

Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/13 Ending: 06/30/14

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	88	Skilled (SNF)	88	32,120	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,650	3
4		Intermediate/DD			4
5	43	Sheltered Care (SC)	43	15,695	5
6		ICF/DD 16 or Less			6
7	141	TOTALS	141	51,465	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,996	21,599	2,904	29,499	8
9	SNF/PED					9
10	ICF		2,372		2,372	10
11	ICF/DD					11
12	SC		6,755		6,755	12
13	DD 16 OR LESS					13
14	TOTALS	4,996	30,726	2,904	38,626	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.05%

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)

Outpatient Therapy

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

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

YES NO

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

Date started 11/27/96

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

YES Date 11/27/96 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 88 and days of care provided 2,904

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/14 Fiscal Year: 06/30/14

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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/13 Ending: 06/30/14

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	830,328	153,981	449,273	1,433,582	1,433,582	(661,815)	771,767			1
2	Food Purchase		705,226		705,226	705,226	(359,716)	345,510			2
3	Housekeeping	449,191	76,333		525,524	525,524	(266,353)	259,171			3
4	Laundry	77,256	52,759		130,015	130,015	(54,571)	75,444			4
5	Heat and Other Utilities			545,759	545,759	545,759	(402,466)	143,293			5
6	Maintenance	423,318	120,163	687,932	1,231,413	1,231,413	(826,790)	404,623			6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	1,780,093	1,108,462	1,682,964	4,571,519	4,571,519	(2,571,712)	1,999,807			8
	B. Health Care and Programs										
9	Medical Director			21,600	21,600	21,600		21,600			9
10	Nursing and Medical Records	3,442,096	218,506	67,208	3,727,810	3,727,810	(45,029)	3,682,781			10
10a	Therapy	73,279	3,517	71,023	147,819	147,819	(70,805)	77,014			10a
11	Activities	210,308	26,320	1,178	237,806	237,806	(79,447)	158,359			11
12	Social Services	206,775	9,539	25,833	242,147	242,147	(138,112)	104,035			12
13	CNA Training										13
14	Program Transportation	31,455		1,012	32,467	32,467	(19,626)	12,841			14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	3,963,913	257,882	187,854	4,409,649	4,409,649	(353,019)	4,056,630			16
	C. General Administration										
17	Administrative	251,163		1,210,375	1,461,538	1,461,538	(861,532)	600,006			17
18	Directors Fees										18
19	Professional Services			60,452	60,452	60,452	(41,117)	19,335			19
20	Dues, Fees, Subscriptions & Promotions			58,957	58,957	58,957	(30,912)	28,045			20
21	Clerical & General Office Expenses	450,716	54,385	92,549	597,650	597,650	(340,461)	257,189			21
22	Employee Benefits & Payroll Taxes			1,587,655	1,587,655	1,587,655		1,587,655			22
23	Inservice Training & Education			1,093	1,093	1,093	(661)	432			23
24	Travel and Seminar			3,378	3,378	3,378	(3,212)	166			24
25	Other Admin. Staff Transportation			1,992	1,992	1,992	(1,204)	788			25
26	Insurance-Prop.Liab.Malpractice			171,019	171,019	171,019	(82,634)	88,385			26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	701,879	54,385	3,187,470	3,943,734	3,943,734	(1,361,731)	2,582,003			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,445,885	1,420,729	5,058,288	12,924,902	12,924,902	(4,286,463)	8,638,439			29

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

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

Facility Name & ID Number Addolorata Villa

#0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,311,196	1,311,196		1,311,196	(892,417)	418,779			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,027,032	1,027,032		1,027,032	(808,577)	218,455			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			34,211	34,211		34,211	(20,681)	13,530			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			2,372,439	2,372,439		2,372,439	(1,721,674)	650,765			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		139,374	448,445	587,819		587,819		587,819			39
40	Barber and Beauty Shops		715	78,040	78,755		78,755	(78,755)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			232,387	232,387		232,387		232,387			42
43	Other (specify):* See Supplemental	990,624	143,679	285,275	1,419,578		1,419,578	(1,419,578)				43
44	TOTAL Special Cost Centers	990,624	283,768	1,044,147	2,318,539		2,318,539	(1,498,333)	820,206			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,436,509	1,704,497	8,474,874	17,615,880		17,615,880	(7,506,470)	10,109,410			45

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

**Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Assisted Living	700,890	39,130	158,032
Independent Living	27,666	25,897	-
Marketing	203,656	48,959	123,328
Fundraising	58,411	28,160	3,915
Volunteers		1,533	-
Total	990,624	143,679	285,275

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	(54,237)	02		4
5	Telephone, TV & Radio in Resident Rooms	(60,039)	21		5
6	Rented Facility Space	(3,500)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(5,745)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(475)	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	(16,613)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(6,962,750)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (7,103,359)		\$	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)	(403,111)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (403,111)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (7,506,470)		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

Addolorata Villa

ID# 0045443

Report Period Beginning: 07/01/13

Ending: 06/30/14

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Deli / Snack Shop Revenue	\$ (8,853)	02	1
2	Beauty Shop Revenue (To Extent of Expense)	(78,755)	40	2
3	Maintenance Revenue	(55)	06	3
4	Housekeeping Revenue	(3,215)	03	4
5	Activity Revenue	(7,235)	11	5
6	Medical Records	(429)	21	6
7	Gift Certificate	(160)	21	7
8	Rebates and Refunds	(1,959)	21	8
9	Dietary	(341)	02	9
10	Cable	(97,110)	05	10
11	Senior Fit	(70,805)	10A	11
12	Mission Integration	(73,330)	12	12
13	Professional Fees	(23,040)	19	13
14	Dues and Subscriptions	(4,217)	20	14
15	Office	(4,286)	21	15
16	Bank Fees	(1,651)	21	16
17	Entertainment and Gifts	(14,872)	21	17
18	Seminars	(2,958)	24	18
19	Other Non-Allowable Expenses (Detailed Line 43)	(1,419,578)	43	19
20	Fixed Assets Expensed < \$2,500 (NH Only)	1,847	06	20
21				21
22				22
23				23
24				24
25	Dietary - Indirect Allocation	(661,815)	01	25
26	Food Purchases - Indirect Allocation	(296,285)	02	26
27	Housekeeping - Indirect Allocation	(263,138)	03	27
28	Laundry - Indirect Allocation	(54,571)	04	28
29	Heat and Other Utilities - Indirect Allocation	(305,356)	05	29
30	Maintenance - Indirect Allocation	(825,082)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(45,029)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(72,212)	11	34
35	Social Services - Indirect Allocation	(64,782)	12	35
36	Program Transportation - Indirect Allocation	(19,626)	14	36
37	Administrative - Indirect Allocation	(458,421)	17	37
38	Professional Fees - Indirect Allocation	(18,077)	19	38
39	Dues and Subscriptions - Indirect Allocation	(26,220)	20	39
40	Clerical & General Office - Indirect Allocation	(240,452)	21	40
41	Inservice Training and Education - Indirect Alloc	(661)	23	41
42	Travel and Seminar - Indirect Allocation	(254)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(1,204)	25	43
44	Insurance - Indirect Allocation	(82,634)	26	44
45	Depreciation - Indirect Allocation	(892,417)	30	45
46	Interest - Indirect Allocation	(802,832)	32	46
47	Rent - Facility and Grounds - Indirect Allocation	0	34	47
48	Rent - Equipment and Vehicles - Indirect Alloc	(20,681)	35	48
49	Total	(6,962,750)		49

**Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 5 Supplementary

Description	Cost Center	Total Salary	Total Expenses (Allowable)	Direct Nusing Home Salary	Direct Nursing Home Other Expenses	Expenses For Allocation	Allocation Method	Allocation Basis Nursing Home	Allocation Basis Total	Allocated Plus Direct		Allocated Plus Direct		Total Balanced	Nursing Home	
										Nursing Home Salary	Other Salary	Nursing Home Other Expenses	Other Expenses		Total	Other Total
Dietary	1	830,328	1,433,582	-	-	1,433,582	Meals Served	115,878	215,247	447,006	383,322	324,761	278,493	-	771,767	661,815
Food	2	-	641,795	-	-	641,795	Meals Served	115,878	215,247	-	-	345,510	296,285	-	345,510	296,285
Housekeeping	3	449,191	522,309	-	-	522,309	Square Feet (1)	932,582	1,879,442	222,889	226,302	36,281	36,837	-	259,171	263,138
Laundry	4	77,256	130,015	-	-	130,015	Patient Days (1)	38,626	66,566	44,829	32,427	30,614	22,145	-	75,444	54,571
Heat and Other Utilities	5	-	448,649	-	-	448,649	Square Feet	66,613	208,565	-	-	143,293	305,356	-	143,293	305,356
Maintenance	6	423,318	1,229,705	-	17,441	1,212,264	Square Feet	66,613	208,565	135,202	288,116	269,420	536,967	-	404,623	825,082
Other	7	-	-	-	-	-	Patient Days	38,626	97,665	-	-	-	-	-	-	-
Medical Director	9	-	21,600	-	21,600	-	Direct Staffing	3,209,465	3,650,523	-	-	21,600	-	-	21,600	-
Nursing and Medical Records	10	3,442,096	3,727,810	3,136,186	218,934	372,690	Direct Staffing	3,209,465	3,650,523	3,405,136	36,960	277,646	8,068	-	3,682,781	45,029
Therapy	10a	73,279	77,014	73,279	3,735	-	Direct Staffing	3,209,465	3,650,523	73,279	-	3,735	-	-	77,014	-
Activities	11	210,308	230,571	58,529	-	172,042	Patient Days (2)	38,626	66,566	146,601	63,707	11,758	8,505	-	158,359	72,212
Social Services	12	206,775	168,817	-	-	168,817	Patient Days (3)	38,626	62,678	127,427	79,348	(23,392)	(14,566)	-	104,035	64,782
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	31,455	32,467	-	-	32,467	Patient Days (4)	38,626	97,665	12,440	19,015	400	612	-	12,841	19,626
Other	15	-	-	-	-	-	Patient Days (4)	38,626	97,665	-	-	-	-	-	-	-
Administrative	17	251,163	1,058,427	109,676	-	948,751	Net Patient Revenue	9,229,983	17,859,294	182,799	68,364	417,208	390,056	-	600,006	458,421
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	37,412	-	-	37,412	Net Patient Revenue	9,229,983	17,859,294	-	-	19,335	18,077	-	19,335	18,077
Dues and Subscriptions	20	-	54,265	-	-	54,265	Net Patient Revenue	9,229,983	17,859,294	-	-	28,045	26,220	-	28,045	26,220
Office and Clerical	21	450,716	497,641	-	-	497,641	Net Patient Revenue	9,229,983	17,859,294	232,938	217,778	24,252	22,673	-	257,189	240,452
Employee Benefits	22	-	1,587,655	-	-	1,587,655	Allocated Salary	5,030,547	7,436,509	-	-	1,073,995	513,660	-	1,073,995	513,660
Inservice Training and Expense	23	-	1,093	-	-	1,093	Patient Days	38,626	97,665	-	-	432	661	-	432	661
Travel and Seminar	24	-	420	-	-	420	Patient Days	38,626	97,665	-	-	166	254	-	166	254
Other Staff Transportation	25	-	1,992	-	-	1,992	Patient Days	38,626	97,665	-	-	788	1,204	-	788	1,204
Insurance	26	-	171,019	-	-	171,019	Net Revenue	9,229,983	17,859,294	-	-	88,385	82,634	-	88,385	82,634
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	1,311,196	-	-	1,311,196	Square Feet	66,613	208,565	-	-	418,779	892,417	-	418,779	892,417
Amortization	31	-	-	-	-	-	Net Patient Revenue	9,229,983	17,859,294	-	-	-	-	-	-	-
Interest	32	-	1,021,287	-	-	1,021,287	Square Feet	38,626	180,578	-	-	218,455	802,832	-	218,455	802,832
Real Estate Taxes	33	-	-	-	-	-	Square Feet	3,209,465	3,351,417	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	-	-	-	-	Square Feet	3,209,465	3,351,417	-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	34,211	-	-	34,211	Patient Days	38,626	97,665	-	-	13,530	20,681	-	13,530	20,681
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	587,819	-	-	587,819	Direct	1	1	-	-	587,819	-	-	587,819	-
Barber and Beauty Shop	40	-	-	-	-	-	Direct	1	1	-	-	-	-	-	-	-
Coffee and Gift Shops	41	-	-	-	-	-	Direct	1	1	-	-	-	-	-	-	-
Provider Participation Fee	42	-	232,387	-	-	232,387	Direct	1	1	-	-	232,387	-	-	232,387	-
Other	43	990,624	-	-	-	-	Direct	-	1	-	990,624	-	(990,624)	-	-	-
		<u>7,436,509</u>	<u>15,261,158</u>	<u>3,377,670</u>	<u>261,710</u>	<u>11,621,778</u>				<u>5,030,547</u>	<u>2,405,962</u>	<u>4,565,203</u>	<u>3,259,446</u>	<u>-</u>	<u>9,595,750</u>	<u>5,665,408</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	(661,815)	0	0	0	0	0	0	0	0	0	0	(661,815)	1
2	Food Purchase	(359,716)	0	0	0	0	0	0	0	0	0	0	(359,716)	2
3	Housekeeping	(266,353)	0	0	0	0	0	0	0	0	0	0	(266,353)	3
4	Laundry	(54,571)	0	0	0	0	0	0	0	0	0	0	(54,571)	4
5	Heat and Other Utilities	(402,466)	0	0	0	0	0	0	0	0	0	0	(402,466)	5
6	Maintenance	(826,790)	0	0	0	0	0	0	0	0	0	0	(826,790)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,571,712)	0	0	0	0	0	0	0	0	0	0	(2,571,712)	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	(45,029)	0	0	0	0	0	0	0	0	0	0	(45,029)	10
10a	Therapy	(70,805)	0	0	0	0	0	0	0	0	0	0	(70,805)	10a
11	Activities	(79,447)	0	0	0	0	0	0	0	0	0	0	(79,447)	11
12	Social Services	(138,112)	0	0	0	0	0	0	0	0	0	0	(138,112)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(19,626)	0	0	0	0	0	0	0	0	0	0	(19,626)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(353,019)	0	0	0	0	0	0	0	0	0	0	(353,019)	16
	C. General Administration													
17	Administrative	(458,421)	(403,111)	0	0	0	0	0	0	0	0	0	(861,532)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(41,117)	0	0	0	0	0	0	0	0	0	0	(41,117)	19
20	Fees, Subscriptions & Promotions	(30,912)	0	0	0	0	0	0	0	0	0	0	(30,912)	20
21	Clerical & General Office Expenses	(340,461)	0	0	0	0	0	0	0	0	0	0	(340,461)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(661)	0	0	0	0	0	0	0	0	0	0	(661)	23
24	Travel and Seminar	(3,212)	0	0	0	0	0	0	0	0	0	0	(3,212)	24
25	Other Admin. Staff Transportation	(1,204)	0	0	0	0	0	0	0	0	0	0	(1,204)	25
26	Insurance-Prop.Liab.Malpractice	(82,634)	0	0	0	0	0	0	0	0	0	0	(82,634)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(958,620)	(403,111)	0	(1,361,731)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(3,883,352)	(403,111)	0	(4,286,463)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Addolorata Villa# 0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	(892,417)	0	0	0	0	0	0	0	0	0	0	(892,417) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(808,577)	0	0	0	0	0	0	0	0	0	0	(808,577) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(20,681)	0	0	0	0	0	0	0	0	0	0	(20,681) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(1,721,674)	0	0	0	0	0	0	0	0	0	0	(1,721,674) 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	(78,755)	0	0	0	0	0	0	0	0	0	0	(78,755) 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):*	(1,419,578)	0	0	0	0	0	0	0	0	0	0	(1,419,578) 43
44	TOTAL Special Cost Centers	(1,498,333)	0	0	0	0	0	0	0	0	0	0	(1,498,333) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(7,103,359)	(403,111)	0	(7,506,470) 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
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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	17 FSCSC Shared Expenses	\$ 1,210,375	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 807,264	\$	(403,111)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 1,210,375			\$ 807,264	\$ *	(403,111)	14

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

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	Franciscan Communities, Inc.	100%	St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters	Lemont, IL	Religious Cong.	1
2					of Chicago			2
3			The Village at Victory Lakes	Lindenhurst, IL				3
4	Board of Directors & Officers				Franciscan Sisters of			4
5			Addolorata Villa	Wheeling, IL	Chicago Serv Corp	Homewood, IL	Corp. Management	5
6	Sister M. Francis Clare Radke							6
7	Annette Shoemaker		Franciscan Village	Lemont, IL	St. James			7
8	Judy Amiano				Senior Estates	Crete, IL	Ind. Living	8
9	Sandra Singer		St. Anthony Home	Crown Point, IN				9
10	Ronald Tinsley				Marian Village	Homer Glen, IL	Ind. & Asst. Living	10
11	Tracy Shearer		University Place	West Lafayette, IN				11
12	Denise Boudreau				Franciscan			12
13			Mount Alverna Village	Parma, OH	Senior Estates	Louisville, KY	Ind. Living	13
14								14
15					Franciscan Comm.			15
16					Based Services	Michigan City, IN	Hm. Care / Hospice	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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/13 Ending: 06/30/14

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	Judy Amiano	Board Member	CEO	0.00%	See Supplemental	5.69	14.23%	Alloc. Salary	\$ 28,427	17 - 03	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	\$ 28,427		13

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

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending: 06/30/14

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization Franciscan Sisters of Chicago Serv Corp
 Street Address 1055 West 175th Street, Suite 202
 City / State / Zip Code Homewood, Illinois 60430
 Phone Number ()
 Fax Number ()

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	FSCSC Shared Expenses	Management Fees	8,515,708	13	\$ 6,474,687	\$ 3,777,432	1,210,375	\$ 920,276	1
2	17	FSCSC Shared Expenses	Health Insurance	9,478,129	13	(976,685)	0	1,096,716	(113,012)	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,498,002	\$ 3,777,432		\$ 807,264	25

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/13 Ending: 06/30/14

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	Amalgamated Bank		X	Facility Acquisition	Varies	06/01/07	\$ 18,090,000	\$ 18,072,000	05/01/37	5.50%	\$ 564,143	1				
2	Amalgamated Bank		X	Facility Acquisition	Varies	03/17/13	11,484,294	11,287,038	05/01/47	4.86%	352,341	2				
3	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	1,474,166	1,437,436	05/15/43	Variable	44,872	3				
4	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	2,162,593	2,103,908	05/15/43	Variable	65,676	4				
5												5				
Working Capital																
6												6				
7												7				
8												8				
9	TOTAL Facility Related						\$ 33,211,053	\$ 32,900,382			\$ 1,027,032	9				
B. Non-Facility Related*																
10	Interest Income										(5,745)	10				
11												11				
12	Allocation - IL / AL										(802,832)	12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$ (808,577)	14				
15	TOTALS (line 9+line14)						\$ 33,211,053	\$ 32,900,382			\$ 218,455	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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.)

** 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 2013 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. 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.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2009	8	
	2010	9	
	2011	10	
	2012	11	
	2013	12	
N/A - Addolorata Villa is exempt from real estate taxes.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13 Ending:

06/30/14

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Independent Living - 80,036 Square Feet (100 Units)

Assisted Living - 59,584 Square Feet (65 Units)

Outpatient Therapy - 2,332 Square Feet

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

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

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1996	\$ 644,128	1
2	Alloc - Covent			28,094	2
3	TOTALS			\$ 672,222	3

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	88				\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1996		5,181,017						9
10	Various		1997		571,578						10
11	Various		1998		179,798						11
12	Various		1999		301,948						12
13	Various		2000		2,510,370						13
14	Various		2001		81,111						14
15	Various		2002		118,623						15
16	Various		2003		50,998						16
17	Various		2004		534						17
18	Various		2005		22,055						18
19	Various		2006		59,090						19
20	Various		2007		194,257						20
21	Various		2008		19,504						21
22	Various		2009		22,823						22
23	Various		2010		69,766						23
24	Vinyl Flooring - HC 112		2011		2,150						24
25	Vinyl Flooring - Dining Room		2011		10,750						25
26	Over Bed Lighting		2011		15,184						26
27	Over Bed Lighting		2011		23,678						27
28	Elevators and Entranceway - 1st and 2nd Floors (TC = \$18,750)		2011		5,989						28
29	Dining Room (TC = \$10,750)		2011		3,433						29
30	Elevators and Bath (TC = \$2,850)		2011		910						30
31	Electric - Elevator Upgrade (TC = \$13,196)		2011		4,215						31
32	Replace and Install 4" Water Main (TC = \$42,213)		2011		13,482						32
33	Floor Preparation - Hallways (TC = \$5,350)		2011		1,709						33
34	East Chiller Replacement (TC = \$104,670)		2011		33,430						34
35	Fire Parts (TC = \$18,300)		2011		5,845						35
36	Fire Replacement Panels (TC = \$19,093)		2011		6,098						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Elevator Equipment Upgrade (TC = \$40,196)	2011	\$ 12,838	\$		\$	\$	\$	37
38 Walk In Freezer Cooler (TC = \$46,234)	2011	14,766						38
39 Elevator (TC = \$13,399)	2011	4,279						39
40 Counter Top, Sink and Cabinets (TC = \$37,181)	2012	11,875						40
41 Pipe Pilot Replacement (TC = \$29,913)	2012	9,554						41
42 Carpet - Chapel View (TC = \$15,127)	2012	4,831						42
43 Heat Pump (TC = \$9,204)	2012	2,940						43
44 Auto Door Openers (TC = \$23,240)	2012	7,423						44
45 Solid Surface Solid Transaction Top and Vinyl (TC = \$48,969)	2012	15,640						45
46 Tiling - 1st and 2nd Floors (TC = \$	2012	17,640						46
47 Tandus Poise For Carpeting - Corridors (TC = \$47,363)	2012	15,127						47
48 Window Treatments and Cubicle Curtains (TC = \$4,824)	2012	1,541						48
49 Cubicle Curtains (TC = \$36,477)	2012	36,477						49
50 Piping (TC = \$2,615)	2012	835						50
51 Gas Valve (TC = \$3,559)	2012	1,137						51
52 Main Support Posts on Pavillion (TC = \$8,501)	2013	2,715						52
53 Signs (TC = \$11,816)	2013	3,774						53
54 Doors - Basement and Cabernet (TC = \$6,500)	2013	2,076						54
55 Sprinkler Piping, Metal Framing, Piping (TC = \$124,879)	2013	39,885						55
56 Flooring and Final Base (TC = \$60,378)	2013	19,284						56
57 PCB Assemby Board (TC = \$6,139)	2013	1,961						57
58 Change Latching Flushbolts (TC = \$2,930)	2013	936						58
59 Temp Sensor - Boiler Room (TC = \$4,891)	2013	852						59
60 Boiler Repairs (TC = \$4,891)	2013	1,562						60
61 Shaft and Bearing Fans - Cooling Tower (TC = \$4,706)	2013	1,503						61
62 Glycol Leak Pumps and Heating Pumpts (TC = \$4,959)	2013	1,584						62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 9,743,380	\$		\$	\$	\$	70

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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		\$ 9,743,380	\$		\$	\$	\$	1
2	Current Year Additions FY 2013 - 2014								2
3	See CY FA Addition Schedule - Allocations and Locations								3
4									4
5	Roof Replacement - Admin., Chapel, Sheltered (TC = \$403,187)	2013	128,773						5
6	Painting - Gazebo (TC = \$5,500)	2013	1,757						6
7	Masonry - Admin, Chapel, and Sheltered (TC = \$95,060)	2014	30,361						7
8	Wall Panels - Kitchen (TC = \$10,867)	2013	3,471						8
9	Hot Water System and Heat Booster (TC = \$84,560)	2013	27,007						9
10	Plumbing and Piping - Kitchen (TC = \$17,462)	2013	5,577						10
11	Electrical for Chef Power Line - Kitchen (TC = \$3,468)	2013	1,108						11
12	Counters - Kitchen (TC = \$38,343)	2013	12,246						12
13	Rooftop and PTAC AC Units (TC = \$38,536)	2014	12,308						13
14	Audio and Sound System - Chapel (TC = \$22,234)	2014	7,101						14
15	Mixing Valves - Plumbing (TC = \$3,485)	2014	1,113						15
16	Design and Site Fees - LIMP Improvements (TC = \$5,791)	2014	2,302						16
17	Automated Access Door Devices - Entrance (TC = \$26,610)	2014	14,046						17
18	Elevator Upgrades - Electrical, Pumps, Etc. (TC = \$272,230)	2014	86,947						18
19	Annunciator Panel - Nurses Station (TC = \$2,689)	2014	1,556						19
20	Heat Pump - Admin, Chapel, Sheltered (TC = \$32,785)	2014	10,471						20
21	Smoke Detectors - Admin, Chapel, Sheltered (TC = \$23,619)	2013	7,544						21
22	Laundry Ejector Pump - Laundry Room (TC = \$10,069)	2013	10,069						22
23	Fire Alarm - Admin, Chapel, Sheltered (TC = \$9,998)	2014	3,193						23
24	Sprinkler System (TC = \$142,649)	2014	45,560						24
25									25
26	Current Year Disposals FY 2013 - 2014								26
27	See CY FA Disposal Schedule - Allocations and Locations								27
28									28
29	Various (TC = \$10,700)	1998	(3,417)						29
30	Various (TC = \$22,865)	2008	(7,303)						30
31	Various (TC = \$347)	2008	(111)						31
32	Various (TC = \$7,965)	2009	(2,544)						32
33	Financial Statement Depreciation			418,779		418,779		5,233,094	33
34	TOTAL (lines 1 thru 33)		\$ 10,142,515	\$ 418,779		\$ 418,779	\$	\$ 5,233,094	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	\$ 1,467,321	\$	\$	\$		\$	71
72	Current Year Purchases	58,077						72
73	Fully Depreciated Assets							73
74	Disposals	(1,299)						74
75	TOTALS	\$ 1,524,099	\$	\$	\$		\$	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	Facility		2001	\$ 11,548	\$	\$	\$		\$	76
77	Facility		2008	31,493						77
78	Facility		2008	611						78
79										79
80	TOTALS			\$ 43,652	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,382,488	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 418,779	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 418,779	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,233,094	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	Non-Care Assets - PY Total	\$ 20,806,738	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	943,629			87
88	Non-Care Assets - CY EQIP Add.	77,341			88
89	Non-Care Assets - CY Disposals	(31,270)			89
90	Financial Statement Depreciation		892,417	11,151,698	90
91	TOTALS	\$ 21,796,438	\$ 892,417	\$ 11,151,698	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.

Addolorata Villa
Fixed Asset Analysis - Disposals
FYE June 30, 2014

G/L Number	Cost Report Classification	Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				
										Nursing Home	Other	Expensed - NH	Expensed - NA	Total
										66,613	141,952	66,613	141,952	208,565
Leasehold Improvements														
3 - 0100	Building	Carpentry Work - Main Entrance	12	XI - B	1	10,700	07/01/98	LIMP	Indirect	3,417	7,283	-	-	10,700
						<u>10,700</u>				<u>3,417</u>	<u>7,283</u>	<u>-</u>	<u>-</u>	<u>10,700</u>
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	4,705	08/29/08	LIMP	Indirect	1,503	3,203	-	-	4,705
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	826	08/28/08	LIMP	Indirect	264	562	-	-	826
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,064	09/24/08	LIMP	Indirect	340	724	-	-	1,064
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	3,187	09/24/08	LIMP	Indirect	1,018	2,169	-	-	3,187
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	60	09/24/08	LIMP	Indirect	19	41	-	-	60
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,040	09/24/08	LIMP	Indirect	332	707	-	-	1,040
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,355	09/24/08	LIMP	Indirect	433	922	-	-	1,355
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,438	09/30/08	LIMP	Indirect	459	979	-	-	1,438
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,291	10/16/08	LIMP	Indirect	412	879	-	-	1,291
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,210	10/16/08	LIMP	Indirect	386	823	-	-	1,210
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	537	10/16/08	LIMP	Indirect	171	365	-	-	537
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	585	10/16/08	LIMP	Indirect	187	398	-	-	585
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,964	10/29/08	LIMP	Indirect	627	1,337	-	-	1,964
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,615	11/20/08	LIMP	Indirect	516	1,099	-	-	1,615
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,988	12/31/08	LIMP	Indirect	635	1,353	-	-	1,988
						<u>22,865</u>				<u>7,303</u>	<u>15,562</u>	<u>-</u>	<u>-</u>	<u>22,865</u>
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,879	01/28/09	LIMP	Indirect	600	1,279	-	-	1,879
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	2,828	01/28/09	LIMP	Indirect	903	1,925	-	-	2,828
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	2,000	02/26/09	LIMP	Indirect	639	1,361	-	-	2,000
4 - 0100	Building Equipment	Carpet 4 - 0201	12	XI - B	2	1,258	02/26/09	LIMP	Indirect	402	856	-	-	1,258
						<u>7,965</u>				<u>2,544</u>	<u>5,421</u>	<u>-</u>	<u>-</u>	<u>7,965</u>
4 - 0100	Building Equipment	Wall Covering - Paint 4-0301	12	XI - B	3	347	10/16/08	LIMP	Indirect	111	236	-	-	347
						<u>347</u>				<u>111</u>	<u>236</u>	<u>-</u>	<u>-</u>	<u>347</u>
Sub-Total						41,877				13,375	28,502	-	-	41,877
Equipment														
4 - 0100	Building Equipment	AC Window 4-04-01				2,052	06/30/09	EQIP	Indirect	655	1,397	-	-	2,052
4 - 0100	Building Equipment	AC Window 4-04-01				2,015	06/30/09	EQIP	Indirect	644	1,371	-	-	2,015
						<u>4,067</u>				<u>1,299</u>	<u>2,768</u>	<u>-</u>	<u>-</u>	<u>4,067</u>
Sub-Total						4,067				1,299	2,768	-	-	4,067
Total						45,944				14,674	31,270	-	-	45,944

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/13

Ending: 06/30/14

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.	<u> </u> /2015	\$ <u> </u>
13.	<u> </u> /2016	\$ <u> </u>
14.	<u> </u> /2017	\$ <u> </u>

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: \$ 13,530 Description: See Supplemental 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.

**Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Amount
Total	-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Item Rented	Amount
Accelerated Care Plus	Therapy Equipment	10,200
Unidine	Dietary Equipment	2,545
Ecolab	Dish Machine	1,645
GE Capital	Copier	16,972
Pitney Bowes	Postage Machine	1,556
Mark Drug	Medical Equipment	744
AirGas USA, LLC		549
Allocation - AL / IL		(20,681)
Total		13,530

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)		
			Staff		Outside Practitioner (other than consultant)								
			Units of Service	Cost	Units	Cost							
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	152,069	\$		\$	152,069	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					75,450				75,450	2
3	Licensed Recreational Therapist		hrs										3
4	Licensed Physical Therapist	39 - 03	hrs					209,701				209,701	4
5	Physician Care		visits										5
6	Dental Care		visits										6
7	Work Related Program		hrs										7
8	Habilitation		hrs										8
9	Pharmacy	39 - 02	# of prescripts						137,420			137,420	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10
11	Academic Education		hrs										11
12	Other (specify): See Supplemental	39 - 02							1,954			1,954	12
13	Other (specify): See Supplemental	39 - 03							11,225			11,225	13
14	TOTAL			\$			\$	448,445	\$	139,374	\$	587,819	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.

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	\$ 19,554	\$	1
2	Cash-Patient Deposits	8,689		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>104,000</u>)	734,354		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	113,210		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	132,940		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,008,747	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,496,698		13
14	Buildings, at Historical Cost	6,871,728		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	24,630,163		16
17	Accumulated Depreciation (book methods)	(16,834,792)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,163,797	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,172,544	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 261,813	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,689		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	591,853		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,899		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	9,750		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	1,190,734		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,065,738	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,065,738	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 16,106,806	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 18,172,544	\$	48

*(See instructions.)

**Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Total	-	-
Line 23 - Other Long Term Assets		
Total	-	-
Line 36 - Other Current Liabilities		
Unclaimed Funds	5,228	
Reservation Deposits	20,000	
Refundable Deposits	828,024	
Unrefundable Deposits (Net of Amortization)	222,114	
Asset Retirement Obligation	115,368	
Total	1,190,734	-
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 15,318,974	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 15,318,974	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	627,919	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)	\$ 627,919	17
B. Transfers (Itemize):			
18	FC Holding - Intercompany Transfer	107,382	18
19	Temporary Net Assets Released	52,531	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 159,913	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 16,106,806	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/13

Ending: 06/30/14

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,338,597	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 17,338,597	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	213,637	6
7	Oxygen	5,462	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 219,099	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	8,853	12
13	Barber and Beauty Care	94,252	13
14	Non-Patient Meals	54,237	14
15	Telephone, Television and Radio	60,039	15
16	Rental of Facility Space	3,500	16
17	Sale of Drugs	9,498	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	7,623	19
20	Radiology and X-Ray		20
21	Other Medical Services	284,477	21
22	Laundry	29,672	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 552,151	23
D. Non-Operating Revenue			
24	Contributions	115,154	24
25	Interest and Other Investment Income***	5,745	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 120,899	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	13,053	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 13,053	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,243,799	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,571,519	31
32	Health Care	4,409,649	32
33	General Administration	3,943,734	33
B. Capital Expense			
34	Ownership	2,372,439	34
C. Ancillary Expense			
35	Special Cost Centers	2,086,152	35
36	Provider Participation Fee	232,387	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,615,880	40
41	Income before Income Taxes (line 30 minus line 40)**	627,919	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 627,919	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,013,051	44
45	Private Pay - Net Inpatient Revenue	14,818,567	45
46	Medicare - Net Inpatient Revenue	1,466,736	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	40,243	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 17,338,597	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final 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.

Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14

Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Maintenance Revenue	55	55
Housekeeping Revenue	3,215	3,215
Activity Revenue	7,235	7,235
Medical Records	429	429
Gift Certificate	160	160
Rebates and Refunds	1,959	1,959
Total	<u>13,053</u>	<u>13,053</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	1,170	1,617	\$ 68,313	\$ 42.25	1
2	Assistant Director of Nursing					2
3	Registered Nurses	31,221	34,921	1,198,951	34.33	3
4	Licensed Practical Nurses	14,174	15,817	427,664	27.04	4
5	CNAs & Orderlies	90,999	101,054	1,509,571	14.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,463	4,108	73,279	17.84	8
9	Activity Director	1,832	2,080	58,529	28.14	9
10	Activity Assistants	9,985	11,409	151,779	13.30	10
11	Social Service Workers	7,624	8,794	206,775	23.51	11
12	Dietician					12
13	Food Service Supervisor	2,343	2,391	40,683	17.02	13
14	Head Cook	13,864	15,110	223,980	14.82	14
15	Cook Helpers/Assistants	51,729	55,653	565,666	10.16	15
16	Dishwashers					16
17	Maintenance Workers	16,218	18,382	423,318	23.03	17
18	Housekeepers	33,902	37,630	449,191	11.94	18
19	Laundry	6,262	7,170	77,256	10.77	19
20	Administrator	1,824	2,080	109,676	52.73	20
21	Assistant Administrator					21
22	Other Administrative	1,736	2,080	141,487	68.02	22
23	Office Manager					23
24	Clerical	20,602	22,748	450,716	19.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,897	2,089	30,924	14.80	31
32	Other Health Care(specify)	7,039	8,033	206,673	25.73	32
33	Other(specify) <u>See Supplement</u>	53,074	58,788	1,022,078	17.39	33
34	TOTAL (lines 1 - 33)	370,958	411,954	\$ 7,436,509 *	\$ 18.05	34

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	21,600	09 - 03	36
37	Medical Records Consultant	384	10 - 03	37
38	Nurse Consultant	59,638	10 - 03	38
39	Pharmacist Consultant	7,186	10 - 03	39
40	Physical Therapy Consultant	218	10a - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,178	11 - 03	44
45	Social Service Consultant	963	12 - 03	45
46	Other(specify) <u>Priest / Organist</u>	24,870	12 - 03	46
47	<u>Dietary Management</u>	449,273	01 - 03	47
48	<u>Senior Fit</u>	70,805	10a - 03	48
49	TOTAL (lines 35 - 48)	\$ 636,115		49

C. CONTRACT NURSES

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

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

** See instructions.

**Addolorata Villa
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Transportation (Line 14)	1,811	1,981	31,455
Assisted Living (Line 43)	43,122	47,455	700,890
Independent Living (Line 43)	1,101	1,258	27,666
Marketing (Line 43)	5,200	6,014	203,656
Fundraising (Line 43)	1,840	2,080	58,411
Total	<u>53,074</u>	<u>58,788</u>	<u>1,022,078</u>

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	N/A											
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/13

Ending: 06/30/14

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN - \$15,234
- (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. \$ 47,166 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. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 232,387
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 54,237
- (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? N/A
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC - Consolidated Statement (Not Final)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Allocation Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. No - ADJ Out
Attach invoices and a summary of services for all architect and appraisal fees