

Facility Name & ID Number Providence Palos Heights

0007534 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	<u>95</u>	Skilled (SNF)	<u>95</u>	<u>34,675</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>98</u>	Intermediate (ICF)	<u>98</u>	<u>35,770</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>193</u>	TOTALS	<u>193</u>	<u>70,445</u>	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>6,133</u>	<u>3,552</u>	<u>20,239</u>	<u>29,924</u>	8
9	SNF/PED					9
10	ICF	<u>9,241</u>	<u>4,221</u>	<u>4,059</u>	<u>17,521</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>15,374</u>	<u>7,773</u>	<u>24,298</u>	<u>47,445</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.35%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

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

YES NO

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

Date started 02/01/1960

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 95 and days of care provided 20,239

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	650,688	50,389	35	701,112		701,112	701,112			1
2	Food Purchase		436,498		436,498		436,498	2,723	439,221		2
3	Housekeeping	263,019	68,029		331,048		331,048		331,048		3
4	Laundry	99,045	39,333		138,378		138,378	(840)	137,538		4
5	Heat and Other Utilities			230,611	230,611		230,611	20,016	250,627		5
6	Maintenance	292,041		356,015	648,056		648,056	(45,122)	602,934		6
7	Other (specify):*										7
8	TOTAL General Services	1,304,793	594,250	586,661	2,485,704		2,485,704	(23,223)	2,462,481		8
	B. Health Care and Programs										
9	Medical Director			65,667	65,667		65,667		65,667		9
10	Nursing and Medical Records	3,813,243	779,496	72,211	4,664,950		4,664,950		4,664,950		10
10a	Therapy										10a
11	Activities	134,287	11,984	848	147,118		147,118		147,118		11
12	Social Services	203,024		3,324	206,349		206,349		206,349		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,150,554	791,480	142,050	5,084,084		5,084,084		5,084,084		16
	C. General Administration										
17	Administrative			1,442,829	1,442,829		1,442,829	(1,305,426)	137,403		17
18	Directors Fees										18
19	Professional Services			37,090	37,090		37,090	14,013	51,103		19
20	Dues, Fees, Subscriptions & Promotions			42,735	42,735		42,735	(2,275)	40,460		20
21	Clerical & General Office Expenses	707,656	114,853	48,776	871,285		871,285	649,443	1,520,728		21
22	Employee Benefits & Payroll Taxes			1,480,731	1,480,731		1,480,731		1,480,731		22
23	Inservice Training & Education			5,612	5,612		5,612		5,612		23
24	Travel and Seminar							48,577	48,577		24
25	Other Admin. Staff Transportation			15,164	15,164		15,164	3,239	18,403		25
26	Insurance-Prop.Liab.Malpractice			439,115	439,115		439,115	12,008	451,123		26
27	Other (specify):* Home Office Benefits							204,490	204,490		27
28	TOTAL General Administration	707,656	114,853	3,512,051	4,334,560		4,334,560	(375,931)	3,958,629		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,163,003	1,500,583	4,240,762	11,904,348		11,904,348	(399,154)	11,505,194		29

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

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

Facility Name & ID Number

Providence Palos Heights

#0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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			352,517	352,517		352,517	234,600	587,117			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			260,914	260,914		260,914	16,470	277,384			32
33	Real Estate Taxes							9,842	9,842			33
34	Rent-Facility & Grounds			978,607	978,607		978,607	(971,090)	7,517			34
35	Rent-Equipment & Vehicles			8,984	8,984		8,984		8,984			35
36	Other (specify):*											36
37	TOTAL Ownership			1,601,022	1,601,022		1,601,022	(710,178)	890,844			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,225,004	1,736,890	2,961,894		2,961,894		2,961,894			39
40	Barber and Beauty Shops	3,565	(3,770)		(205)		(205)		(205)			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			270,851	270,851		270,851		270,851			42
43	Other (specify):* Non-Allowable Cost			732,797	732,797		732,797	(732,797)	(0)			43
44	TOTAL Special Cost Centers	3,565	1,221,234	2,740,538	3,965,336		3,965,336	(732,797)	3,232,539			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,166,568	2,721,816	8,582,322	17,470,706		17,470,706	(1,842,129)	15,628,577			45

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

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	(1,261)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,490)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	206,913	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	(1,169)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(156,000)	43		24
25	Fund Raising, Advertising and Promotional	(7,920)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,637)	43		28
29	Other-Attach Schedule See Page 5A	(635,109)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (604,673)		\$	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)	(1,237,456)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,237,456)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,842,129)		37

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

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

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

Providence Palos Heights

ID# 0007534

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow non-allowable Lab Expense	\$ (142,720)	43	1
2	Disallow non-allowable X-Ray Expense	(107,683)	43	2
3	Disallow Laundry Income	(840)	4	3
4	Disallow Interehab Physiatry	(72,000)	43	4
5	Disallow non-allowable residents welfare	(57,974)	43	5
6	Disallow non-allowable marketing expense	(183,728)	43	6
7	Remove Capitalized Repair Expenses	(49,130)	6	7
8	Offset Miscellaneous Income	(15,884)	21	8
9	Miscellaneous Income	34	43	9
10	Offset Non-Allowable Lobbying Fees	(5,184)	20	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(635,109)	49

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	N/A	\$			\$	\$	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		\$			\$	\$ * 0	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	2 Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 3,984	\$ 3,984 15
16	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	20,016	20,016 16
17	V	6 Maintenance-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,008	4,008 17
18	V	17 Administrative	1,442,829	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	17,735	(1,425,094) 18
19	V	19 Professional Services		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	12,507	12,507 19
20	V	20 Dues,fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,658	2,658 20
21	V	21 Clerical & General-Salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	560,441	560,441 21
22	V	21 Clerical & General-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	111,148	111,148 22
23	V	24 Travel & Seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	44,544	44,544 23
24	V	25 Other admin. Staff transporation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,239	3,239 24
25	V	26 Insurance-prop,liab. & malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	12,008	12,008 25
26	V	27 Mgmt allocation of EE benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	166,732	166,732 26
27	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	27,687	27,687 27
28	V	32 Interest expense		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	16,470	16,470 28
29	V	33 Real Estate taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	9,842	9,842 29
30	V	34 Rent-facility & grounds	978,607	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	7,517	(971,090) 30
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,421,436			\$ 1,020,536	\$ * (1,400,900) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	17 Administrative	\$	Rest Haven Illiana Christian	100.00%	\$ 119,668	\$	119,668	15
16	V	19 Professional Services		Rest Haven Illiana Christian	100.00%	1,506		1,506	16
17	V	20 Dues, Fees, & Subscriptions		Rest Haven Illiana Christian	100.00%	251		251	17
18	V	21 Clerical & General Salary		Rest Haven Illiana Christian	100.00%	228		228	18
19	V	24 Travel & Seminar		Rest Haven Illiana Christian	100.00%	4,033		4,033	19
20	V	27 MGMT Alloc. Of Benefits		Rest Haven Illiana Christian	100.00%	37,758		37,758	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		\$			\$ 163,444	\$ *	163,444	39

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A - Voluntary Board with no compensation. See Attached Schedule 7A								\$	1
2										2
3	No Board Members or businesses that they control have business dealings with the facility.									3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	2	Food	Accumulated Cost B	87,875,602	17	\$ 24,161	\$ 14,490,085	\$ 3,984	1	
2	5	Utilities	Accumulated Cost B	87,875,602	17	121,390	14,490,085	20,016	2	
3	6	Maintenance	Accumulated Cost B	87,875,602	17	24,307	14,490,085	4,008	3	
4	17	Administrative	Direct Cost A	1	1	779,795	779,795	1	17,735	4
5	19	Professional services	Accumulated Cost B	87,875,602	17	75,849	14,490,085	12,507	5	
6	20	Dues, fees & subscriptions	Accumulated Cost B	87,875,602	17	16,118	14,490,085	2,658	6	
7	21	Clerical & general - salary	Accumulated Cost B	87,875,602	17	3,398,815	3,398,815	14,490,085	560,441	7
8	21	Clerical & general - Other	Accumulated Cost B	87,875,602	17	674,061	14,490,085	111,148	8	
9	24	Travel & seminar	Accumulated Cost B	87,875,602	17	270,138	14,490,085	44,544	9	
10	25	Other Admin. Staff transportation	Accumulated Cost B	87,875,602	17	19,646	14,490,085	3,239	10	
11	26	Insurance-prop.,liab. & malpract	Accumulated Cost B	87,875,602	17	72,825	14,490,085	12,008	11	
12	27	Mgmt allocation of ee benefits	Accumulated Cost B	87,875,602	17	1,011,150	14,490,085	166,732	12	
13	30	Depreciation	Accumulated Cost B	87,875,602	17	167,911	14,490,085	27,687	13	
14	32	Interest expense	Accumulated Cost B	87,875,602	17	99,883	14,490,085	16,470	14	
15	33	Real Estate taxes	Accumulated Cost B	87,875,602	17	59,685	14,490,085	9,842	15	
16	34	Rent-facility & grounds	Accumulated Cost B	87,875,602	17	45,590	14,490,085	7,517	16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 6,861,324	\$ 4,178,610	\$ 1,020,536	25	

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Administrative	Direct Cost A	1	\$ 393,684		1	\$ 119,668	1
2	19	Professional Services	Accum. Cost B	4	3,002		14,490,085	1,506	2
3	20	Dues, Fees, & Subscriptions	Accum. Cost B	4	500		14,490,085	251	3
4	21	Clerical & General Salary	Accum. Cost B	4	455	455	14,490,085	228	4
5	24	Travel & Seminar	Accum. Cost B	4	8,037		14,490,085	4,033	5
6	27	MGMT Alloc. Of Benefits	Accum. Cost B	4	75,251		14,490,085	37,758	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				\$ 480,929	\$ 455		\$ 163,444	25

Facility Name & ID Number

Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		FHA Mortgage		X	Facility Mortgage	Varies	08/15/2013	\$ 5,920,000	\$ 5,577,557	09/01/2038	0.0360	\$ 210,086	1						
2													2						
3													3						
4													4						
5													5						
		Working Capital																	
6		Amortization Expense		X								13,508	6						
7		Immaterial interest expense		X								351	7						
8													8						
9		TOTAL Facility Related						\$ 5,920,000	\$ 5,577,557			\$ 223,945	9						
		B. Non-Facility Related*																	
10										Mortgage Ins (FHA Loan)		36,969	10						
11										Allocated from Home Office		16,470	11						
12													12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			\$ 53,439	14						
15		TOTALS (line 9+line14)						\$ 5,920,000	\$ 5,577,557			\$ 277,384	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 36,969 Line # 32

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

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

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Palos Heights COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007534

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 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 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>19-09-01-203-007-1007</u>	<u>Home Office Building</u>	\$ <u>24,148.34</u>	\$ <u>4,050.00</u>
2. <u>19-09-01-203-007-1001</u>	<u>Home Office Building</u>	\$ <u>16,123.34</u>	\$ <u>2,536.00</u>
3. <u>19-09-01-203-007-1006</u>	<u>Home Office Building</u>	\$ <u>19,413.82</u>	\$ <u>3,256.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>59,685.50</u></u>	\$ <u><u>9,842.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
	<u>Resident Care</u>	<u>441,662</u>	<u>1960</u>	<u>\$ 30,000</u>	<u>1</u>
					<u>2</u>
	TOTALS	441,662		\$ 30,000	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	50			1960	\$ 341,041	\$	40	\$	\$	\$ 341,041	4
5	50			1962	122,119		40			122,119	5
6				1963	86,546		40			86,546	6
7	93			1967	585,862		40			585,862	7
8				1975	147,301		40	3,683	3,683	147,299	8
	Improvement Type**										
9	Improvements			1967	312,475		40			312,475	9
10	Improvements			1970	74,824		40			74,824	10
11	Improvements			1971	10,740		40			10,740	11
12	Improvements			1972	3,992		40			3,992	12
13	Improvements			1973	2,002		40			2,002	13
14	Improvements			1974	1,001		40	21	21	1,001	14
15	Improvements			1976	8,418		40	210	210	8,080	15
16	Improvements			1977	1,073		40	27	27	1,008	16
17	Improvements			1979	450		40	11	11	396	17
18	Improvements			1980	629		40	16	16	560	18
19	Improvements			1982	3,077		40	77	77	2,541	19
20	Improvements			1983	4,063		40	102	102	3,264	20
21	Improvements			1984	11,366		40	284	284	8,804	21
22	Improvements			1985	5,552		40	139	139	4,170	22
23	Improvements			1986	308,545		40	7,714	7,714	223,706	23
24	Improvements			1987	242,285		40	6,057	6,057	169,596	24
25	Improvements			1988	144,720		40	3,618	3,618	86,354	25
26	Improvements			1989	75,090		40	1,877	1,877	48,793	26
27	Improvements			1990	258,016		40	6,450	6,450	164,630	27
28	Improvements			1991	88,476		40	2,212	2,212	54,820	28
29	Improvements			1992	51,572		40	1,289	1,289	29,647	29
30	Improvements			1993	283,946		40	7,099	7,099	156,767	30
31	Improvements			1994	396,618		40	9,915	9,915	209,229	31
32	Improvements			1995	207,113		40	5,526	5,526	107,026	32
33	Improvements			1995	13,913		15			13,913	33
34	Parking Lot Expansion			1996	74,714		40	1,868	1,868	34,558	34
35	Wing C & D Renovations			1996	226,501		40	5,662	5,662	104,747	35
36	Improvements			1996	279,308		40	6,982		129,167	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Dental Office Renovations	1996	\$ 4,642	\$	15	\$	\$	\$ 4,642	37
38	Lighting System	1996	49,263		40	1,232	1,232	22,792	38
39	Architect Fees	1996	13,512		40	338	338	6,253	39
40	Alarm System	1996	4,704		15			4,704	40
41	Whirlpool Renovation	1996	11,914		15			11,914	41
42	Door	1996	656		15			656	42
43	Unit I & II Renovation	1996	22,981		40	574	574	10,619	43
44	Landscaping	1997	5,984		15			5,984	44
45	Unit I A & B remodel:Carpentry, elec. Plumb	1997	236,778		25	9,472	9,472	165,761	45
46	Unit I C & D remodel:Carpentry, elec. plumb.	1997	211,804		25	8,472	8,472	148,260	46
47	Unit I Whirlpool Renovation	1997	3,264		25	130	130	2,275	47
48	Unit II Whirlpool Renovation	1997	3,910		25	156	156	2,730	48
49	Plumbing	1997	1,595		25	64	64	1,120	49
50	Unit II Laundry Room Cabinets	1997	729		25	30	30	525	50
51	Chapel Roof	1997	8,750		25	350	350	6,125	51
52	Ramp Entrance	1997	32,456		25	1,298	1,298	22,715	52
53	Employee Patio	1997	3,975		25	159	159	2,783	53
54	Ramp Curbing	1997	1,396		25	56	56	980	54
55	Stairwell Doors	1997	1,833		25	74	74	1,295	55
56	Handicap Ramp	1997	12,166		25	486	486	8,505	56
57	Medical Supply Room Renovation	1997	20,773		25	830	830	14,525	57
58	Unit II A & B remodel:Carpentry, fire protection	1997	78,500		25	3,140	3,140	54,950	58
59	A & B Basement Remodeling	1997	2,331		25	94	94	1,645	59
60	Unit II Storage Room	1997	3,458		25	138	138	2,415	60
61	Unit I A & B remodel:Carpentry, elec., tile	1998	18,389		25			18,389	61
62	Unit II Handicap Ramp	1998	2,002		25	80	80	1,320	62
63	Unit II Storage Room	1998	8,807		25	352	352	5,808	63
64	Unit II A & B Bsmnt remodel:Carpty, elec, plumb.	1998	83,634		25	3,345	3,345	55,193	64
65	Unit I A & B remodel:Carpty,plmg, elec.	1998	19,906		25	796	796	13,134	65
66	Unit II A & B Bsmt remodel:Carpty & fire prot.	1998	10,676		25	427	427	7,046	66
67	Design Plan for Renovation	1998	706		25	28	28	462	67
68	Unit II A & B Bsmt remodel:Carpentry & fee	1998	2,314		25	93	93	1,534	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,257,157	\$		\$ 103,053	\$ 96,071	\$ 3,856,736	70

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		\$ 5,257,157	\$		\$ 103,053	\$ 103,053	\$ 3,856,736	1
2	Painting for Renovation	1998	3,873		25	154	154	2,541	2
3	Unit I A & B remodel:Carpty,& finishing	1998	20,171		25	806	806	13,299	3
4	Carpeting	1998	13,997		5			13,997	4
5	Unit I A & B remodel:Carpty, plmg, fire	1998	8,026		25	322	322	5,313	5
6	Unit II Patio /Alzheimer's Garden	1998	49,519		25	1,980	1,980	32,670	6
7	Hot Water Heater	1998	831		15			831	7
8	Roof	1998	991		10			991	8
9	A/C Circulator	1998	1,115		15			1,115	9
10	Chimney Vent	1998	519		25	20	20	330	10
11	Fascia	1998	789		25	32	32	528	11
12	Smoke Detectors	1998	1,081		15			1,081	12
13	Speed Bumps for Parking Lot	1998	781		5			781	13
14	Heating & Cooling System	1998	34,826		25	1,394	1,394	23,001	14
15	Nurses' Alarm System	1998	13,917		25	556	556	9,174	15
16	Piping	1998	682		25	28	28	462	16
17	Patio	1999	10,472		40	262	262	4,061	17
18	Carpeting	1999	6,283		10			6,283	18
19	Electrical Generator	1999	66,394		10			66,394	19
20	Wall Firestopping	1999	15,000		10			15,000	20
21	Interior design fee	1999	228		10			228	21
22	Electrical	1999	4,383		10			4,383	22
23	Wall Firestopping	1999	35,000		10			35,000	23
24	Switchboard	1999	5,696		10			5,696	24
25	Landscaping	1999	48,376		40	1,210	1,210	18,755	25
26	Parking Lot	1999	8,610		40	216	216	3,348	26
27	Air Conditioners	1999	80,030		40			80,030	27
28	Boiler Repairs	1999	9,060		10			9,060	28
29	Landscaping	2000	10,704		15	712	712	10,324	29
30	Patio Shelter	2000	5,150		20	256	256	3,712	30
31	Garden	2000	7,768		15	516	516	7,482	31
32	Benches	2000	958		10			958	32
33	Lobby remodel	2000	102,660		10			102,660	33
34	TOTAL (lines 1 thru 33)		\$ 5,825,047	\$		\$ 111,517	\$ 111,517	\$ 4,336,224	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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 12B, Carried Forward		\$ 5,825,047	\$		\$ 111,517	\$ 111,517	\$ 4,336,224	1
2	Dining Room Renovation	2000	6,269		15	416	416	6,032	2
3	Wing Renovation	2000	102,095		40	2,552	2,552	37,004	3
4	Boiler and Pump	2000	10,450		15	696	696	10,092	4
5	Ansul	2000	3,728		15	248	248	3,596	5
6	Generator	2000	8,629		20	430	430	6,235	6
7	Fire Alarm System	2000	10,135		40	252	252	3,654	7
8	Exhaust Fan	2000	2,780		15	184	184	2,668	8
9	Landscaping	2001	5,680		5			5,680	9
10	Lobby remodel	2001	41,806		40	1,045	1,045	14,108	10
11	A-Wing remodel	2001	51,393		40	1,285	1,285	17,348	11
12	Sinks	2001	5,165		15	344	344	4,644	12
13	Doors	2001	5,278		15	352	352	4,752	13
14	Ejector Pump	2001	9,674		15	645	645	8,708	14
15	Automatic door	2001	4,817		7			4,817	15
16	Dining Room Renovation	2001	3,076		7			3,076	16
17	Exam Room Decoration	2001	14,068		7			14,068	17
18	Sewage Pump	2002	718		15	48	48	600	18
19	Whirlpool renovation	2002	2,177		15	145	145	1,813	19
20	Roof renovation	2002	90,250		10			90,250	20
21	Code Alert	2002	3,164		10			3,164	21
22	Firestopping work	2002	3,108		40	78	78	975	22
23	Dining Room Renovation	2002	135,527		40	3,388	3,388	42,350	23
24	Cabinets	2002	4,928		7			4,928	24
25	Blinds	2002	1,045		7			1,045	25
26	File cabinets	2002	2,327		7			2,327	26
27	Furniture	2002	1,814		7			1,814	27
28	Dining Room Renovation	2003	17,358		7			17,358	28
29	Lights	2003	20,442		20	1,022	1,022	11,753	29
30	Roof renovation	2003	152,000		10			152,000	30
31	Menu boards	2003	2,160		10			2,160	31
32	Carpeting	2003	5,957		7			5,957	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,553,065	\$		\$ 124,647	\$ 124,647	\$ 4,821,200	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,553,065	\$		\$ 124,647	\$ 124,647	\$ 4,821,200	1
2	Sliding doors	2003	2,100		10			2,100	2
3	Wander system	2003	21,630		20	1,082	1,082	12,953	3
4									4
5	Tile	2004	24,492		10	1,217	1,217	24,492	5
6	Door	2004	4,579		10	228	228	4,579	6
7	Basement restroom	2004	37,076		40	927	927	11,124	7
8	Lights/shades	2004	3,562		20	178	178	2,136	8
9	Awning	2004	10,790		10	539	539	10,790	9
10	Shades	2004	1,960		7			1,960	10
11	Exit ramps	2004	5,450		15	363	363	3,812	11
12									12
13	Fire Door	2005	5,637		10	564	564	5,358	13
14	Storm Sewer improvements	2005	42,800		20	2,140	2,140	20,330	14
15	Water Heaters	2005	8,808		15	588	588	5,586	15
16	Patio and Major Landscaping Improvements	2005	16,805		15	1,120	1,120	10,640	16
17	Lights	2005	16,708		20	836	836	7,942	17
18	Unit 1 basement Improvements	2005	4,165		20	208	208	1,976	18
19	Elevator	2005	28,163		20	1,408	1,408	13,376	19
20	Unit 1 basement windows	2005	7,750		40	194	194	1,843	20
21	Wallpaper	2005	8,185		7			8,185	21
22	Baseboards	2005	1,078		7			1,078	22
23	Dock flooring	2005	2,000		7			2,000	23
24	Window Coverings	2005	13,162		7			13,162	24
25	5 Ton 3 Phase Condensing Unit	2005	2,696		20	135	135	1,282	25
26	Carpeting	2005	1,254		20	63	63	598	26
27	Electric Door Unit	2005	1,087		20	54	54	513	27
28	PC Disposer	2005	2,699		20	135	135	1,282	28
29	Electric Door Unit	2005	1,529		20	76	76	722	29
30	Nurse Call System	2005	7,749		20	387	387	3,677	30
31	Parking Lot Lights	2005	2,940		15	196	196	1,862	31
32	Patio & Drainage Improvements	2005	10,958		15	731	731	6,944	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,850,877	\$		\$ 138,016	\$ 138,016	\$ 5,003,502	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,850,877	\$		\$ 138,016	\$ 138,016	\$ 5,003,502	1
2	Driveway	2005	29,377		20	1,469	1,469	13,955	2
3	Elevator	2006	18,897		20	472	472	4,248	3
4	Security Alarm System	2006	115,751		10	5,788	5,788	52,092	4
5	Nurse Call System	2006	123,550		7	8,825	8,825	79,425	5
6	5 Ton Rooftop Water Heater/Circulation Pump	2006	10,954		15	365	365	3,285	6
7	Asbestos Retirement Obligation	2006	97,309		7	6,951	6,951	62,559	7
8	Whirlpool Tub	2006	41,350		15	1,378	1,378	12,402	8
9	CSH Heating Unit	2006	3,750		15	125	125	1,125	9
10	Dock Door	2006	3,959		20	99	99	891	10
11	Central Air Unit	2006	5,677		15	189	189	1,701	11
12	Auto Door Opener	2006	2,200		10	110	110	990	12
13	New Phone System	2007	99,032		10	9,903	9,903	74,273	13
14	Cabnets Remodel	2007	4,686		15	312	312	2,340	14
15	Front Desk Cabinets	2007	13,428		20	671	671	5,033	15
16	Sump Pump	2007	9,240		15	616	616	4,620	16
17	Fire Panel	2007	16,950		10	1,695	1,695	12,713	17
18	HVAC Fixed	2007	11,325		15	755	755	5,663	18
19	Door Installed	2007	3,320		15	221	221	1,658	19
20	Outlets	2007	10,620		2			10,620	20
21	Fover Windows and Cabinets	2007	5,530		20	277	277	2,077	21
22	Boiler Repairs	2007	114,664		15	7,644	7,644	57,330	22
23	Dinning Windows & Kickplates	2007	4,894		20	245	245	1,837	23
24	Waterproof Basement	2007	3,300		15	220	220	1,650	24
25	Doors and Cabinets Installed	2007	6,572		20	329	329	2,467	25
26	HVAC C&D Wing Piping	2007	85,642		40	2,141	2,141	16,058	26
27	Audio Station, Shades, Control Box	2007	3,168		7	224	224	3,168	27
28	Sign Repair	2007	2,840		20	142	142	1,065	28
29	Unit 2 lobby - remove wall & replace flooring	2008	19,750		40	495	495	3,217	29
30	Install sprinkler system in Chapel	2008	23,175		40	580	580	3,770	30
31	Elec. Units - 2 carts	2008	5,240		20	262	262	1,703	31
32	HVAC - fan coils	2008	42,386		20	2,120	2,120	13,780	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,789,413	\$		\$ 192,639	\$ 192,639	\$ 5,461,217	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,789,413	\$		\$ 192,639	\$ 192,639	\$ 5,461,217	1
2	<u>A/C unit</u>	2008	5,292		20	264	264	1,716	2
3									3
4	<u>Pipe railings</u>	2008	5,298		15	354	354	2,301	4
5	<u>Insulate hot water piping</u>	2008	4,348		15	290	290	1,885	5
6	<u>Commercial doors</u>	2008	9,360		15	624	624	4,056	6
7	<u>Reconnect new RTU and replace air handlers</u>	2008	39,719		15	2,648	2,648	17,212	7
8	<u>5 ton HVAC - rooftop unit</u>	2008	9,788		15	652	652	4,238	8
9									9
10	<u>Unit 2 lobby - carpeting</u>	2008	14,161		7	2,024	2,024	13,156	10
11	<u>Wallpaper</u>	2008	9,000		7	1,286	1,286	8,359	11
12									12
13	<u>Central-Wander alarm</u>	2009	131,334		10	13,133	13,133	72,233	13
14	<u>Unit 2 Waterproofing</u>	2009	4,365		15	291	291	1,601	14
15	<u>Central Egress doors</u>	2009	10,735		20	537	537	2,953	15
16	<u>Chimney Tuckpointing</u>	2009	7,000		20	350	350	1,925	16
17	<u>Dining Room Lighting</u>	2009	6,777		20	339	339	1,864	17
18	<u>Emergency Phone</u>	2009	3,168		7	453	453	2,490	18
19	<u>Facility Signage</u>	2009	3,628		10	363	363	1,996	19
20	<u>Facility Signage</u>	2009	13,033		10	1,303	1,303	7,168	20
21	<u>Tile Flooring</u>	2009	10,785		20	539	539	2,966	21
22	<u>Signage</u>	2009	8,059		10	806	806	4,433	22
23	<u>Painting-Lobby</u>	2009	15,100		7	2,157	2,157	11,864	23
24	<u>Asbestos removal</u>	2009	3,520		7	503	503	2,766	24
25									25
26	<u>Nurse Call Station</u>	2010	156,023		10	15,602	15,602	70,209	26
27	<u>H-Vac Roof Unit</u>	2010	9,222		15	615	615	2,767	27
28	<u>Drain lines</u>	2010	43,579		20	2,179	2,179	9,805	28
29	<u>Unit 1 Boiler</u>	2010	116,668		15	7,778	7,778	35,001	29
30	<u>Gas Line Repair & Replacement</u>	2010	11,879		20	594	594	2,673	30
31	<u>Repair & Replace Alarm & Smoke Detectors</u>	2010	12,583		20	629	629	2,831	31
32	<u>Kitchen Water Heater, Exhaust Fan, and Water Pump</u>	2010	9,133		20	457	457	2,056	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,462,970	\$		\$ 249,409	\$ 249,409	\$ 5,753,741	34

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

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

1	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 12F, Carried Forward		\$ 8,462,970	\$		\$ 249,409	\$ 249,409	\$ 5,753,741	1
2	Heater Exchange Unit Installed	2010	3,592		20	180	180	809	2
3	Repair Cost Non-Depre	2010			20				3
4									4
5	PH repeaters	2011	27,545		10	2,754	2,754	9,639	5
6	Wireless project	2011	9,793		10	980	980	3,430	6
7	Gas piping	2011	30,174		40	754	754	2,639	7
8	Nursecall station	2011	9,477		10	948	948	3,318	8
9	Valve	2011	7,850		15	524	524	1,834	9
10	PH drapes	2011	19,764		7	2,824	2,824	9,884	10
11	Ph asphalt	2011	91,376		10	9,138	9,138	31,983	11
12	U2 A&D flooring	2011	5,896		7	842	842	2,947	12
13	DR Hvac	2011	15,563		15	1,038	1,038	3,633	13
14	Seal Coat drive and U shape drive	2011	5,600		20	280	280	980	14
15	Sheet dampers	2011	2,572		20	128	128	448	15
16	Electrical installation	2011	3,300		20	166	166	581	16
17	Glass and mirror	2011	5,831		20	292	292	1,022	17
18	Installation of new Valve	2011	3,353		20	168	168	588	18
19	Kitchen remodelling	2011	8,069		20	404	404	1,414	19
20	Shower Project	2011	10,713		20	536	536	1,873	20
21									21
22	Flooring/Tile Work: Lobby & Dinning Area	2012	21,812		7	3,116	3,116	7,790	22
23	Install Drywall/Ceiling: 2 Commons Unit	2012	144,203		40	3,605	3,605	9,013	23
24	Automatic Front Door	2012	2,730		10	273	273	683	24
25	Duct Work/Circulating Pump	2012	3,397		15	226	226	566	25
26	PVC Piping/Sewer Drain - Basement Hallway	2012	3,753		15	250	250	625	26
27	Paving - Remove & Install Concrete Pad, Wire Mesh & Asphalt	2012	4,675		20	234	234	585	27
28	Stainless Steel Fire Door - Kitchen	2012	4,840		15	323	323	806	28
29	Thermostat & Guards: Dining, Chapel, Wicker & Garden	2012	5,057		10	506	506	1,264	29
30	Hallways; Resident Rooms 71-73, 97-100,84,86 & 88 & Lounge								30
31	Spindles & Fabrication - NE Stairwell & Laundry Area	2012	6,155		10	616	616	1,539	31
32	Add & Replace Smoke Detectors	2012	7,332		10	733	733	1,833	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,927,392	\$		\$ 281,247	\$ 281,247	\$ 5,855,467	34

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

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		\$ 8,927,392	\$		\$ 281,247	\$ 281,247	\$ 5,855,467	1
2									2
3	HVAC	2012	10,803		15	720	720	1,800	3
4									4
5	Business Office Boiler	2013	5,291		15	353	353	529	5
6	Chapel Rooftop HVAC	2013	15,000		15	1,000	1,000	1,500	6
7	Concrete Pad & Sidewalk	2013	7,895		15	526	526	789	7
8	Elevator Repairs	2013	9,967		20	498	498	747	8
9	Outpatient Ramp Awning	2013	9,850		15	657	657	985	9
10	Oven Pad Removal	2013	2,601		15	173	173	260	10
11	Pave Chapel & Dock Lot	2013	27,555		15	1,837	1,837	2,756	11
12	Roof Duct Insulation	2013	18,986		20	949	949	1,424	12
13	Unit 2 Water Heaters	2013	18,342		15	1,223	1,223	1,834	13
14	Unit 2 Whirlpool Renovation	2013	21,940		15	1,463	1,463	2,194	14
15	Unit 2 Commons Pt 2 building renovation: cabling, carpeting, et.	2013	98,430		15	6,562	6,562	9,023	15
16									16
17									17
18	R&M Reclass - Pave Chapel & Dock Lot	2013	2,500		10	250	250	375	18
19	R&M Reclass - Chapel Rooftop HVAC	2013	33,406		10	3,341	3,341	5,011	19
20									20
21	PH Unit 1 Lobby Millwork and Ceramic (Vinyl) Tile & Millwork	2014	13,964		10	698	698	698	21
22	PH Unit 1 Lobby Renovation Carryover - Flooring	2014	3,127		40	39	39	39	22
23	PH Unit 2 B & C Paint, wallpaper removal, TV wiring	2014	27,250		40	341	341	341	23
24	PH Unit 1 Lobby Carpeting, painting, & wallpaper	2014	5,907		15	197	197	197	24
25	PH Unit 2 B & C Carpeting	2014	2,910		5	291	291	291	25
26	PH Practitioner Docum & DON Office Carpeting	2014	3,742		5	374	374	374	26
27	IT Email Archiving to allow for full trail of email	2014	5,817		5	582	582	582	27
28	PH Chapel Court yard Landscaping	2014	9,845		20	246	246	246	28
29	Egress System #2- IT cabling/wiring throughout building	2014	30,219		10	1,511	1,511	1,511	29
30	Unit 1-15 Ton Chiller	2014	32,898		15	1,097	1,097	1,097	30
31	Unit 2 Marianjoy 4 Furnace	2014	6,859		15	229	229	229	31
32	Icare Licensing	2014	10,199		3	1,700	1,700	1,700	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,362,695	\$		\$ 308,104	\$ 308,104	\$ 5,891,999	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12H, Carried Forward		\$ 9,362,695	\$		\$ 308,104	\$ 308,104	\$ 5,891,999	1
2	Unit 1 Lobby renovation - modify and expand the existing	2014	29,490		20	737	737	737	2
3	millwork for walls, painting and wallpaper, carpeting								3
4	and carpentry for end panels								4
5	Unit 1, C&D Wing Bathrooms Remodeled - ceramic tiling of	2014	40,352		20	1,008	1,008	1,009	5
6	shower room, rough plumbing for shower, tub, toilet,								6
7	sink and fixtures, bathing unit/ tub, painting walls and								7
8	electrical - installation of GCFI outlets								8
9	Merts HVAC- New Fan Model for unit 2 C&D	2014	3,932		10	196	196	197	9
10	East parking lot- Blacktop, mill and paving	2014	90,000		10	4,500	4,500	4,500	10
11	karen Sur A/C SR most units	2014	4,997		10	250	250	250	11
12	Unit 1 - Disposal Replacement	2014	5,384		10	269	269	269	12
13	Remodel of Doctor & DON office- Paint & Carpet	2014	17,888		20	447	447	447	13
14	Touchscreen Replacement	2014	25,000		3	4,167	4,167	4,167	14
15	R/M Reclass: Door Systems, Inc - door replacements in various pla	2014	3,125		25	63	63	63	15
16	R/M Reclass: Lagestee-mulder Inc - Laundry Room	2014	4,220		25	84	84	84	16
17	Activities door, record room, staff washroom improvements								17
18	related to Life Safety Code survey								18
19	R/M Reclass: Merts HVAC Maintenance - fan coils rooms	2014	23,212		10	1,161	1,161	1,161	19
20	63, 72, 65, 73, 67, 71, 78, 79								20
21	R/M Reclass: Site Services, Inc - Patching and Seal coating to	2014	12,694		25	254	254	254	21
22	Front lot, south drive and east lot								22
23	R/M Reclass: InPro Corp. - 70 door handles and 54 handrails and	2014	5,879		25	118	118	118	23
24									24
25									25
26	Current Year Book Depreciation			215,891			(215,891)		26
27	Allocation from Home Office		695,493		20	21,797	21,797	221,470	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,324,361	\$ 215,891		\$ 343,157	\$ 127,266	\$ 6,126,724	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,760,633	\$ 136,626	\$ 225,819	\$ 89,193	3-10	\$ 2,815,874	71
72	Current Year Purchases	166,348		12,251	12,251	5-10	12,251	72
73	Fully Depreciated Assets	2,493,580					2,493,580	73
74	Allocation from Home Office	753,429		5,890	5,890		721,231	74
75	TOTALS	\$ 6,173,990	\$ 136,626	\$ 243,960	\$ 107,334		\$ 6,042,936	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocation from Home Office			\$ 9,426	\$	\$	\$		\$ 9,094	76
77										77
78										78
79										79
80	TOTALS			\$ 9,426	\$	\$	\$		\$ 9,094	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)	\$ 16,537,777	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 352,517	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 587,117	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 234,600	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,178,754	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocated from home office				7,517			6
7	TOTAL				\$ 7,517			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.	_____ /2015	\$ _____
-----	-------------	----------

13.	_____ /2016	\$ _____
-----	-------------	----------

14.	_____ /2017	\$ _____
-----	-------------	----------

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

N/A

N/A

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 6,625

Description: Dietary Equip - 6,625

(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	Maintenance	2014 GMC-Sierra	\$ 698.00	\$ 2,359	17
18					18
19					19
20					20
21	TOTAL		\$ 698.00	\$ 2,359	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			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		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	11,208	\$ 806,992	\$	11,208	\$ 806,992	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,694	266,000		3,694	266,000	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		9,221	663,897		9,221	663,897	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescripts				1,225,004		1,225,004	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	24,123	\$ 1,736,889	\$ 1,225,004	24,123	\$ 2,961,893	14	

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

Facility Name & ID Number **Providence Palos Heights**# **0007534**Report Period Beginning: **01/01/2014**

Ending:

12/31/2014**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(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	\$ 50,625	\$ 50,625	1
2	Cash-Patient Deposits	16,350	16,350	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>270,338</u>)	2,493,121	2,493,121	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	260	260	5
6	Prepaid Insurance	202,970	202,970	6
7	Other Prepaid Expenses	25,766	25,766	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,789,091	\$ 2,789,091	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	30,000	30,000	13
14	Buildings, at Historical Cost		1,282,869	14
15	Leasehold Improvements, at Historical Cost	9,367,435	9,041,492	15
16	Equipment, at Historical Cost	5,584,736	6,183,416	16
17	Accumulated Depreciation (book methods)	(12,297,713)	(12,178,754)	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>Escrow</u>	821,177	821,177	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,505,635	\$ 5,180,200	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,294,727	\$ 7,969,292	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 546,995	\$ 546,995	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,350	16,350	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	79,601	79,601	30
31	Accrued Taxes Payable (excluding real estate taxes)	77,032	77,032	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	23,637	23,637	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due To/From Related Entities</u>	2,979,576	2,979,576	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,723,191	\$ 3,723,191	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	5,577,557	5,577,557	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)	\$ 5,577,557	\$ 5,577,557	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,300,747	\$ 9,300,747	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,006,020)	\$ (1,331,456)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,294,727	\$ 7,969,292	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,122,371)	1
2	Restatements (describe):		2
3	Prior Period adjustment	(1,336,397)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,458,768)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(547,252)	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)	\$ (547,252)	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)	\$ (3,006,020)	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	\$ 14,922,559	1
2	Discounts and Allowances for all Levels	(5,929,507)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,993,051	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,357,046	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,357,046	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,261	14
15	Telephone, Television and Radio	5,068	15
16	Rental of Facility Space	825,394	16
17	Sale of Drugs	1,355,804	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	233,230	19
20	Radiology and X-Ray	85,673	20
21	Other Medical Services	50,205	21
22	Laundry	840	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,557,474	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Revenue	15,883	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 15,883	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,923,454	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,485,704	31
32	Health Care	5,084,084	32
33	General Administration	4,334,560	33
B. Capital Expense			
34	Ownership	1,601,022	34
C. Ancillary Expense			
35	Special Cost Centers	3,694,485	35
36	Provider Participation Fee	270,851	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,470,706	40
41	Income before Income Taxes (line 30 minus line 40)**	(547,252)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (547,252)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,743,192	44
45	Private Pay - Net Inpatient Revenue	1,558,921	45
46	Medicare - Net Inpatient Revenue	3,995,713	46
47	Other-(specify) <u>Managed Care</u>	695,225	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,993,051	49

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

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

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

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

^ - This entity is a cash basis taxpayer

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	1,776	2,080	\$ 101,104	\$ 48.61	1
2	Assistant Director of Nursing	2,797	3,106	100,961	32.51	2
3	Registered Nurses	53,055	55,690	1,678,544	30.14	3
4	Licensed Practical Nurses	18,341	19,756	512,624	25.95	4
5	CNAs & Orderlies	99,269	105,432	1,362,830	12.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	10,053	10,418	134,287	12.89	10
11	Social Service Workers	8,884	9,686	203,024	20.96	11
12	Dietician	1,901	2,016	53,770	26.67	12
13	Food Service Supervisor	1,779	2,021	61,175	30.27	13
14	Head Cook	3,967	4,160	71,081	17.09	14
15	Cook Helpers/Assistants	38,124	39,736	464,662	11.69	15
16	Dishwashers					16
17	Maintenance Workers	19,065	20,059	292,041	14.56	17
18	Housekeepers	20,744	22,220	263,019	11.84	18
19	Laundry	7,467	7,957	99,045	12.45	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	42,408	45,607	707,656	15.52	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,694	4,102	57,180	13.94	31
32	Other Health C:					32
33	Other(specify) <u>Beautician</u>	408	419	3,565	8.51	33
34	TOTAL (lines 1 - 33)	333,732	354,465	\$ 6,166,568 *	\$ 17.40	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	1	\$ 35	1(3) 35
36	Medical Director	Monthly	65,667	9(3) 36
37	Medical Records Consultant	Monthly	1,322	10(3) 37
38	Nurse Consultant	Monthly	70,889	10(3) 38
39	Pharmacist Consultant			39(3) 39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly	848	11(3) 44
45	Social Service Consultant	Monthly	3,324	12(3) 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	1	\$ 142,085	49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function				Description	Amount	Description	Amount	
Timothy Abbring	Administrator			Workers' Compensation Insurance	\$ 405,148	IDPH License Fee	\$ 351		
Amount paid out of home office, allocated in column 7				Unemployment Compensation Insurance	25,706	Advertising: Employee Recruitment			
				FICA Taxes	457,700	Health Care Worker Background Check			
				Employee Health Insurance	426,374	(Indicate # of checks performed 461)	12,897		
				Employee Meals		Patient Background Checks	252	3,021	
				Illinois Municipal Retirement Fund (IMRF)*		JCAHO Expense		9,325	
				Employee Education	9,965	Life Services Network Dues		14,400	
				Employee Welfare	54,181	Miscellaneous Dues		2,743	
				Drug Testing	6,463	Allocated from Home Office		2,907	
				TDA Expense	77,001	Lobbying Expense		(5,184)	
				Uniform	5,666	Less: Public Relations Expense	()		
				Employee Medical	12,527	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		\$ 40,460	
					\$ 1,480,731				
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Management Fees (eliminated in Col. 7)			\$ 1,442,829	N/A			Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,442,829				Seminar Expense		
C. Professional Services				TOTAL			Allocated from Home Office	48,577	
Vendor/Payee	Type	Amount					Entertainment Expense	()	
See Schedule 21A		\$ 37,090					(agree to Sch. V, line 24, col. 8)		
							TOTAL	\$ 48,577	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 37,090						

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Providence Palos Heights
IDPH License ID Number: 0007534
Fiscal Year End: 12/31/2014

Schedule 21A

XIX. SUPPORT SCHEDULES

C. Professional Services

<u>Vendor</u>	<u>Type</u>	<u>Amount</u>
Much Shelist	Legal	658
Ma Jinky Melocoton	Contractor MDS	6,129
J Miaczynski	Contractor MDS	4,000
KPMG	Accounting	7,500
McGladrey	Accounting	17,965
Comdata	Consulting	388
Collaborative Heathcare Urgency Group	Consulting	450
Total (agree to Schedule V, line 19, column 3)		<u><u>37,090</u></u>
Allocated from Management Company Professional Services		14,013
Total (agree to Schedule V, line 19, column 8)		<u><u>51,103</u></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												
3											N/A	
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Providence Palos Heights

0007534

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network - \$9,216
- (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? 7 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 124,797 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 270,851
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. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,261
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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. N/A
Attach invoices and a summary of services for all architect and appraisal fees.