

Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/14 Ending: 06/30/15

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	7,274	18,232	3,859	29,365	8
9	SNF/PED					9
10	ICF		3,129		3,129	10
11	ICF/DD					11
12	SC		4,397		4,397	12
13	DD 16 OR LESS					13
14	TOTALS	7,274	25,758	3,859	36,891	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.68%

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 3,680

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: 06/30/15 Fiscal Year: 06/30/15

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/14 Ending: 06/30/15

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	839,221	151,354	453,323	1,443,898	1,443,898	(693,931)	749,967			1
2	Food Purchase		705,469		705,469	705,469	(363,644)	341,825			2
3	Housekeeping	435,252	71,127		506,379	506,379	(255,113)	251,266			3
4	Laundry	68,377	65,176		133,553	133,553	(59,730)	73,823			4
5	Heat and Other Utilities			565,398	565,398	565,398	(417,133)	148,265			5
6	Maintenance	433,022	122,389	576,916	1,132,327	1,132,327	(759,339)	372,988			6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	1,775,872	1,115,515	1,595,637	4,487,024	4,487,024	(2,548,889)	1,938,135			8
	B. Health Care and Programs										
9	Medical Director			23,400	23,400	23,400		23,400			9
10	Nursing and Medical Records	3,456,857	209,410	10,409	3,676,676	3,676,676	(59,963)	3,616,713			10
10a	Therapy	56,848	1,115	70,241	128,204	128,204	(70,053)	58,151			10a
11	Activities	204,922	15,475	1,164	221,561	221,561	(78,298)	143,263			11
12	Social Services	200,614	6,942	26,027	233,583	233,583	(140,284)	93,299			12
13	CNA Training										13
14	Program Transportation	34,027	10,891	7,951	52,869	52,869	(32,973)	19,896			14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	3,953,268	243,833	139,192	4,336,293	4,336,293	(381,572)	3,954,721			16
	C. General Administration										
17	Administrative	259,055		1,183,899	1,442,954	1,442,954	(864,841)	578,113			17
18	Directors Fees										18
19	Professional Services			94,224	94,224	94,224	(42,185)	52,039			19
20	Dues, Fees, Subscriptions & Promotions			76,181	76,181	76,181	(34,103)	42,078			20
21	Clerical & General Office Expenses	414,008	48,621	257,798	720,427	720,427	(461,864)	258,563			21
22	Employee Benefits & Payroll Taxes			2,212,779	2,212,779	2,212,779		2,212,779			22
23	Inservice Training & Education			2,519	2,519	2,519	(1,571)	948			23
24	Travel and Seminar			6,806	6,806	6,806	(1,005)	5,801			24
25	Other Admin. Staff Transportation			2,014	2,014	2,014	(1,256)	758			25
26	Insurance-Prop.Liab.Malpractice			172,982	172,982	172,982	(77,436)	95,546			26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	673,063	48,621	4,009,202	4,730,886	4,730,886	(1,484,263)	3,246,623			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,402,203	1,407,969	5,744,031	13,554,203	13,554,203	(4,414,724)	9,139,479			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Addolorata Villa

#0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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			1,305,265	1,305,265		1,305,265	(888,380)	416,885			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,020,371	1,020,371		1,020,371	(694,523)	325,848			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			24,291	24,291		24,291	(15,150)	9,141			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			2,349,927	2,349,927		2,349,927	(1,598,053)	751,874			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		153,008	559,367	712,375		712,375		712,375			39
40	Barber and Beauty Shops			77,645	77,645		77,645	(77,645)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			238,171	238,171		238,171		238,171			42
43	Other (specify):* See Supplemental	1,072,562	224,528	245,386	1,542,476		1,542,476	(1,542,476)				43
44	TOTAL Special Cost Centers	1,072,562	377,536	1,120,569	2,570,667		2,570,667	(1,620,121)	950,546			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,474,765	1,785,505	9,214,527	18,474,797		18,474,797	(7,632,897)	10,841,900			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Assisted Living	785,865	38,685	99,718
Independent Living	9,869	38,202	12,937
Marketing	216,929	56,238	124,889
Fundraising	59,899	89,089	7,842
Volunteers	-	2,314	-
Total	1,072,562	224,528	245,386

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	(42,807)	02		4
5	Telephone, TV & Radio in Resident Rooms	(57,614)	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				9
10	Interest and Other Investment Income	(142)	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)	(1,548)	21		16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(960)	21		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	(183,312)	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	(6,855,004)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (7,141,387)		\$	30

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)	(491,510)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (491,510)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (7,632,897)		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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Addolorata Villa

ID# 0045443

Report Period Beginning: 07/01/14

Ending: 06/30/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Revenue (To Extent of Expeense)	\$ (77,645)	40	1
2	Deli / Snack Shop Income	(22,165)	02	2
3	Activity Income	(10,524)	11	3
4	Miscellaneous Income	(1,044)	21	4
5	Rebates & Refunds	(5,471)	21	5
6	Cable	(101,180)	05	6
7	Senior Fit	(70,053)	10A	7
8	Bank Fees	(2,359)	21	8
9	Collections	(10)	19	9
10	Assisted Living (Line 43)	(924,268)	43	10
11	Independent Living (Line 43)	(61,008)	43	11
12	Marketing (Line 43)	(398,056)	43	12
13	Fundraising (Line 43)	(156,830)	43	13
14	Volunteers (Line 43)	(2,314)	43	14
15	Director of Mission Integration	(74,687)	12	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25	Dietary - Indirect Allocation	(693,931)	01	25
26	Food Purchases - Indirect Allocation	(298,672)	02	26
27	Housekeeping - Indirect Allocation	(255,113)	03	27
28	Laundry - Indirect Allocation	(59,730)	04	28
29	Heat and Other Utilities - Indirect Allocation	(315,953)	05	29
30	Maintenance - Indirect Allocation	(759,339)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(59,963)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(67,774)	11	34
35	Social Services - Indirect Allocation	(65,597)	12	35
36	Program Transportation - Indirect Allocation	(32,973)	14	36
37	Administrative - Indirect Allocation	(373,331)	17	37
38	Professional Fees - Indirect Allocation	(42,175)	19	38
39	Dues and Subscriptions - Indirect Allocation	(34,103)	20	39
40	Clerical & General Office - Indirect Allocation	(209,556)	21	40
41	Inservice Training and Education - Indirect Alloc	(1,571)	23	41
42	Travel and Seminar - Indirect Allocation	(1,005)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(1,256)	25	43
44	Insurance - Indirect Allocation	(77,436)	26	44
45	Depreciation - Indirect Allocation	(888,380)	30	45
46	Interest - Indirect Allocation	(694,381)	32	46
47	Rent - Facility and Grounds - Indirect Allocation	0	34	47
48	Rent - Equipment and Vehicles - Indirect Alloc	(15,150)	35	48
49	Total	(6,855,004)		49

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

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		Nursing Home Total	Other Total
Dietary	1	839,221	1,443,898	-	19,873	1,424,025	Meals Served	110,673	215,864	430,267	408,954	319,701	284,976	-	749,967	693,931
Food	2	-	640,497	-	27,587	612,910	Meals Served	110,673	215,864	-	-	341,825	298,672	-	341,825	298,672
Housekeeping	3	435,252	506,379	-	-	506,379	Square Feet (1)	932,582	1,879,442	215,973	219,279	35,293	35,834	-	251,266	255,113
Laundry	4	68,377	133,553	-	-	133,553	Patient Days (1)	36,891	66,740	37,796	30,581	36,027	29,149	-	73,823	59,730
Heat and Other Utilities	5	-	464,218	-	-	464,218	Square Feet	66,613	208,565	-	-	148,265	315,953	-	148,265	315,953
Maintenance	6	433,022	1,132,327	-	16,658	1,115,669	Square Feet	66,613	208,565	138,302	294,720	234,687	464,618	-	372,988	759,339
Other	7	-	-	-	-	-	Patient Days	36,891	98,030	-	-	-	-	-	-	-
Medical Director	9	-	23,400	-	23,400	-	Direct Staffing	3,087,782	3,578,809	-	-	23,400	-	-	23,400	-
Nursing and Medical Records	10	3,456,857	3,676,676	3,030,934	208,704	437,038	Direct Staffing	3,087,782	3,578,809	3,398,419	58,438	218,294	1,525	-	3,616,713	59,963
Therapy	10a	56,848	58,151	56,848	1,303	-	Direct Staffing	3,087,782	3,578,809	-	56,848	-	1,303	-	58,151	-
Activities	11	204,922	211,037	59,498	-	151,539	Patient Days (2)	36,891	66,740	139,883	65,039	3,380	2,735	-	143,263	67,774
Social Services	12	200,614	158,896	-	-	158,896	Patient Days (3)	36,891	62,828	117,795	82,819	(24,496)	(17,222)	-	93,299	65,597
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	34,027	52,869	-	-	52,869	Patient Days	36,891	98,030	12,805	21,222	7,091	11,751	-	19,896	32,973
Other	15	-	-	-	-	-	Patient Days	36,891	98,030	-	-	-	-	-	-	-
Administrative	17	259,055	951,444	117,476	-	833,968	Net Patient Revenue	10,136,593	18,351,966	195,676	63,379	382,437	309,952	-	578,113	373,331
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	94,214	-	-	94,214	Net Patient Revenue	10,136,593	18,351,966	-	-	52,039	42,175	-	52,039	42,175
Dues and Subscriptions	20	-	76,181	-	-	76,181	Net Patient Revenue	10,136,593	18,351,966	-	-	42,078	34,103	-	42,078	34,103
Office and Clerical	21	414,008	468,119	-	-	468,119	Net Patient Revenue	10,136,593	18,351,966	228,675	185,333	29,888	24,223	-	258,563	209,556
Employee Benefits	22	-	2,212,779	-	-	2,212,779	Allocated Salary	4,972,438	7,474,765	-	-	1,472,007	740,772	-	1,472,007	740,772
Inservice Training and Expense	23	-	2,519	-	-	2,519	Patient Days	36,891	98,030	-	-	948	1,571	-	948	1,571
Travel and Seminar	24	-	6,806	-	5,194	1,612	Patient Days	36,891	98,030	-	-	5,801	1,005	-	5,801	1,005
Other Staff Transportation	25	-	2,014	-	-	2,014	Patient Days	36,891	98,030	-	-	758	1,256	-	758	1,256
Insurance	26	-	172,982	-	-	172,982	Net Revenue	10,136,593	18,351,966	-	-	95,546	77,436	-	95,546	77,436
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	1,305,265	-	-	1,305,265	Square Feet	66,613	208,565	-	-	416,885	888,380	-	416,885	888,380
Amortization	31	-	-	-	-	-	Net Patient Revenue	10,136,593	18,351,966	-	-	-	-	-	-	-
Interest	32	-	1,020,229	-	-	1,020,229	Square Feet	66,613	208,565	-	-	325,848	694,381	-	325,848	694,381
Real Estate Taxes	33	-	-	-	-	-	Square Feet	66,613	208,565	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	-	-	-	-	Square Feet	66,613	208,565	-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	24,291	-	-	24,291	Patient Days	36,891	98,030	-	-	9,141	15,150	-	9,141	15,150
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	712,375	-	712,375	-	Direct	1	1	-	-	712,375	-	-	712,375	-
Barber and Beauty Shop	40	-	-	-	-	-	Direct	1	1	-	-	-	-	-	-	-
Coffee and Gift Shops	41	-	-	-	-	-	Direct	1	1	-	-	-	-	-	-	-
Provider Participation Fee	42	-	238,171	-	-	238,171	Direct	1	1	-	-	238,171	-	-	238,171	-
Other	43	1,072,562	-	-	-	-	Direct	-	-	-	1,072,562	-	(1,072,562)	-	-	-
		<u>7,474,765</u>	<u>15,789,290</u>	<u>3,264,756</u>	<u>1,015,094</u>	<u>11,509,440</u>				<u>4,972,438</u>	<u>2,502,327</u>	<u>5,128,690</u>	<u>3,185,835</u>	<u>-</u>	<u>10,101,128</u>	<u>5,688,162</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	(693,931)	0	0	0	0	0	0	0	0	0	0	(693,931)	1
2	Food Purchase	(363,644)	0	0	0	0	0	0	0	0	0	0	(363,644)	2
3	Housekeeping	(255,113)	0	0	0	0	0	0	0	0	0	0	(255,113)	3
4	Laundry	(59,730)	0	0	0	0	0	0	0	0	0	0	(59,730)	4
5	Heat and Other Utilities	(417,133)	0	0	0	0	0	0	0	0	0	0	(417,133)	5
6	Maintenance	(759,339)	0	0	0	0	0	0	0	0	0	0	(759,339)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,548,889)	0	0	0	0	0	0	0	0	0	0	(2,548,889)	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	(59,963)	0	0	0	0	0	0	0	0	0	0	(59,963)	10
10a	Therapy	(70,053)	0	0	0	0	0	0	0	0	0	0	(70,053)	10a
11	Activities	(78,298)	0	0	0	0	0	0	0	0	0	0	(78,298)	11
12	Social Services	(140,284)	0	0	0	0	0	0	0	0	0	0	(140,284)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(32,973)	0	0	0	0	0	0	0	0	0	0	(32,973)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(381,572)	0	0	0	0	0	0	0	0	0	0	(381,572)	16
	C. General Administration													
17	Administrative	(373,331)	(491,510)	0	0	0	0	0	0	0	0	0	(864,841)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(42,185)	0	0	0	0	0	0	0	0	0	0	(42,185)	19
20	Fees, Subscriptions & Promotions	(34,103)	0	0	0	0	0	0	0	0	0	0	(34,103)	20
21	Clerical & General Office Expenses	(461,864)	0	0	0	0	0	0	0	0	0	0	(461,864)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,571)	0	0	0	0	0	0	0	0	0	0	(1,571)	23
24	Travel and Seminar	(1,005)	0	0	0	0	0	0	0	0	0	0	(1,005)	24
25	Other Admin. Staff Transportation	(1,256)	0	0	0	0	0	0	0	0	0	0	(1,256)	25
26	Insurance-Prop.Liab.Malpractice	(77,436)	0	0	0	0	0	0	0	0	0	0	(77,436)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(992,753)	(491,510)	0	(1,484,263)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(3,923,214)	(491,510)	0	(4,414,724)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(888,380)	0	0	0	0	0	0	0	0	0	0	(888,380) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(694,523)	0	0	0	0	0	0	0	0	0	0	(694,523) 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	(15,150)	0	0	0	0	0	0	0	0	0	0	(15,150) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(1,598,053)	0	0	0	0	0	0	0	0	0	0	(1,598,053) 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	(77,645)	0	0	0	0	0	0	0	0	0	0	(77,645) 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):*	(1,542,476)	0	0	0	0	0	0	0	0	0	0	(1,542,476) 43
44	TOTAL Special Cost Centers	(1,620,121)	0	0	0	0	0	0	0	0	0	0	(1,620,121) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(7,141,387)	(491,510)	0	(7,632,897) 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	\$ 1,183,899	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 692,389	\$	(491,510)	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		\$ 1,183,899			\$ 692,389	\$ *	(491,510)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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				Franciscan Sisters of			4
5			Addolorata Villa	Wheeling, IL	Chicago Serv Corp	Lemont, 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					Franciscan Advisory	Lemont, IL	Consulting	18
19					Services		Services	19
20								20
21					St. Joseph Senior	Lemont, IL	Affordable Parent	21
22					Housing		Co.	22
23								23
24					St. Jude House	Crown Point, IN	Domestic Violence	24
25							Shelter	25
26								26
27					Madonna Foundation	Lemont, IL	Catholic High	27
28							School girls	28
29							Scholarship Prog.	29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

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	5.42	13.54%	Alloc. Salary	\$ 27,079	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	\$ 27,079		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Judy Amiano
Weighted Average Hours Worked and Compensation
07/01/14 - 06/30/15

Facility Name	Weighted Average Hours	Management Fees	Allocated Salary From Facilities	Total Compensation
Addolorata Villa	5.42	1,183,899	27,079	27,079
Franciscan Village	5.98	1,307,249	29,900	29,900
St. Joseph Village	2.56	558,946	12,785	12,785
Village at Victory Lakes	6.26	1,369,364	31,321	31,321
Other	19.78	4,324,610	98,915	98,915
Total	<u>40.00</u>	<u>8,744,068</u>	<u>200,000</u>	<u>200,000</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending: 06/30/15

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

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

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 ()

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	8,744,068	13	\$ 5,909,460	\$ 3,566,825	1,183,899	\$ 800,109	1
2	17	FSCSC Shared Expenses	Direct Cost	307,589	13	307,589	0	0	0	2
3	17	FSCSC Shared Expenses	Health Insurance	8,232,524	13	(765,249)	0	1,158,845	(107,720)	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					\$ 5,451,800	\$ 3,566,825		\$ 692,389	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/14 Ending: 06/30/15

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	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	Amalgamated Bank		X	Facility Acquisition	Varies	06/01/07	\$ 18,090,000	\$ 18,063,000	05/01/37	5.50%	\$ 565,091	1								
2	Amalgamated Bank		X	Facility Acquisition	Varies	03/17/13	11,484,294	11,089,781	05/01/47	4.86%	346,937	2								
3	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	1,474,166	1,407,112	05/01/43	Variable	44,021	3								
4	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	2,162,593	2,056,044	05/01/43	Variable	64,322	4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 33,211,053	\$ 32,615,937			\$ 1,020,371	9								
B. Non-Facility Related*																				
10	Interest Income										(142)	10								
11												11								
12	Allocation - IL / AL										(694,381)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (694,523)	14								
15	TOTALS (line 9+line14)						\$ 33,211,053	\$ 32,615,937			\$ 325,848	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.) SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2014 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 2015 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:	2010		8
	2011		9
	2012		10
	2013		11
	2014		12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

N/A - Addolorata Villa is exempt from real estate taxes.

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14 Ending:

06/30/15

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

1E+05

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility		1996	\$ 644,127	1
2	Alloc - Convent			28,094	2
3	TOTALS			\$ 672,221	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	Various		2011		158,756						24
25	Counter Top, Sink and Cabinets (TC = \$37,181)		2012		11,875						25
26	Pipe Pilot Replacement (TC = \$29,913)		2012		9,554						26
27	Carpet - Chapel View (TC = \$15,127)		2012		4,831						27
28	Heat Pump (TC = \$9,204)		2012		2,940						28
29	Auto Door Openers (TC = \$23,240)		2012		7,423						29
30	Solid Surface Solid Transaction Top and Vinyl (TC = \$48,969)		2012		15,640						30
31	Tiling - 1st and 2nd Floors (TC = \$		2012		17,640						31
32	Tandus Poise For Carpeting - Corridors (TC = \$47,363)		2012		15,127						32
33	Window Treatments and Cubicle Curtains (TC = \$4,824)		2012		1,541						33
34	Cubible Curtains (TC = \$36,477)		2012		36,477						34
35	Piping (TC = \$2,615)		2012		835						35
36	Gas Valve (TC = \$3,559)		2012		1,137						36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	Main Support Posts on Pavillion (TC = \$8,501)	2013	\$ 2,715	\$		\$	\$	\$	37
38	Signs (TC = \$11,816)	2013	3,774						38
39	Doors - Basement and Cabernet (TC = \$6,500)	2013	2,076						39
40	Sprinkler Piping, Metal Framing, Piping (TC = \$124,879)	2013	39,885						40
41	Flooring and Final Base (TC = \$60,378)	2013	19,284						41
42	PCB Assemby Board (TC = \$6,139)	2013	1,961						42
43	Change Latching Flushbolts (TC = \$2,930)	2013	936						43
44	Temp Sensor - Boiler Room (TC = \$4,891)	2013	852						44
45	Boiler Repairs (TC = \$4,891)	2013	1,562						45
46	Shaft and Bearing Fans - Cooling Tower (TC = \$4,706)	2013	1,503						46
47	Glycol Leak Pumps and Heating Pumppts (TC = \$4,959)	2013	1,584						47
48	Roof Replacement - Admin., Chapel, Sheltered (TC = \$403,187)	2013	128,773						48
49	Painting - Gazebo (TC = \$5,500)	2013	1,757						49
50	Masonry - Admin, Chapel, and Sheltered (TC = \$95,060)	2014	30,361						50
51	Wall Panels - Kitchen (TC = \$10,867)	2013	3,471						51
52	Hot Water System and Heat Booster (TC = \$84,560)	2013	27,007						52
53	Plumbing and Piping - Kitchen (TC = \$17,462)	2013	5,577						53
54	Electrical for Chef Power Line - Kitchen (TC = \$3,468)	2013	1,108						54
55	Counters - Kitchen (TC = \$38,343)	2013	12,246						55
56	Rooftop and PTAC AC Units (TC = \$38,536)	2014	12,308						56
57	Audio and Sound System - Chapel (TC = \$22,234)	2014	7,101						57
58	Mixing Valves - Plumbing (TC = \$3,485)	2014	1,113						58
59	Design and Site Fees - LIMP Improvements (TC = \$5,791)	2014	2,302						59
60	Automated Access Door Devices - Entrance (TC = \$26,610)	2014	14,046						60
61	Elevator Upgrades - Electrical, Pumps, Etc. (TC = \$272,230)	2014	86,947						61
62	Annunciator Panel - Nurses Station (TC = \$2,689)	2014	1,556						62
63	Heat Pump - Admin, Chapel, Sheltered (TC = \$32,785)	2014	10,471						63
64	Smoke Detectors - Admin, Chapel, Sheltered (TC = \$23,619)	2013	7,544						64
65	Laundry Ejector Pump - Laundry Room (TC = \$10,069)	2013	10,069						65
66	Fire Alarm - Admin, Chapel, Sheltered (TC = \$9,998)	2014	3,193						66
67	Sprinkler System (TC = \$142,649)	2014	45,560						67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,155,890	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,155,890	\$		\$	\$	\$	1
2	Current Year Additions FY 2014 - 2015								2
3	See CY FA Addition Schedule - Allocations and Locations								3
4									4
5	Diesel Tanks - Repiped to Generator (TC = \$19,734)	2015	6,303						5
6	Automated Access Door Devices - Entrance (TC = \$12,300)	2015	7,500						6
7	Electrical Panels - Kitchen and NH (TC = \$65,730)	2015	20,993						7
8	Fire Alarm System / Wiring - Kitchen and NH (TC = \$32,112)	2014	10,256						8
9	Fire Damper - Kitchen and NH (TC = \$6,775)	2015	2,164						9
10	Parking Lot - Demo and Rehab (TC = \$508,233)	2014	162,323						10
11	Block Wall Replacement - Demo and Rehab (TC = \$7,616)	2014	2,432						11
12	Ejector Pump - Sewage System (TC = \$19,077)	2015	6,093						12
13	Heat Pumps - (TC = \$6,775)	2015	2,164						13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,376,118	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

**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:

07/01/14

Ending:

06/30/15

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,376,118	\$		\$	\$	\$	1
2	Disposals								2
3									3
4	See PY FA Disposal Schedule - Allocations and Locations								4
5									5
6	Various (TC = \$10,700)	1998	(3,417)						6
7	Various (TC = \$22,865)	2008	(7,303)						7
8	Various (TC = \$347)	2008	(111)						8
9	Various (TC = \$7,965)	2009	(2,544)						9
10									10
11	See CY FA Disposal Schedule - Allocations and Locations								11
12									12
13	Various (TC = \$49,914)	1996	(15,942)						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	Financial Statement Depreciation			416,885		416,885		5,764,474	33
34	TOTAL (lines 1 thru 33)		\$ 10,346,801	\$ 416,885		\$ 416,885	\$	\$ 5,764,474	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,524,099	\$	\$	\$		\$	71
72	Current Year Purchases	37,518						72
73	Fully Depreciated Assets							73
74	Disposals	(3,079)						74
75	TOTALS	\$ 1,558,537	\$	\$	\$		\$	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)	\$ 12,621,211	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 416,885	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 416,885	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)	\$ 5,764,474	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	\$ 21,796,438	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	562,379			87
88	Non-Care Assets - CY EQIP Add.	92,285			88
89	Non-Care Assets - CY Disposals	(69,032)			89
90	Financial Statement Depreciation		888,380	12,284,067	90
91	TOTALS	\$ 22,382,070	\$ 888,380	\$ 12,284,067	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Abbeville Villa
Plant Asset Schedule - Abbeville
FY04 Asset 00, 0000

Description	Page	Version	Grouping	Cost	In Service Date	Class	Method	Cost				
								00-01	10-00	00-01	10-00	
								Working Hours	Other	Equipment - NA	Equipment - NA	
Landfill Requirements												
Anderson Pump Station Diesel Tank	12	XI-B	1	6,700	02/01/14	L&M	Subst	2,000	4,700	-	-	6,700
Anderson Pump Diesel Tank	12	XI-B	1	10,000	02/01/14	L&M	Subst	1,000	9,000	-	-	10,000
				<u>16,700</u>				<u>3,000</u>	<u>13,700</u>			<u>16,700</u>
Advanced P&H Station Access Drive Wood	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Advanced P&H Station Access Drive Wood	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Advanced P&H Station Access Drive Wood	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
				<u>6,000</u>					<u>6,000</u>			<u>6,000</u>
Beaver Washers & Screens - Washers	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Beaver Washers - Washers	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Beaver Washers - Washers	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
				<u>6,000</u>					<u>6,000</u>			<u>6,000</u>
Build City Courthouse Apr 199	13	XI-F	NOA	4,000	03/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
Build City Courthouse Apr 199	13	XI-F	NOA	4,000	03/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
Build City Courthouse	13	XI-F	NOA	4,000	03/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
Build City Courthouse	13	XI-F	NOA	4,000	03/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
				<u>16,000</u>					<u>16,000</u>			<u>16,000</u>
Capex for Park - Carpet 01, 211	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Capex for Park - Carpet 01, 400	13	XI-F	NOA	1,000	11/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet - Washroom Area	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet - Washroom	13	XI-F	NOA	2,000	11/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Capex for Park - Carpet 01, 007	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 111	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Capex for Park - Carpet 01, 101	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 007	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 007	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 001	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 000	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Capex for Park - Carpet 01, 000	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
				<u>16,000</u>					<u>16,000</u>			<u>16,000</u>
Customized Electrical Panels	13	XI-B	3	63,000	04/01/14	L&M	Subst	30,000	33,000	-	-	63,000
				<u>63,000</u>				<u>30,000</u>	<u>33,000</u>			<u>63,000</u>
Flaming Substation - Carpet 01, 200	13	XI-F	NOA	1,000	04/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet	13	XI-F	NOA	4,000	04/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
Flaming Substation - Carpet 01, 210	13	XI-F	NOA	1,000	04/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet - Yard	13	XI-F	NOA	1,000	04/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Flaming Substation - Carpet	13	XI-F	NOA	2,000	03/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Flaming Substation - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet 01, 100 & 01, 011	13	XI-F	NOA	2,000	04/01/14	L&M	Direct (M) / (E)	-	2,000	-	-	2,000
Flaming Substation - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Carpet 01, 100	13	XI-F	NOA	1,000	03/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
Flaming Substation - Yard 01, 110	13	XI-F	NOA	1,000	04/01/14	L&M	Direct (M) / (E)	-	1,000	-	-	1,000
				<u>16,000</u>					<u>16,000</u>			<u>16,000</u>
Fox Valley Aerial System	13	XI-B	4	4,000	01/01/14	L&M	Subst	2,000	2,000	-	-	4,000
Fox Valley Aerial System	13	XI-B	4	2,000	01/01/14	L&M	Subst	1,000	1,000	-	-	2,000
Fox Valley Aerial System	13	XI-B	4	2,000	04/01/14	L&M	Subst	1,000	1,000	-	-	2,000
Fox Valley Electrical Wiring	13	XI-B	4	10,000	04/01/14	L&M	Subst	5,000	5,000	-	-	10,000
				<u>10,000</u>				<u>5,000</u>	<u>5,000</u>			<u>10,000</u>
Fox Valley Site Design	13	XI-B	4	2,000	01/01/14	L&M	Subst	1,000	1,000	-	-	2,000
				<u>2,000</u>				<u>1,000</u>	<u>1,000</u>			<u>2,000</u>
Hendon Construction Labor	13	XI-F	NOA	4,000	03/01/14	L&M	Direct (M) / (E)	-	4,000	-	-	4,000
				<u>4,000</u>					<u>4,000</u>			<u>4,000</u>
Hendon Construction Parking Lot	13	XI-B	6	100,000	03/01/14	L&M	Subst	100,000	100,000	-	-	100,000
				<u>100,000</u>				<u>100,000</u>	<u>100,000</u>			<u>100,000</u>
Hendon Black Mill Employment	13	XI-B	7	1,000	03/01/14	L&M	Subst	1,000	1,000	-	-	1,000
				<u>1,000</u>				<u>1,000</u>	<u>1,000</u>			<u>1,000</u>
Black Pump Station Pump	13	XI-B	6	1,000	04/01/14	L&M	Subst	1,000	1,000	-	-	1,000
Black Pump Station Pump	13	XI-B	6	1,000	04/01/14	L&M	Subst	1,000	1,000	-	-	1,000
				<u>2,000</u>				<u>2,000</u>	<u>2,000</u>			<u>2,000</u>
David Tank Diesel Pump	13	XI-B	6	4,000	03/01/14	L&M	Subst	2,000	2,000	-	-	4,000
				<u>4,000</u>				<u>2,000</u>	<u>2,000</u>			<u>4,000</u>
Sub Total				300,000				150,000	150,000			300,000
Equipment												
Full Load P&H System	13	XI-C	1	15,000	03/01/14	EQIP	Subst	15,000	15,000	-	-	15,000
Full Load P&H System	13	XI-C	1	15,000	03/01/14	EQIP	Subst	15,000	15,000	-	-	15,000
				<u>30,000</u>				<u>30,000</u>	<u>30,000</u>			<u>30,000</u>
Direct Supply - Heavy Cat	13	XI-C	2	1,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
				<u>1,000</u>				<u>1,000</u>	<u>1,000</u>			<u>1,000</u>
Direct Supply - Stone Kerle Labor	13	XI-C	3	1,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
Direct Supply - Stone Kerle	13	XI-C	3	1,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
				<u>2,000</u>				<u>2,000</u>	<u>2,000</u>			<u>2,000</u>
Direct Supply - Bud	13	XI-C	4	1,000	11/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Direct Supply - Bud	13	XI-C	4	1,000	11/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Direct Supply - Mattress	13	XI-C	4	1,000	04/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
				<u>3,000</u>					<u>3,000</u>			<u>3,000</u>
Direct Supply - Van Scales	13	XI-C	5	1,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
				<u>1,000</u>				<u>1,000</u>	<u>1,000</u>			<u>1,000</u>
Kidgum Tractor 100 Tractor	13	XI-C	6	1,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
Motor - Battery Backup	13	XI-C	7	2,000	04/01/14	EQIP	Subst	1,000	1,000	-	-	2,000
Motor Per Supply for Phos System	13	XI-C	7	1,000	03/01/14	EQIP	Subst	1,000	1,000	-	-	1,000
				<u>4,000</u>				<u>3,000</u>	<u>1,000</u>			<u>4,000</u>
Brakes - Motor	13	XI-F	NOA	1,000	01/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Brake 01 - Hammer & Stry	13	XI-F	NOA	1,000	01/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Brake 01 - Hammer & Stry	13	XI-F	NOA	1,000	01/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Brake 01 - Hammer & Stry	13	XI-F	NOA	1,000	01/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
Brake 01 - Hammer & Stry	13	XI-F	NOA	1,000	01/01/14	EQIP	Direct (M) / (E)	-	1,000	-	-	1,000
				<u>5,000</u>					<u>5,000</u>			<u>5,000</u>
Sub Total				400,000				200,000	200,000			400,000
Total				700,000				350,000	350,000			700,000

Addolorata Villa
Fixed Asset Analysis - Disposals
FYE June 30, 2015

Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				
								66,613	141,952	66,613	141,952	208,565
								Nursing Home	Other	Expensed - NH	Expensed - NA	Total
Leasehold Improvements												
Boom Window - Repair window & new s	13	XI-F	NCAR	843	07/30/04	LIMP	Direct ALU / ILU	-	843	-	-	843
Boom Window - Repair window & new s	13	XI-F	NCAR	420	11/30/04	LIMP	Direct ALU / ILU	-	420	-	-	420
Boom Window - Replace Broken Frame	13	XI-F	NCAR	642	10/31/04	LIMP	Direct ALU / ILU	-	642	-	-	642
Carpet 4-0201	13	XI-F	NCAR	5,380	10/16/08	LIMP	Direct ALU / ILU	-	5,380	-	-	5,380
Carpet 4-0201	13	XI-F	NCAR	230	10/16/08	LIMP	Direct ALU / ILU	-	230	-	-	230
Carpet 4-0201	13	XI-F	NCAR	3,871	10/16/08	LIMP	Direct ALU / ILU	-	3,871	-	-	3,871
Carpet 4-0201	13	XI-F	NCAR	132	10/29/08	LIMP	Direct ALU / ILU	-	132	-	-	132
Carpet 4-0201	13	XI-F	NCAR	726	10/31/08	LIMP	Direct ALU / ILU	-	726	-	-	726
Carpet 4-0201	13	XI-F	NCAR	208	01/28/09	LIMP	Direct ALU / ILU	-	208	-	-	208
Carpet 4-0201	13	XI-F	NCAR	225	05/28/09	LIMP	Direct ALU / ILU	-	225	-	-	225
Carpet 4-0201	13	XI-F	NCAR	2,856	06/23/09	LIMP	Direct ALU / ILU	-	2,856	-	-	2,856
Carpet 4-0201	13	XI-F	NCAR	3,784	06/30/09	LIMP	Direct ALU / ILU	-	3,784	-	-	3,784
Carpet 4-0201	13	XI-F	NCAR	3,756	06/30/09	LIMP	Direct ALU / ILU	-	3,756	-	-	3,756
Window	13	XI-F	NCAR	949	12/31/04	LIMP	Direct ALU / ILU	-	949	-	-	949
Window/Screen Replacement	13	XI-F	NCAR	11,039	06/30/00	LIMP	Direct ALU / ILU	-	11,039	-	-	11,039
				<u>35,060</u>				-	35,060	-	-	35,060
CONCRETE PAVING	12	XI-B	1	49,914	11/26/96	LIMP	Inirect	15,942	33,972	-	-	49,914
				<u>49,914</u>				15,942	33,972	-	-	49,914
Sub-Total				84,974				15,942	69,032	-	-	84,974
Equipment												
MATTRESS				1,213	04/01/99	LIMP	NH	1,213	-	-	-	1,213
MATTRESSES				654	12/01/98	LIMP	NH	654	-	-	-	654
MATTRESSES				<u>1,213</u>	02/01/99	LIMP	NH	<u>1,213</u>	-	-	-	<u>1,213</u>
				<u>3,079</u>				<u>3,079</u>	-	-	-	<u>3,079</u>
Sub-Total				3,079				3,079	-	-	-	3,079
Total				88,054				19,021	69,032	-	-	88,054

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/14

Ending: 06/30/15

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>2016</u>	\$ _____
13.	<u>2017</u>	\$ _____
14.	<u>2018</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: \$ 9,141 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.

SEE ACCOUNTANTS' COMPILATION REPORT

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Amount
Total	-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Item Rented	Amount
GE Capital	Copier	18,652
Pitney Bowes	Postage Machine	1,175
Ecolab	Dish Machine	4,118
AirGas USA, LLC		346
Allocation - AL / IL		(15,150)
Total		9,141

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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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	\$		\$	204,032	\$		\$	204,032	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				44,192				44,192	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				277,079				277,079	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					146,854			146,854	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>See Supplemental</u>	39 - 02						6,154			6,154	12
13	Other (specify): <u>See Supplemental</u>	39 - 03					34,064				34,064	13
14	TOTAL			\$		\$	559,367	\$	153,008	\$	712,375	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 16 Supplemental Schedule

Description	Supplies	Other
IV Solutions and Supplies	18	
Oxygen and Supplies	2,941	
Enteral / PEN Nutrition	3,195	
Laboratory		9,850
Radiology		4,055
Therapy Equipment Rental		10,200
Other Professional Services		2,433
Other Equipment Rental		7,526
Total	<u>6,154</u>	<u>34,064</u>

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	\$ 258	\$	1
2	Cash-Patient Deposits	6,710		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>350,000</u>)	559,942		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	140,287		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	136,102		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)	\$ 843,299	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,962,633		13
14	Buildings, at Historical Cost	6,871,728		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	24,988,585		16
17	Accumulated Depreciation (book methods)	(18,048,541)		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>	263		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,774,668	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,617,967	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 634,318	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,710		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	617,918		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,477		31
32	Accrued Real Estate Taxes(Sch.IX-B)	9,750		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	1,271,989		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,545,162	\$	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)	\$ 2,545,162	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 15,072,805	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,617,967	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Total	-	-
Line 23 - Other Long Term Assets		
Construction in Progress	263	
Total	263	-
Line 36 - Other Current Liabilities		
Unclaimed Funds	5,228	
Reservation / Refundable Deposits	893,004	
Unrefundable Deposits (Net of Amortization)	204,928	
Life Annuity Contracts	50,000	
Asset Retirement Obligation	118,829	
Total	1,271,989	-
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 16,106,806	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 16,106,806	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	510,199	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)	\$ 510,199	17
B. Transfers (Itemize):			
18	FC Holding - Intercompany Transfer	(1,662,609)	18
19	Net Assets Released - Temporarily Restricted	90,775	19
20	Net Assets Released - Unrestricted	27,634	20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,544,200)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 15,072,805	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,351,966	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,351,966	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	208,917	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 208,917	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	22,165	12
13	Barber and Beauty Care	94,200	13
14	Non-Patient Meals	42,807	14
15	Telephone, Television and Radio	57,614	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	7,563	21
22	Laundry	29,604	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 253,953	23
D. Non-Operating Revenue			
24	Contributions	152,979	24
25	Interest and Other Investment Income***	142	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 153,121	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	17,039	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,039	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,984,996	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,487,024	31
32	Health Care	4,336,293	32
33	General Administration	4,730,886	33
B. Capital Expense			
34	Ownership	2,349,927	34
C. Ancillary Expense			
35	Special Cost Centers	2,332,496	35
36	Provider Participation Fee	238,171	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,474,797	40
41	Income before Income Taxes (line 30 minus line 40)**	510,199	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 510,199	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,167,548	44
45	Private Pay - Net Inpatient Revenue	6,982,200	45
46	Medicare - Net Inpatient Revenue	1,879,994	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	106,851	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	8,215,373	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,351,966	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Addolorata Villa
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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Activity Revenue	10,524	10,524
Rebates and Refunds	5,471	5,471
Miscellaneous Revenue	1,044	1,044
Total	<u>17,039</u>	<u>17,039</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	2,061	\$ 92,007	\$ 44.64	1
2	Assistant Director of Nursing	720	760	29,693	39.07	2
3	Registered Nurses	31,337	34,937	1,209,240	34.61	3
4	Licensed Practical Nurses	13,231	14,840	406,286	27.38	4
5	CNAs & Orderlies	85,428	94,479	1,433,088	15.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,655	3,066	56,848	18.54	8
9	Activity Director	1,800	2,080	59,498	28.60	9
10	Activity Assistants	9,451	10,704	145,424	13.59	10
11	Social Service Workers	1,856	2,080	56,737	27.28	11
12	Dietician					12
13	Food Service Supervisor	1,802	2,081	28,438	13.67	13
14	Head Cook	2,291	2,371	43,255	18.24	14
15	Cook Helpers/Assistants	13,198	14,550	225,922	15.53	15
16	Dishwashers	48,489	53,428	541,606	10.14	16
17	Maintenance Workers	16,860	18,771	433,022	23.07	17
18	Housekeepers	31,762	35,282	435,252	12.34	18
19	Laundry	5,731	6,095	68,377	11.22	19
20	Administrator	1,800	2,080	117,476	56.48	20
21	Assistant Administrator					21
22	Other Administrative	1,749	2,080	141,579	68.07	22
23	Office Manager					23
24	Clerical	18,604	20,262	414,008	20.43	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	1,888	2,058	31,626	15.37	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	68,335	76,866	1,505,383	19.58	33
34	TOTAL (lines 1 - 33)	360,763	400,931	\$ 7,474,765 *	\$ 18.64	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	23,400	09 - 03	36
37	Medical Records Consultant	2,351	10 - 03	37
38	Nurse Consultant			38
39	Pharmacist Consultant	8,058	10 - 03	39
40	Physical Therapy Consultant	188	10A - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,164	11 - 03	44
45	Social Service Consultant	751	12 - 03	45
46	Other(specify) <u>Priest / Organist</u>	25,276	12 - 03	46
47	<u>Dietary Management</u>	453,323	01 - 03	47
48	<u>Senior Fit</u>	70,053	10A - 03	48
49	TOTAL (lines 35 - 48)	\$ 584,564		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

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
MDS and Clinical Reimbursement (Line 10)	1,880	2,072	76,709
Nursing Services and Staff Devel (Line 10)	2,241	2,745	97,603
Unit Secretary (Line 10)	4,124	4,891	80,605
Chaplain (Line 12)	1,300	1,455	28,974
Director of Mission Integration (Line 12)	1,712	2,080	74,687
Pastoral Care Coordinator (Line 12)	1,616	1,664	40,216
Transportation (Line 14)	1,627	2,102	34,027
Assisted Living (Line 43)	46,092	51,092	785,865
Independent Living (Line 43)	448	448	9,869
Marketing (Line 43)	5,455	6,237	216,929
Fundraising (Line 43)	1,840	2,080	59,899
Total	68,335	76,866	1,505,383

**Addolorata Villa
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 21 Supplemental Schedule - Seminar Schedule

Payee	Cost
LSN	500
William Raney Harper College	399
IAPA Conference	200
Oakton Community College	87
William Raney Harper College	338
Rochell M. Pennington	175
Arlington Heights Senior Center	200
Michael J Knauf	400
Palatine Township Senior Citizen	135
LSN	1,265
Silver Connections	450
Northwest Community Healthcare	328
Video Pro Productions	201
NPUAP National Biennial Conference	961
LSN webinar Interviewing revisited	99
Wound Care Education	396
WorldPoint	234
PathWay Health AANAC Recertification	200
IAPA Conference	200
Decatur Conference Center	100
LSN	99
Other	(160)
Allocation - AL / IL	(1,005)
Sub-Total	5,801

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	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/14

Ending: 06/30/15

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. Leading Age - \$16,299
- (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? 8 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,672 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. \$ 238,171
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? Yes - See Pg. 11 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. \$ 42,807
- (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? Ln 14
- 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? Yes
- 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. Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' COMPILATION REPORT