depreciation					196365	106598	26383	18889	21170	15734	24422	

MADO Management LLP
Allocation of Related Company Assets & Depreciation
12/31/2013

	Cost	Life	Book Depreciation	SL Depreciation	Accum. Depreciation	Cost to Allocate	Agnes St. Agnes	Central Margaret Manor	Martha St. Martha	North Margaret Manor	Sacred Heart	Direct Allocation to St. Martha
Patient Days	226368						56032	40115	44956	33406	51859	
Percentage Total	100%						24.75%	17.72%	19.86%	14.76%	22.91%	100.00%
Leasehold Improvements												
Cost-1995 (1541 N. Wells)	7070					4808	1190	852	955	710	1101	
Book Depreciation		15				0	0	0	0	0	0	
Straight Line Depr.		20		354		241	60	43	48	36	55	
Accum. Depreciation					6544	4450	1101	789	884	657	1019	
Cost-1993 (1541 N. Wells)	116104					78951	19540	13990	15680	11653	18088	
Book Depreciation		39	3091			2102	520	372	417	310	482	
Straight Line Depr.		20		5805		3947	977	699	784	583	904	
Accum. Depreciation					118567	80626	19955	14287	16012	11900	18471	
Cost-2000 (1541 N. Wells)	17364					11808	2922	2092	2345	1743	2705	
Book Depreciation		20				0	0	0	0	0	0	
Straight Line Depr.		20		868		590	146	105	117	87	135	
Accum. Depreciation					11739	7983	1976	1415	1585	1178	1829	
Cost-2001 (1541 N. Wells)	7521					5114	1266	906	1016	755	1172	
Book Depreciation		20				0	0	0	0	0	0	
Straight Line Depr.		20		377		256	63	45	51	38	59	
Accum. Depreciation					4786	3254	805	577	646	480	746	
Cost-2002 (1541 N. Wells)	11832					8046	1991	1426	1598	1188	1843	
Book Depreciation						0	0	0	0	0	0	
Straight Line Depr.		20		570		388	96	69	77	57	89	
Accum. Depreciation					11531	7841	1941	1389	1557	1157	1796	
Cost-2004 (1541 N. Wells)	3330					2264	560	401	450	334	519	
Book Depreciation		39.5	38			26	6	5	5	4	6	
Straight Line Depr.		20		167		114	28	20	23	17	26	

Accum. Depreciation			1547	1052	260	186	209	155	241
Total Leasehold Improvements					0	0	0	0	0
Cost-2004 (1541 N. Wells)	163221			110990	27470	19667	22043	16382	25428
Book Depreciation		3129		2128	527	377	423	314	487
Straight Line Depr.			8141	5536	1370	981	1099	817	1268
Accum. Depreciation			154714	105206	26038	18642	20894	15528	24103

MADO Management LLP
Allocation of Related Company Assets & Depreciation
12/31/2013

	Cost	Life	Book Depreciation	SL Depreciation	Accum. Depreciation	Cost to Allocate	Agnes St. Agnes	Central Margaret Manor	Martha St. Martha	North Margaret Manor	Sacred Heart	Direct Allocation to St. Martha
Patient Days	226368						56032	40115	44956	33406	51859	
Percentage Total	100%						24.75%	17.72%	19.86%	14.76%	22.91%	100.00%
Moveable Equipment												
Furniture & Fixtures & Phone												
Prior Cost	24410					16599	4108	2941	3297	2450	3803	
Book Depreciation		5				0	0	0	0	0	0	
Straight Line Depr.		10		2942		2001	495	354	397	295	458	
Accum. Depreciation					22361	15205	3763	2694	3020	2244	3484	
Current Cost	0					0	0	0	0	0	0	
Book Depreciation		7				0	0	0	0	0	0	
Straight Line Depr.		10				0	0	0	0	0	0	
Accum. Depreciation						0	0	0	0	0	0	
Fully Depreciated Cost	215102					215102	53238	38116	42719	31749	49280	
Book Depreciation						0	0	0	0	0	0	
Straight Line Depr.				1137		1137	281	201	226	168	260	
Accum. Depreciation					204784	204784	50684	36288	40670	30226	46916	
Total Moveable Equipment												
Current Cost	0					0	0	0	0	0	0	
Book Depreciation			0			0	0	0	0	0	0	
Straight Line Depr.				0		0	0	0	0	0	0	
Accum. Depreciation					0	0	0	0	0	0	0	
Prior Cost	24410					16599	4108	2941	3297	2450	3803	
Book Depreciation						0	0	0	0	0	0	
Straight Line Depr.				2942		2001	495	354	397	295	458	
Accum. Depreciation					22361	15205	3763	2694	3020	2244	3484	

Fully Depreciated Cost	215102		215102	53238	38116	42719	31749	49280
Book Depreciation			0	0	0	0	0	0
Straight Line Depr.		1137	1137	281	201	226	168	260
Accum. Depreciation			204784	50684	36288	40670	30226	46916

MADO Management LLP
 Allocation of Related Company Assets & Depreciation
 12/31/2013

	Cost	Life	Book Depreciation	SL Depreciation	Accum. Depreciation	Cost to Allocate	Agnes St. Agnes	Central Margaret Manor	Martha St. Martha	North Margaret Manor	Sacred Heart	Direct Allocation to St. Martha
Patient Days	226368						56032	40115	44956	33406	51859	
Percentage Total	100%						24.75%	17.72%	19.86%	14.76%	22.91%	100.00%
Automobiles												
Cost	302457					205671	50904	36445	40846	30357	47119	
Book Depreciation		3.5	11751			7991	1978	1416	1587	1179	1831	
Straight Line Depr.		5		35164		23912	5918	4237	4749	3529	5478	
Accum. Depreciation					293490	199573	49394	35364	39635	29457	45722	

Facility Name & ID Number Sacred Heart Home

0013334

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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

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 _____.

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: \$ 3,982 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

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Supplemental Schedule of Equipment Rental

Description	Amount
16A Ice Maching	1,464
16B Copier Maching	1,460
16C Copier Maching	1,058
16D	
16E	
16F	
16G	
16H	
16I	
16J	
16K	
16L	
16M	
16N	
16O	
16P	
16Q	
Total	<u><u>3,982</u></u>

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>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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

0013334

Report Period Beginning: 01/01/2013

Ending:

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 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 68,377	\$ 107,271	1
2	Cash-Patient Deposits	99	99	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,199,702	1,199,701	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,687	3,687	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,147,510	1,147,510	8
9	Other(specify): <u>See Attached Schedule</u>	90,705	90,705	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,510,080	\$ 2,548,973	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		15,865	13
14	Buildings, at Historical Cost		157,867	14
15	Leasehold Improvements, at Historical Cost	2,709,755	2,709,755	15
16	Equipment, at Historical Cost	702,608	717,608	16
17	Accumulated Depreciation (book methods)	(1,969,399)	(2,142,266)	17
18	Deferred Charges	5,055	5,055	18
19	Organization & Pre-Operating Costs		31,947	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,108)	(10,167)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>MADO Mngt LP</u>	3,154,716	11,369,353	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,598,627	\$ 12,855,017	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,108,707	\$ 15,403,990	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,050,034	\$ 1,057,534	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,350	10,350	28
29	Short-Term Notes Payable	610,800	610,800	29
30	Accrued Salaries Payable	17,927	17,927	30
31	Accrued Taxes Payable (excluding real estate taxes)	636	(914)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		7,203	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,689,747	\$ 1,702,900	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,297,304	6,847,000	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,297,304	\$ 6,847,000	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,987,051	\$ 8,549,900	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,121,656	\$ 6,854,090	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,108,707	\$ 15,403,990	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Facility Name & ID Number

Sacred Heart Home

0013334

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

Supplemental Schedule of Other Assets and Liabilities

Other Current Assets:	<u>Amount</u>	<u>Amount</u>	Other Current Liabilities:	<u>Amount</u>	<u>Amount</u>
09A Refund Transfer	(2,611)		29A		
09B Ex Account	92,682		29B N/P-BRIDGEVIEW	(610,800)	
09C Due From Employees	634				
09D					
09E					
09F					
09G					
	<u>90,705</u>	<u>0</u>		<u>(610,800)</u>	
Other Non-Current Assets:	<u>Amount</u>	<u>Amount</u>	Other Non-Current Liabilities:	<u>Amount</u>	<u>Amount</u>
23A			39A St. Marthas	(320,000)	
23B			39B Long-Term Care L.P.	(3,432,304)	
23C			39C Due from Various	(425,000)	
			39D Due from MAD0	(120,000)	
			39E		
23F			39F		
23G			39G		
	<u>0</u>	<u>0</u>		<u>(4,297,304)</u>	

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,810,396	1
2	Restatements (describe):		2
3			3
4	Equity adjustments	54,319	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,864,715	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(743,059)	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)	\$ (743,059)	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)	\$ 1,121,656	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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	\$ 6,059,535	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,059,535	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	9,832	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	114,171	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 124,003	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		12,684	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,684	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,196,222	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,060,500	31
32	Health Care	2,571,295	32
33	General Administration	1,648,334	33
B. Capital Expense			
34	Ownership	407,490	34
C. Ancillary Expense			
35	Special Cost Centers	28,125	35
36	Provider Participation Fee	223,537	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,939,281	40
41	Income before Income Taxes (line 30 minus line 40)**	(743,059)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (743,059)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,911,983	44
45	Private Pay - Net Inpatient Revenue	90,657	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Vet/Ins Revenue</u>	76,984	47
48	Other-(specify) <u>Prior Period</u>	(20,089)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,059,535	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

0013334

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
2	Assistant Director of Nursing				2
3	Registered Nurses	9,248	281,627	29.39	3
4	Licensed Practical Nurses	18,960	495,752	25.15	4
5	CNAs & Orderlies	57,923	701,053	11.31	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	3,701	66,095	16.60	9
10	Activity Assistants	20,908	232,106	10.23	10
11	Social Service Workers	19,497	324,435	15.59	11
12	Dietician	4,316	53,386	11.63	12
13	Food Service Supervisor				13
14	Head Cook				14
15	Cook Helpers/Assistants	19,282	226,044	10.50	15
16	Dishwashers				16
17	Maintenance Workers	14,569	183,989	11.68	17
18	Housekeepers	21,585	236,624	10.11	18
19	Laundry	9,106	101,418	10.05	19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative	1,765	23,876	11.86	22
23	Office Manager				23
24	Clerical				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) Security	32,670	376,369	10.74	33
34	TOTAL (lines 1 - 33)	233,530	\$ 3,302,774 *	\$ 13.15	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 6,000	09-03	36
37	Medical Records Consultant			37
38	Nurse Consultant	15 900	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	211 12,185	12-03	43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify) Outside labor -Dietar	2,852 52,017	01-03	46
47	Outside labor - Social Service	6,124 151,295	12-03	47
48				48
49	TOTAL (lines 35 - 48)	9,214 \$ 222,997		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5,657 \$ 209,339	10-03	50
51	Licensed Practical Nurses	8 272	10-03	51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	5,665 \$ 209,611		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
			\$	Workers' Compensation Insurance	\$ 50,188	IDPH License Fee	\$	
				Unemployment Compensation Insurance		Advertising: Employee Recruitment	1,125	
				FICA Taxes	343,955	Health Care Worker Background Check (Indicate # of checks performed _____)		
				Employee Health Insurance	105,706	Patient Background Checks	4,840	
				Employee Meals	51,201	Licenses, Dues & Fees	12,014	
				Illinois Municipal Retirement Fund (IMRF)*		Allocated from MADO Management		
				401K - Employer's	163	Donations	350	
				Other Employee Wellness Expense	5,472			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$			Less: Public Relations Expense	(350)	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
Management Fees - MADO Management			\$ 618,000					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 618,000					
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
Frost Ruttenberg	Accounting		\$ 5,371			\$	Out-of-State Travel	\$
Personnel Planners	Unemployment Consult.		2,289					5,674
Wolf & Company	Accounting		16,600				In-State Travel	
Life Safety Resources	Consultant		3,067					
Duane Morris	Legal		15,631				Seminar Expense	
	Data Processing		9,816				Institute for Brain Potential	79
							Cross Country Education	179
							SIR Management	350
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 52,774	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 6,282

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sacred Heart Home

0013334

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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. \$ 70 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. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 223,537
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? 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? Yes 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. \$ 51,201 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 1
 - 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?
 - 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: _____
- (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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.