

Facility Name & ID Number St Martha Manor

0023770 Report Period Beginning: 1/1/13 Ending: 12/31/13

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 _____

	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	<u>57</u>	Skilled (SNF)	<u>57</u>	<u>20,805</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>75</u>	Intermediate (ICF)	<u>75</u>	<u>27,375</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	132	TOTALS	132	48,180	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	<u>391</u>			<u>391</u>	8
9	SNF/PED					9
10	ICF	<u>44,565</u>			<u>44,565</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,956</u>			<u>44,956</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.31%

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

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

YES NO

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

Date started 11/1/1978

J. Was the facility purchased or leased after January 1, 1978?

YES Date 11/1/1978 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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	261,067	30,334	55,206	346,607		346,607		346,607		1
2	Food Purchase		384,612		384,612	(35,020)	349,592		349,592		2
3	Housekeeping	190,396	82,956		273,352		273,352		273,352		3
4	Laundry	77,472	35,191		112,663		112,663		112,663		4
5	Heat and Other Utilities			165,320	165,320		165,320	2,964	168,284		5
6	Maintenance	54,101		138,076	192,177		192,177	(30,468)	161,709		6
7	Other (specify):* Security	79,909			79,909		79,909		79,909		7
8	TOTAL General Services	662,945	533,093	358,602	1,554,640	(35,020)	1,519,620	(27,504)	1,492,116		8
	B. Health Care and Programs										
9	Medical Director			2,400	2,400		2,400		2,400		9
10	Nursing and Medical Records	1,396,780	178,430	569,668	2,144,878		2,144,878		2,144,878		10
10a	Therapy			714	714		714		714		10a
11	Activities	197,373	16,927	1,710	216,010		216,010		216,010		11
12	Social Services	150,801		135,778	286,579		286,579		286,579		12
13	CNA Training										13
14	Program Transportation			3,327	3,327		3,327		3,327		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,744,954	195,357	713,597	2,653,908		2,653,908		2,653,908		16
	C. General Administration										
17	Administrative			536,000	536,000		536,000	(402,752)	133,248		17
18	Directors Fees										18
19	Professional Services			76,191	76,191		76,191	(46,683)	29,508		19
20	Dues, Fees, Subscriptions & Promotions			11,456	11,456		11,456	(621)	10,835		20
21	Clerical & General Office Expenses	29,502	20,465	139,664	189,631		189,631	56,402	246,033		21
22	Employee Benefits & Payroll Taxes			421,065	421,065	35,020	456,085		456,085		22
23	Inservice Training & Education										23
24	Travel and Seminar			330	330		330		330		24
25	Other Admin. Staff Transportation							9,313	9,313		25
26	Insurance-Prop.Liab.Malpractice			163,451	163,451		163,451		163,451		26
27	Other (specify):*							54,263	54,263		27
28	TOTAL General Administration	29,502	20,465	1,348,157	1,398,124	35,020	1,433,144	(330,078)	1,103,066		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,437,401	748,915	2,420,356	5,606,672		5,606,672	(357,582)	5,249,090		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.

St. Martha Manor
23770
Cost Report Reclassifications
01/01/13
12/31/13

Schedule V
Line #

22	Employee Benefits	<u>35,020</u>	
2	Food		<u>35,020</u>

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

Facility Name & ID Number

St Martha Manor

#0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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			35,633	35,633		35,633	36,588	72,221			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			11,325	11,325		11,325	33,535	44,860			32
33	Real Estate Taxes			134,410	134,410		134,410	6,873	141,283			33
34	Rent-Facility & Grounds			165,000	165,000		165,000	(165,000)				34
35	Rent-Equipment & Vehicles			4,676	4,676		4,676		4,676			35
36	Other (specify):*											36
37	TOTAL Ownership			351,044	351,044		351,044	(88,004)	263,040			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops			1,130	1,130		1,130		1,130			40
41	Coffee and Gift Shops		9,446		9,446		9,446		9,446			41
42	Provider Participation Fee			350,166	350,166		350,166		350,166			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		9,446	351,296	360,742		360,742		360,742			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,437,401	758,361	3,122,696	6,318,458		6,318,458	(445,586)	5,872,872			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 St Martha Manor

0023770

Report Period Beginning: 1/1/13

Ending: 12/31/13

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	32,929	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				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	(65,649)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(860)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(217)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(246,919)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (280,716)		\$	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)	(164,870)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (170,113)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (450,829)		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

St Martha Manor

ID# 0023770

Report Period Beginning: 1/1/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Misc Income (Soda/Cigs)	\$ (9,446)	21	1
2	Bank Charges	(6,134)	21	2
3	Non-allowable interest	(7,048)	32	3
4	4621 - Management	(130,000)	17	4
5	4621 - Bank Charges	(35)	21	5
6	4621 - Licenses	(1,795)	20	6
7	4621 - Legal	(879)	19	7
8	4621 - Amortization	(1,732)	36	8
9	Non Allowable Legal	(54,317)	19	9
10	Capitalized R&M	(3,664)	6	10
11	Non Allowable R&M	(28,869)	6	11
12	Donations	(3,000)	21	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		(246,919)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number St Martha Manor# 0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	2,964	0	0	0	0	0	0	0	0	2,964	5
6	Maintenance	(32,533)	0	2,065	0	0	0	0	0	0	0	0	(30,468)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(32,533)	0	5,029	0	(27,504)	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	(130,000)	130,000	(402,752)	0	0	0	0	0	0	0	0	(402,752)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(55,196)	879	7,634	0	0	0	0	0	0	0	0	(46,683)	19
20	Fees, Subscriptions & Promotions	(2,655)	1,795	239	0	0	0	0	0	0	0	0	(621)	20
21	Clerical & General Office Expenses	(84,481)	35	140,848	0	0	0	0	0	0	0	0	56,402	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	9,313	0	0	0	0	0	0	0	0	9,313	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	54,263	0	0	0	0	0	0	0	0	54,263	27
28	TOTAL General Administration	(272,332)	132,709	(190,455)	0	(330,078)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(304,865)	132,709	(185,426)	0	(357,582)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number St Martha Manor# 0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	32,929	509	3,150	0	0	0	0	0	0	0	0	36,588	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,048)	35,293	5,290	0	0	0	0	0	0	0	0	33,535	32
33	Real Estate Taxes	0	0	6,873	0	0	0	0	0	0	0	0	6,873	33
34	Rent-Facility & Grounds	0	(165,000)	0	0	0	0	0	0	0	0	0	(165,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(1,732)	1,732	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	24,149	(127,466)	15,313	0	(88,004)	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	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(280,716)	5,243	(170,113)	0	0	0	0	0	0	0	0	(445,586)	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	Margaret Manor, Inc.	Chicago	4621 Property LLC	Chicago	Real Estate Holding
		Margaret Manor North	Chicago	Windy City Nursing	Chicago	Outside labor for:
		Sacred Heart Home	Chicago	Windy City Nursing	Chicago	Nursing & Dietary
		St. Agnes Manor, Inc.	Chicago	Mado Management	Chicago	Bookkeeping/Manag

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 165,000	4621 Property LLC	100.00%	\$	\$ (165,000)	1
2	V	30 Depreciation Expense		4621 Property LLC	100.00%	509	509	2
3	V	17 Management Fee		4621 Property LLC	100.00%	130,000	130,000	3
4	V	20 Licenses, Dues, and Fees		4621 Property LLC	100.00%	1,795	1,795	4
5	V	32 Interest Expense		4621 Property LLC	100.00%	35,293	35,293	5
6	V	36 Loan Cost Amortization		4621 Property LLC	100.00%	1,732	1,732	6
7	V	19 Professional Fees		4621 Property LLC	100.00%	879	879	7
8	V	21 Bank Charges		4621 Property LLC	100.00%	35	35	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 165,000			\$ 170,243	\$ * 5,243	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	5 Utilities	\$	Mado Management	100.00%	\$ 2,964	\$ 2,964
16	V	6 Repairs & Maint		Mado Management	100.00%	2,065	2,065
17	V	17 Administrative		Mado Management	100.00%	0	
18	V	19 Professional Fees		Mado Management	100.00%	7,634	7,634
19	V	20 Dues and Subscriptions		Mado Management	100.00%	239	239
20	V	21 Clerical and General		Mado Management	100.00%	140,848	140,848
21	V	25 Auto Expense		Mado Management	100.00%	9,313	9,313
22	V	26 Property Insurance		Mado Management	100.00%	0	
23	V	27 Gen. Admin - Emp Benefits		Mado Management	100.00%	27,353	27,353
24	V	30 Depreciation		Mado Management	100.00%	3,150	3,150
25	V	32 Interest		Mado Management	100.00%	5,290	5,290
26	V	33 Real Estate Taxes		Mado Management	100.00%	3,436	3,436
27	V						
28	V	17 Management Fees	536,000	Mado Management	100.00%		(536,000)
29	V						
30	V	17 Salary - P. O'Brien		Mado Management	100.00%	35,748	35,748
31	V	27 Emp Benefits - P. O'Brien		Mado Management	100.00%	5,956	5,956
32	V						
33	V	17 Administrative Salary		Mado Management	100.00%	97,500	97,500
34	V	27 Gen Admin - Emp Benefits		Mado Management	100.00%	20,954	20,954
35	V	33 Real Estate Taxes		Mado Management	100.00%	3,437	3,437
36	V						
37	V						
38	V						
39	Total		\$ 536,000			\$ 365,887	\$ * (170,113)

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

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning: 1/1/13

Ending: 12/31/13

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	\$ 564,354	Windy City Nursing	100.00%	\$ 564,354	\$	15
16	V	17 Adminstrative	51,567	Windy City Nursing	100.00%	51,567		16
17	V	12 Social Service	129,756	Windy City Nursing	100.00%	129,756		17
18	V	01 Dietary	55,206	Windy City Nursing	100.00%	55,206		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		\$ 800,883			\$ 800,883	\$ *	39

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

Facility Name & ID Number St Martha Manor # 0023770 Report Period Beginning: 1/1/13 Ending: 12/31/13

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	9.1	19.86	Alloc Salary	\$ 35,748	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	\$ 35,748		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

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 St Martha Manor

0023770 Report Period Beginning: 1/1/13

Ending: 12/31/13

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 Management
 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	\$ 44,956	\$ 2,964	1
2	6	Repairs & Maint	Patient Days	226,409	5	10,399	44,956	2,065	2
3	17	Administrative	Patient Days	226,409	5		44,956	0	3
4	19	Professional Fees	Patient Days	226,409	5	38,446	44,956	7,634	4
5	20	Dues and Subscriptions	Patient Days	226,409	5	1,203	44,956	239	5
6	21	Clerical and General	Patient Days	226,409	5	709,342	647,415	140,848	6
7	25	Auto Expense	Patient Days	226,409	5	46,904	44,956	9,313	7
8	26	Property Insurance	Patient Days	226,409	5		44,956	0	8
9	27	Gen Admin - Emp Benefits	Patient Days	226,409	5	137,755	44,956	27,353	9
10	30	Depreciation	Patient Days	226,409	5	15,864	44,956	3,150	10
11	32	Interest	Patient Days	226,409	5	26,640	44,956	5,290	11
12	33	Real Estate Taxes	Patient Days	226,409	5	17,306	44,956	3,436	12
13									13
14	17	Salary - P. O'Brien	Ave. Hours Worked	46	5	180,000	180,000	35,748	14
15	27	Emp Benefits - P. O'Brien	Ave. Hours Worked	46	5	30,107	9	5,956	15
16									16
17	17	Administrative Salary	Direct Allocation	5	5	97,500	97,500	97,500	17
18	27	Gen Admin - Emp Benefits	Direct Allocation	5	5	20,954	5	20,954	18
19	33	Real Estate Taxes	Direct Allocation	1	1	3,437	1	3,437	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,350,786	\$ 924,915	\$ 365,887	25

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending: 12/31/13

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 Windy City Nursing
 Street Address 1541 N. Wells St.
 City / State / Zip Code Chicago, IL 60610
 Phone Number (312-787-9400
 Fax Number (312-787-9434

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	10	Nursing	Direct Allocation	1	1	\$ 564,354	\$ 564,354	1	\$ 564,354	1
2	17	Administrative	Direct Allocation	1	1	51,567	51,567	1	51,567	2
3	12	Social Service	Direct Allocation	1	1	129,756	129,756	1	129,756	3
4	1	Dietary	Direct Allocation	1	1	55,206	55,206	1	55,206	4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 800,883	\$ 800,883		\$ 800,883	25

Facility Name & ID Number

St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	4621 Corporation	X		Mortgage			\$	\$ 560,532			\$ 35,293					
2																
3																
4																
5																
Working Capital																
6	Bridgeview Bank		X					1,543,750			3,444					
7	Allocated from related entity	X									833					
8	Allocated MADO Mgmt	X									5,290					
9	TOTAL Facility Related						\$	\$ 2,104,282			\$ 44,860					
B. Non-Facility Related*																
10																
11																
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$					
15	TOTALS (line 9+line14)						\$	\$ 2,104,282			\$ 44,860					

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

* 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.		\$	115,758		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.)		\$	114,645		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,113)		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	128,135		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.		\$	127,022		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	99,061	8	FOR BHF USE ONLY	
	2009	96,186	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ 13
	2010	100,511	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2011	100,085	11	15	LESS REFUND FROM LINE 6 \$ 15
	2012	111,208	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
Beginning accrual adjusted					
Allocated from Mado Management = \$3,437					
2013 Accrual = \$112,399 x 1.14 = \$128,135					

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 St Martha Manor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0023770

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>14-17-207-006</u>	_____	\$ 84,114.50	\$ 84,114.50
2. <u>14-17-207-012</u>	_____	\$ 1,195.62	\$ 1,195.62
3. <u>14-17-207-013</u>	_____	\$ 7,458.41	\$ 7,458.41
4. <u>14-17-207-014</u>	<u>4616 North Clifton (30%)</u>	\$ 4,639.49	\$ 4,639.49
5. <u>40-17-207-019</u>	_____	\$ 13,799.56	\$ 13,799.56
6. <u>17-04-204-012</u>	<u>Home Office</u>	\$ 25,450.20	\$ 3,436.95
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ 136,657.78	\$ 114,644.53

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 St Martha Manor

0023770 Report Period Beginning:

1/1/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 35,364 B. General Construction Type: Exterior Frame Fire Retardant Number of Stories 4

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>	<u>12,868</u>	<u>1984</u>	<u>\$ 70,700</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	12,868		\$ 70,700	3

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	132	1984	1975	\$ 1,494,824	\$	35	\$	\$	\$ 1,494,824	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various		1978	541					541	9
10	Various		1979	38,105					38,105	10
11	Various		1981	22,244					22,244	11
12	Various		1982	12,527					12,527	12
13	Various		1983	5,530					5,530	13
14	Various		1984	25,958					25,958	14
15	Various		1985	10,641					10,641	15
16	Various		1986	13,635			682	682	10,115	16
17	Various		1987	65,231					65,231	17
18	Various		1988	30,395			840	840	30,395	18
19	Various		1990	115,949			283	283	115,949	19
20	Various		1991	10,000			500	500	10,000	20
21	Various		1992	22,069					22,069	21
22	Various		1993	18,217					18,217	22
23	Various		1994	12,220			611	611	12,220	23
24	Various		1995	109,219			5,355	5,355	106,714	24
25	Various		1996	28,361			1,418	1,418	25,244	25
26	Various		1997	69,848			3,227	3,227	58,729	26
27	Various		1998	56,951			2,848	2,848	44,190	27
28	Various		1999	93,038			4,652	4,652	67,721	28
29	Various		2000	84,672			4,234	4,234	57,042	29
30	Various		2001	72,394			3,620	3,620	45,612	30
31	Various		2002	121,688			770	770	121,688	31
32	Various		2003	57,379			2,869	2,869	30,116	32
33	Various		2004	89,609			7,762	7,762	75,106	33
34	Various		2005	31,058			2,520	2,520	21,489	34
35	Various		2006	23,468			2,106	2,106	15,653	35
36	Various		2007	10,166			508	508	3,231	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

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	
37		2008	\$ 18,781	\$	20	\$ 939	\$ 939	\$ 5,279	37
38	Replace Fire Doors	2009	3,772		20	189	189	833	38
39	Electrical Work In The Courtyard	2009	7,185		20	359	359	1,646	39
40	Electric Lock For Pedestrian Gate	2009	2,584		20	129	129	592	40
41	Brick Patio & Retaining Wall	2009	4,100		20	205	205	940	41
42	Repairs To Air Conditioning System	2009	2,685		20	134	134	582	42
43	Condensing Motor Fan	2009	4,433		20	222	222	998	43
44	Fire Alarm Wiring	2009	3,453		20	173	173	835	44
45	Therapy - Whirlpool Tub	2010	8,437		20	422	422	1,371	45
46	Furnish & Install Water Heater	2010	9,735		20	487	487	1,947	46
47	Sprinkler Heads	2010	4,769		20	238	238	874	47
48	Electrical Work - Elevator	2010	16,786		20	839	839	3,007	48
49	Electrical Work	2010	9,935		20	497	497	1,697	49
50	Cold Water Pressure Pump	2011	3,785		20	189	189	441	50
51	Fire Escape Improvement Per Idph Requirement	2011	17,595		20	880	880	2,566	51
52	Replaced Burned Wire, Filters For Two Compressors	2011	3,665		20	183	183	473	52
53	20 Ton Semi-Hermetic Reciprocating Compressor	2012	13,730		20	687	687	916	53
54	Bathroom Renovation (Ceiling, Electrical, Plumbing, Drywall, Flo	2012	8,570		20	429	429	465	54
55	Install New Dampers	2012	3,370		20	169	169	183	55
56	Sealed Wall Cracks; Rebuilt Damage Part Wall	2012	3,850		20	193	193	386	56
57	Installed New Valve And Drained Line	2012	4,654		20	233	233	466	57
58	Fire Sprinkler Repairs	2012	5,859		20	293	293	586	58
59	Fire Alarm Repairs	2012	3,762		20	188	188	376	59
60	Furnished And Installed Heating Elements For Water Heater Boo	2012	2,663		20	133	133	266	60
61	Replaced Armaflex Insulation	2012	3,546		20	177	177	354	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,917,641	\$		\$ 53,392	\$ 53,392	\$ 2,595,180	70

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

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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								
2		\$ 2,917,641	\$		\$ 53,392	\$ 53,392	\$ 2,595,180		1
3	Bathroom Renovation	2013	31,539		67	67	34		3
4	Asphalt Resurface	2013	12,500		8	391	391	391	4
5	Repaired South Passenger Elevator	2013	4,021		20	134	134	134	5
6	Repaired Mop Sink	2013	2,500		20	10	10	10	6
7	Install New 50 HP 230 Volt Pump Motor	2013	3,039		15	17	17	17	7
8	Excavated 25 Feet for Washing machine Line	2013	4,300		25	57	57	57	8
9	Repaired Fire Alarm System	2013	2,509		10	251	251	251	9
10									10
11									11
12									12
13									13
14	Financial Statement Depreciation			32,930			(32,930)		14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,978,049	\$ 32,930		\$ 54,319	\$ 21,389	\$ 2,596,074	34

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

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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 12B, Carried Forward		\$ 2,978,049	\$ 32,930		\$ 54,319	\$ 21,389	\$ 2,596,074	1
2	Related Party								2
3	Buildings								3
4	Allocated from Mado Management	1988	41,165	1,503	35	1,176	(327)	21,575	4
5	Direct Allocation from Mado	1985	21,630		35	618	618	11,124	5
6	Direct Allocation from Mado	2009	6,540		35	187	187	757	6
7									7
8	Leasehold Improvements								8
9	Allocated from Mado Management	1995	955		20	48	48	901	9
10	Allocated from Mado Management	1993	15,680	417	20	784	367	16,321	10
11	Allocated from Mado Management	2000	2,345		20	117	117	1,585	11
12	Allocated from Mado Management	2001	1,016		20	51	51	658	12
13	Allocated from Mado Management	2002	1,598		20	77	77	1,587	13
14	Allocated from Mado Management	2004	450	5	20	23	18	213	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)		\$ 3,069,428	\$ 34,855		\$ 57,400	\$ 22,545	\$ 2,650,795	34

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

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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 12G, Carried Forward		\$ 3,069,428	\$ 34,855		\$ 57,400	\$ 22,545	\$ 2,650,795	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,069,428	\$ 34,855		\$ 57,400	\$ 22,545	\$ 2,650,795	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	\$ 99,431	\$ 83	\$ 5,100	\$ 5,017	10	\$ 85,633	71
72	Current Year Purchases	20,715		1,945	1,945	var	1,945	72
73	Fully Depreciated Assets	260,977		260	260	10	258,916	73
74								74
75	TOTALS	\$ 381,123	\$ 83	\$ 7,305	\$ 7,222		\$ 346,494	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		Allocated from MAD0 Managem	2010	\$ 40,846	\$ 1,587	\$ 4,749	\$ 3,162	5	\$ 40,342	76
77										77
78										78
79										79
80	TOTALS			\$ 40,846	\$ 1,587	\$ 4,749	\$ 3,162		\$ 40,342	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,562,097	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 36,525	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 69,454	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 32,929	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,037,631	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	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.

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	

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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: \$ 4,771 Description: Ice Machine= \$1,166, Vending=\$777, Copier=\$2,561, Copier =\$266
 (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.

Facility Name & ID Number St Martha Manor # 0023770 Report Period Beginning: 1/1/13 Ending: 12/31/13
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)		Total Units (Column 2 + 4)		Total Cost (Col. 3 + 5 + 6)					
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist		hrs	\$		\$		\$								1
2	Licensed Speech and Language Development Therapist		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.

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning: 1/1/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	\$ 81,271	\$ 88,794	1
2	Cash-Patient Deposits	101	101	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 6,653)	771,392	771,392	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,098	2,098	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,082,695	1,132,695	8
9	Other(specify): See schedule	12,706	12,706	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,950,263	\$ 2,007,786	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		70,700	13
14	Buildings, at Historical Cost		1,494,824	14
15	Leasehold Improvements, at Historical Cost	998,189	1,013,449	15
16	Equipment, at Historical Cost	430,995	430,995	16
17	Accumulated Depreciation (book methods)	(1,112,636)	(2,617,379)	17
18	Deferred Charges	22,248	29,175	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(21,556)	(27,184)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See schedule	3,465,892	3,829,943	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,783,132	\$ 4,224,523	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,733,395	\$ 6,232,309	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,291,641	\$ 1,291,641	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,647	2,647	28
29	Short-Term Notes Payable	1,543,750	1,543,750	29
30	Accrued Salaries Payable	14,822	14,822	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	128,135	128,135	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Due to related Party</u>	2,062,490	2,062,490	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,043,485	\$ 5,043,485	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		560,532	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)	\$	\$ 560,532	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,043,485	\$ 5,604,017	46
47	TOTAL EQUITY(page 18, line 24)	\$ 689,910	\$ 628,292	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,733,395	\$ 6,232,309	48

*(See instructions.)

Facility Name & ID Number

St. Martha Manor

0023770

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		3,013	3,013	09A			
09B Ex Account		9,032	9,032	09B			
09C Due From Employees		661	661	09C			
				09D			
				09E			
				09F			
				09G			
		<u>12,706</u>	<u>12,706</u>				
Other Non-Current Assets:		<u>Amount</u>	<u>Amount</u>	Other Non-Current Liabilities:		<u>Amount</u>	<u>Amount</u>
23A St. Agnes		1,093,000	1,093,000	23A			
23B Mado Mgmt. L.P.		2,224,792	2,224,792	23B			
23C Goodwill		3,100	3,100	23C			
23D Sacred Heart		320,000	320,000	23D			
23E Due to/from DOB			-4,473	23E			
23F Bridgeview Bank Excrow			33,794	23F			
23G Due to/from Leasee			2,062,490				
23H Due to/from MADO			-1,727,760	23G			
23I 940 Cullom		-25,000	-25,000				
23J Margaret Manor		-50,000	-50,000				
23K N/P-Signature Bank/Mado		-100,000	-100,000				
		<u>3,465,892</u>	<u>3,829,943</u>				

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,440,097	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,440,097	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(750,187)	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)	\$ (750,187)	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)	\$ 689,910	24 *

* This must agree with page 17, line 47.

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	\$ 5,565,411	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,565,411	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	3,610	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		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)	\$ 3,610	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	<u>Misc Income</u>	2,626	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,626	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,571,647	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,519,620	31
32	Health Care	2,651,630	32
33	General Administration	1,438,798	33
B. Capital Expense			
34	Ownership	351,044	34
C. Ancillary Expense			
35	Special Cost Centers	10,576	35
36	Provider Participation Fee	350,166	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,321,834	40
41	Income before Income Taxes (line 30 minus line 40)**	(750,187)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (750,187)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,565,411	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,565,411	49

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

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

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

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

Facility Name & ID Number **St Martha Manor**

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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	5,885	176,385	29.11	3
4	Licensed Practical Nurses	19,686	521,029	24.75	4
5	CNAs & Orderlies	59,317	690,353	10.67	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	1,887	25,143	12.12	9
10	Activity Assistants	16,756	172,230	9.72	10
11	Social Service Workers	12,763	150,801	10.86	11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook	5,082	49,813	9.44	14
15	Cook Helpers/Assistants	20,647	211,253	9.73	15
16	Dishwashers				16
17	Maintenance Workers	3,799	54,101	13.55	17
18	Housekeepers	18,900	190,396	9.47	18
19	Laundry	8,552	77,472	8.90	19
20	Administrator				20
21	Assistant Administrator				21
22	Other Administrative				22
23	Office Manager	1,933	29,502	14.10	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	760	9,013	10.76	31
32	Other Health Care(specify)				32
33	Other(specify) <u>Security</u>	6,754	79,909	10.67	33
34	TOTAL (lines 1 - 33)	182,721	\$ 2,437,400 *	\$ 12.45	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	3,076	\$ 55,206	1-03	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	12	600	10-03	39
40	Physical Therapy Consultant	11	714	10a-03	40
41	Occupational Therapy Consultant	1	68	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	34	1,642	11-03	44
45	Social Service Consultant	7,540	135,648	12-03	45
46	Other(specify) <u>DON/ADON</u>	4,392	159,646		46
47	<u>Admin</u>	2,077	51,567		47
48	<u>Improvement</u>	1,975	21,466		48
49	TOTAL (lines 35 - 48)	19,116	\$ 426,556		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,305	\$ 71,701	10-03	50
51	Licensed Practical Nurses	11,441	337,721	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	13,746	\$ 409,422		53

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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number St Martha Manor

0023770

Report Period Beginning:

1/1/13

Ending:

12/31/13

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. _____
- (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? _____
- (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? _____
- (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. \$ 24,017 Line 10-02
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 350,166
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? N/A
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 35,020 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (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
- d. Have vehicle usage logs been maintained? No
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- 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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.