

Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/17 Ending: 06/30/18

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	8,165	14,226	3,916	26,307	8
9	SNF/PED					9
10	ICF	128	2,450		2,578	10
11	ICF/DD					11
12	SC		5,613		5,613	12
13	DD 16 OR LESS					13
14	TOTALS	8,293	22,289	3,916	34,498	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.03%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

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

Outpatient Therapy

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 11/27/96

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/27/96 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 88 and days of care provided 2,894

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/18 Fiscal Year: 06/30/18

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/17 Ending: 06/30/18

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	971,577	183,319	615,119	1,770,015		1,770,015	(882,482)	887,533		1
2	Food Purchase		749,676		749,676		749,676	(378,657)	371,019		2
3	Housekeeping	486,048	72,933		558,981		558,981	(281,614)	277,367		3
4	Laundry	76,256	62,478		138,734		138,734	(64,564)	74,170		4
5	Heat and Other Utilities			466,383	466,383		466,383	(317,426)	148,957		5
6	Maintenance	477,479	102,239	779,493	1,359,211		1,359,211	(905,944)	453,267		6
7	Other (specify):* See Supplemental							(1,834)	(1,834)		7
8	TOTAL General Services	2,011,360	1,170,645	1,860,995	5,043,000		5,043,000	(2,832,521)	2,210,479		8
	B. Health Care and Programs										
9	Medical Director			24,100	24,100		24,100	(6,204)	17,896		9
10	Nursing and Medical Records	3,653,521	215,084	208,732	4,077,337		4,077,337	(93,913)	3,983,424		10
10a	Therapy	50,085	1,764	71,169	123,018		123,018	(31,671)	91,347		10a
11	Activities	222,793	9,855	10,563	243,211		243,211	(121,474)	121,737		11
12	Social Services	176,453	5,983	14,452	196,888		196,888	(84,873)	112,015		12
13	CNA Training										13
14	Program Transportation	31,534			31,534		31,534	(20,052)	11,482		14
15	Other (specify):* See Supplemental							(5,498)	(5,498)		15
16	TOTAL Health Care and Programs	4,134,386	232,686	329,016	4,696,088		4,696,088	(363,685)	4,332,403		16
	C. General Administration										
17	Administrative	295,309		1,267,970	1,563,279		1,563,279	(1,409,491)	153,788		17
18	Directors Fees										18
19	Professional Services			100,256	100,256		100,256	(33,653)	66,603		19
20	Dues, Fees, Subscriptions & Promotions			60,771	60,771		60,771	(24,167)	36,604		20
21	Clerical & General Office Expenses	479,673	38,668	437,462	955,803		955,803	(287,502)	668,301		21
22	Employee Benefits & Payroll Taxes			2,119,100	2,119,100		2,119,100		2,119,100		22
23	Inservice Training & Education			1,762	1,762		1,762	(1,121)	641		23
24	Travel and Seminar			3,720	3,720		3,720	399	4,119		24
25	Other Admin. Staff Transportation			3,639	3,639		3,639	(2,199)	1,440		25
26	Insurance-Prop.Liab.Malpractice			278,153	278,153		278,153	(128,982)	149,171		26
27	Other (specify):* See Supplemental							(46,729)	(46,729)		27
28	TOTAL General Administration	774,982	38,668	4,272,833	5,086,483		5,086,483	(1,933,445)	3,153,038		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,920,728	1,441,999	6,462,844	14,825,571		14,825,571	(5,129,651)	9,695,920		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Addolorata Villa
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(3,025)	(3,025)
				-
Alloc. - Non-Allowable AL / IL			1,191	1,191
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(1,834)</u>	<u>(1,834)</u>
Line 15 - Other Health Care Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(9,067)	(9,067)
				-
Alloc. - Non-Allowable AL / IL			3,569	3,569
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(5,498)</u>	<u>(5,498)</u>
Line 27 - Other General Administration				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(77,069)	(77,069)
				-
Alloc. - Non-Allowable AL / IL			30,340	30,340
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(46,729)</u>	<u>(46,729)</u>

Facility Name & ID Number Addolorata Villa

#0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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			1,176,783	1,176,783		1,176,783	(790,443)	386,340			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			964,204	964,204		964,204	(656,393)	307,811			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							14,779	14,779			34
35	Rent-Equipment & Vehicles			20,737	20,737		20,737	(12,108)	8,629			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			2,161,724	2,161,724		2,161,724	(1,444,165)	717,559			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		151,134	509,740	660,874		660,874		660,874			39
40	Barber and Beauty Shops			80,815	80,815		80,815	(79,617)	1,198			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			213,035	213,035		213,035		213,035			42
43	Other (specify):* See Supplemental	1,457,469	160,670	266,294	1,884,433		1,884,433	(1,884,433)				43
44	TOTAL Special Cost Centers	1,457,469	311,804	1,069,884	2,839,157		2,839,157	(1,964,050)	875,107			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,378,197	1,753,803	9,694,452	19,826,452		19,826,452	(8,537,866)	11,288,586			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Addolorata Villa
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 43 - Other Special Cost Centers				
Assisted Living	1,064,386	38,678	40,690	1,143,754
Independent Living	48,698	25,232	21,908	95,838
Marketing	269,387	39,108	151,236	459,731
Development	74,998	57,218	49,997	182,213
Other		434	2,463	2,897
				-
				-
Sub-Total	<u>1,457,469</u>	<u>160,670</u>	<u>266,294</u>	<u>1,884,433</u>

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	(15,253)	02		4
5	Telephone, TV & Radio in Resident Rooms	(45,760)	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	(450)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(18,263)	21		18
19	Entertainment	(2,867)	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	(195,033)	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	(7,862,930)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (8,140,556)		\$	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)	(397,310)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (397,310)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (8,537,866)		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' PREPARATION REPORT

Addolorata Villa

ID# 0045443

Report Period Beginning: 07/01/17

Ending: 06/30/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Revenue	\$ (79,617)	40	1
2	Activity Revenue	(15,861)	11	2
3	Miscellaneous Revenue	(4,372)	21	3
4	Collections	(1,500)	19	4
5	Cable	(113,230)	21	5
6	Bank Fees	(4,715)	21	6
7	Assisted Living	(1,143,754)	43	7
8	Independent Living	(95,838)	43	8
9	Marketing	(459,731)	43	9
10	Development	(182,213)	43	10
11	Other	(2,897)	43	11
12	Capitalized Assets < \$2,500	2,548	06	12
13				13
14				14
15	Page 5 SUPP - Assisted Living Allocations			15
16	Dietary	(882,482)	01	16
17	Food	(363,404)	02	17
18	Housekeeping	(281,614)	03	18
19	Laundry	(64,564)	04	19
20	Utilities	(317,426)	05	20
21	Maintenance	(938,712)	06	21
22	Other	1,191	07	22
23	Medical Director	(6,204)	09	23
24	Nursing and Medical Records	(175,198)	10	24
25	Therapy	(31,671)	10A	25
26	Activities	(105,613)	11	26
27	Social Services	(84,873)	12	27
28	CNA Training	0	13	28
29	Transportation	(20,052)	14	29
30	Other	3,569	15	30
31	Administrative	(141,521)	17	31
32	Director Fees	0	18	32
33	Professional Fees	(61,291)	19	33
34	Dues and Subscriptions	(33,684)	20	34
35	Clerical	(614,923)	21	35
36	Employee Benefits (Not ADJ - Rate Calculation)	0	22	36
37	Inservice Training	(1,121)	23	37
38	Seminar and Travel	(7,205)	24	38
39	Other Staff Admin. Transportation	(2,199)	25	39
40	Insurance	(137,273)	26	40
41	Other	30,340	27	41
42	Depreciation	(823,288)	30	42
43	Amortization	0	31	43
44	Interest	(655,943)	32	44
45	Real Estate Taxes	0	33	45
46	Rent - Building	(31,494)	34	46
47	Rent - Equipment	(15,095)	35	47
48				48
49	Total	(7,862,930)		49

Addolorata Villa
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Salary	Total		Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Expenses	
			Allow. Exp.	Salary	Other	Nursing Home			Total	Nursing Home	Other	
Dietary	1	971,577	1,770,015		19,766	1,750,249	Meals Served	103,494	208,743	887,533	882,482	
Food	2	-	734,423		13,674	720,749	Meals Served	103,494	208,743	371,019	363,404	
Housekeeping	3	486,048	558,981			558,981	SQFT (1)	932,582	1,879,442	277,367	281,614	
Laundry	4	76,256	138,734			138,734	Pat. Days (1)	34,498	64,528	74,170	64,564	
Heat and Other Utilities	5		466,383			466,383	SQFT	66,613	208,565	148,957	317,426	
Maintenance	6	477,479	1,391,979		12,763	1,379,216	SQFT	66,613	208,565	453,267	938,712	
Other	7	-	(3,025)			(3,025)	Alloc. Salary	5,079,914	8,378,197	(1,834)	(1,191)	
Medical Director	9	-	24,100			24,100	Dir. Staffing	3,070,017	4,134,403	17,896	6,204	
Nursing and Medical Records	10	3,653,521	4,158,622	3,070,017	408,082	680,523	Dir. Staffing	3,070,017	4,134,403	3,983,424	175,198	
Therapy	10a	50,085	123,018			123,018	Dir. Staffing	3,070,017	4,134,403	91,347	31,671	
Activities	11	222,793	227,350			227,350	Pat. Days (2)	34,498	64,427	121,737	105,613	
Social Services	12	176,453	196,888			196,888	Pat. Days (3)	34,498	60,637	112,015	84,873	
CNA Training	13	-	-			-	Dir. Staffing	-	-	-	-	
Transportation	14	31,534	31,534			31,534	Pat. Days	34,498	94,746	11,482	20,052	
Other	15	-	(9,067)			(9,067)	Alloc. Salary	5,079,914	8,378,197	(5,498)	(3,569)	
Administrative	17	295,309	295,309			295,309	Net. Pat. Rev.	9,948,274	19,103,050	153,788	141,521	
Directors Fees	18	-	-			-	N/A	-	-	-	-	
Professional Fees	19	-	127,894			127,894	Net. Pat. Rev.	9,948,274	19,103,050	66,603	61,291	
Dues and Subscriptions	20	-	70,288			70,288	Net. Pat. Rev.	9,948,274	19,103,050	36,604	33,684	
Office and Clerical	21	479,673	1,283,224		80	1,283,144	Net. Pat. Rev.	9,948,274	19,103,050	668,301	614,923	
Employee Benefits	22	-	2,119,100			2,119,100	Alloc. Salary	5,079,914	8,378,197	1,284,864	834,236	
Inservice Training and Expense	23	-	1,762			1,762	Pat. Days	34,498	94,847	641	1,121	
Travel and Seminar	24	-	11,324			11,324	Pat. Days	34,498	94,847	4,119	7,205	
Other Staff Transportation	25	-	3,639		183	3,456	Pat. Days	34,498	94,847	1,440	2,199	
Insurance	26	-	286,444			286,444	Net. Pat. Rev.	9,948,274	19,103,050	149,171	137,273	
Other	27	-	(77,069)			(77,069)	Alloc. Salary	5,079,914	8,378,197	(46,729)	(30,340)	
Depreciation	30	-	1,209,628			1,209,628	SQFT	66,613	208,565	386,340	823,288	
Amortization	31	-	-			-	Net. Pat. Rev.	-	-	-	-	
Interest	32	-	963,754			963,754	SQFT	66,613	208,565	307,811	655,943	
Real Estate Taxes	33	-	-			-	SQFT	-	-	-	-	
Rent - Facilities and Grounds	34	-	46,273			46,273	SQFT	66,613	208,565	14,779	31,494	
Rent - Equipment and Vehicles	35	-	23,724			23,724	Pat. Days	34,498	94,847	8,629	15,095	
Other	36	-	-			-	N/A	-	-	-	-	
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-	
Ancillary Service Centers	39	-	660,874			660,874	Direct	-	-	660,874	-	
Barber and Beauty Shop	40	-	1,198			1,198	Direct	-	-	1,198	-	
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-	
Provider Participation Fee	42	-	213,035			213,035	Direct	-	-	213,035	-	
Other	43	1,457,469	-			-	Direct	-	-	-	-	
			8,378,197	17,050,336	3,070,017	454,548	13,525,771			10,454,350	6,595,986	

STATE OF ILLINOIS

Summary A

1	Dietary	(882,482)	0	0	0	0	0	0	0	0	0	0	(882,482)	1
2	Food Purchase	(378,657)	0	0	0	0	0	0	0	0	0	0	(378,657)	2
3	Housekeeping	(281,614)	0	0	0	0	0	0	0	0	0	0	(281,614)	3
4	Laundry	(64,564)	0	0	0	0	0	0	0	0	0	0	(64,564)	4
5	Heat and Other Utilities	(317,426)	0	0	0	0	0	0	0	0	0	0	(317,426)	5
6	Maintenance	(936,164)	0	30,220	0	0	0	0	0	0	0	0	(905,944)	6
7	Other (specify):*	1,191	0	(3,025)	0	0	0	0	0	0	0	0	(1,834)	7
8	TOTAL General Services	(2,859,716)	0	27,195	0	(2,832,521)	8							
	B. Health Care and Programs													
9	Medical Director	(6,204)	0	0	0	0	0	0	0	0	0	0	(6,204)	9
10	Nursing and Medical Records	(175,198)	0	81,285	0	0	0	0	0	0	0	0	(93,913)	10
10a	Therapy	(31,671)	0	0	0	0	0	0	0	0	0	0	(31,671)	10a
11	Activities	(121,474)	0	0	0	0	0	0	0	0	0	0	(121,474)	11
12	Social Services	(84,873)	0	0	0	0	0	0	0	0	0	0	(84,873)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(20,052)	0	0	0	0	0	0	0	0	0	0	(20,052)	14
15	Other (specify):*	3,569	0	(9,067)	0	0	0	0	0	0	0	0	(5,498)	15
16	TOTAL Health Care and Programs	(435,903)	0	72,218	0	(363,685)	16							
	C. General Administration													
17	Administrative	(141,521)	0	(1,267,970)	0	0	0	0	0	0	0	0	(1,409,491)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(62,791)	0	29,138	0	0	0	0	0	0	0	0	(33,653)	19
20	Fees, Subscriptions & Promotions	(33,684)	0	9,517	0	0	0	0	0	0	0	0	(24,167)	20
21	Clerical & General Office Expenses	(999,163)	0	711,661	0	0	0	0	0	0	0	0	(287,502)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,121)	0	0	0	0	0	0	0	0	0	0	(1,121)	23
24	Travel and Seminar	(7,205)	0	7,604	0	0	0	0	0	0	0	0	399	24
25	Other Admin. Staff Transportation	(2,199)	0	0	0	0	0	0	0	0	0	0	(2,199)	25
26	Insurance-Prop.Liab.Malpractice	(137,273)	0	8,291	0	0	0	0	0	0	0	0	(128,982)	26
27	Other (specify):*	30,340	0	(77,069)	0	0	0	0	0	0	0	0	(46,729)	27
28	TOTAL General Administration	(1,354,617)	0	(578,828)	0	(1,933,445)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,650,236)	0	(479,415)	0	(5,129,651)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Addolorata Villa# 0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(823,288)	0	32,845	0	0	0	0	0	0	0	0	(790,443)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(656,393)	0	0	0	0	0	0	0	0	0	0	(656,393)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(31,494)	0	46,273	0	0	0	0	0	0	0	0	14,779	34
35	Rent-Equipment & Vehicles	(15,095)	0	2,987	0	0	0	0	0	0	0	0	(12,108)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,526,270)	0	82,105	0	(1,444,165)	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	(79,617)	0	0	0	0	0	0	0	0	0	0	(79,617)	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):*	(1,884,433)	0	0	0	0	0	0	0	0	0	0	(1,884,433)	43
44	TOTAL Special Cost Centers	(1,964,050)	0	0	0	0	0	0	0	0	0	0	(1,964,050)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(8,140,556)	0	(397,310)	0	(8,537,866)	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: 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		\$			\$	\$	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		\$			\$	\$ *	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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.							1
2								2
3	Board of Directors		St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters			3
4	Sister M. Francis Clare Radke		The Village at Victory Lakes	Lindenhurst, IL	of Chicago	Lemont, IL	Religious Cong.	4
5	James Stark		Addolorata Villa	Wheeling, IL	Franciscan Sisters			5
6	Judy Amiano		Franciscan Village	Lemont, IL	Chicago Serv Corp	Lemont, IL	Corp. Management	6
7	Andrew Duren		St. Anthony Home	Crown Point, IN	St. James			7
8	Raymond Catania		University Place	West Lafayette, IN	Senior Estates	Crete, IL	Ind. Living	8
9	Joseph Benson		Mount Alverna Village	Parma, OH	Marian Village	Homer Glen, IL	Ind. & Asst. Living	9
10	Andrea Ramirez-Justin				Franciscan			10
11	Guy Alton				Senior Estates	Louisville, KY	Ind. Living	11
12	Bobbie Parkhill				Franciscan Comm.			12
13	Tracy Shearer				Based Services	Michigan City, IN	Hm. Care / Hospice	13
14	Daniel Noonan				Franciscan			14
15	Denise Bourdreau				Advisory Services	Lemont, IL	Consulting Serv.	15
16					St. Joseph			16
17					Senior Housing	Lemont, IL	Affordable Housing	17
18					St. Jude House	Crown Point, IN	Dom. Viol. Shelter	18
19					Madonna Found.	Lemont, IL	HS Foundation	19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Maintenance - Salary	\$	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 21,099	\$	21,099	15
16	V	6 Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	9,121		9,121	16
17	V	7 Emp. Ben. - General Services		Franciscan Sisters of Chicago Service Corporation	100.00%	(3,025)		(3,025)	17
18	V	10 Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	63,234		63,234	18
19	V	10 Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	18,051		18,051	19
20	V	15 Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	(9,067)		(9,067)	20
21	V	19 Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	29,138		29,138	21
22	V	20 Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	9,517		9,517	22
23	V	21 Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	537,508		537,508	23
24	V	21 Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	174,153		174,153	24
25	V	24 Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	7,604		7,604	25
26	V	26 Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	8,291		8,291	26
27	V	27 Emp. Ben. - General Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	(77,069)		(77,069)	27
28	V	30 Depreciation		Franciscan Sisters of Chicago Service Corporation	100.00%	32,845		32,845	28
29	V	34 Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	46,273		46,273	29
30	V	35 Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	2,987		2,987	30
31	V	17 Management Fees	1,267,970	Franciscan Sisters of Chicago Service Corporation	100.00%			(1,267,970)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,267,970			\$ 870,660	\$ *	(397,310)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/17 Ending: 06/30/18

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									\$	1
2	N/A									2
3										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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending: 06/30/18

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 _____

Street Address _____

City / State / Zip Code _____

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					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending: 06/30/18

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 Service Corp.
 Street Address 1055 West 175th Street
 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	6	Maintenance - Salary	9,151,107	10	\$ 152,273	\$ 152,273	1,267,970	\$ 21,099	1
2	6	Maintenance - Other	9,151,107	10	65,826		1,267,970	9,121	2
3	7	Emp. Ben. - Gen. Services	481,948	10	(16,352)		89,161	(3,025)	3
4	10	Nursing - Salary	9,151,107	10	456,367	456,367	1,267,970	63,234	4
5	10	Nursing - Other	9,151,107	10	130,275		1,267,970	18,051	5
6	15	Emp. Ben. - HC and Programs	481,948	10	(49,008)		89,161	(9,067)	6
7	19	Professional Fees	9,151,107	10	210,292		1,267,970	29,138	7
8	20	Dues and Subscriptions	9,151,107	10	68,687		1,267,970	9,517	8
9	21	Clerical - Salary	9,151,107	10	3,879,266	3,879,266	1,267,970	537,508	9
10	21	Clerical - Other	9,151,107	10	1,256,887		1,267,970	174,153	10
11	24	Seminar and Travel	9,151,107	10	54,882		1,267,970	7,604	11
12	26	Insurance	9,151,107	10	59,840		1,267,970	8,291	12
13	27	Emp. Ben. - Gen. Admin.	481,948	10	(416,587)		89,161	(77,069)	13
14	30	Depreciaton	9,151,107	10	237,050		1,267,970	32,845	14
15	34	Rent - Building	9,151,107	10	333,958		1,267,970	46,273	15
16	35	Rent - Equipment	9,151,107	10	21,555		1,267,970	2,987	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 6,445,210	\$ 4,487,906		\$ 870,660	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	Amalgamated Bank		X	Acquisition	Varies	03/17/13	\$ 11,484,294	\$ 11,238,223	05/01/47	4.860%	\$ 495,825	1						
2	Amalgamated Bank		X	Acquisition / Refinance	Varies	06/28/17	4,663,495	4,658,003	05/01/47	4.860%	201,343	2						
3	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	525,425	525,422	05/01/47	Variable	22,685	3						
4	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	1,267,966	1,238,512	05/01/47	Variable	54,743	4						
5	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	2,542,221	2,489,907	05/01/47	2.830%	109,758	5						
Working Capital																		
6	Long Term Debt Continued											6						
7	Windtrust Bank		X	Acquisition / Refinance	Varies	06/28/17	1,849,491	1,804,357	05/01/47	Variable	79,850	7						
8												8						
9	TOTAL Facility Related						\$ 22,332,892	\$ 21,954,424			\$ 964,204	9						
B. Non-Facility Related*																		
10	Interest Income		X								(450)	10						
11												11						
12	Alloc. - Non-Allowable AL/IL										(655,943)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (656,393)	14						
15	TOTALS (line 9+line14)						\$ 22,332,892	\$ 21,954,424			\$ 307,811	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' PREPARATION 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 2017 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 2018 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:	2013		8
	2014		9
	2015		10
	2016		11
	2017		12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	\$	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' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

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

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

Outpatient Therapy - 2,332 Square Feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

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

SEE ACCOUNTANTS' PREPARATION REPORT

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	
	Bed* FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	141			\$	\$		\$	\$	\$	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		1988	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	Various		2012	125,020						25
26	Various		2013	273,684						26
27	Masonry - Admin, Chapel, and Sheltered Care (TC = \$95,060)		2014	30,361						27
28	Rooftop and PTAC AC Units (TC = \$38,536)		2014	12,308						28
29	Audio and Sound System - Chapel (TC = \$22,234)		2014	7,101						29
30	Mixing Valves - Plumbing (TC = \$3,485)		2014	1,113						30
31	Design and Site Fees - LIMP Improvements (TC = \$5,791)		2014	2,302						31
32	Automated Access Door Devices - Entrance (TC = \$26,610)		2014	14,046						32
33	Elevator Upgrades - Electrical, Pumps, Etc. (TC = \$272,230)		2014	86,947						33
34	Annunciator Panel - Nurses Station (TC = \$2,689)		2014	1,556						34
35	Heat Pump - Admin, Chapel, Sheltered Care (TC = \$32,785)		2014	10,471						35
36	Fire Alarm - Admin, Chapel, Sheltered Care (TC = \$9,998)		2014	3,193						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' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	Sprinkler System (TC = \$142,649)	2014	\$ 45,560	\$		\$	\$	\$	37
38	Fire Alarm System and Wiring-Kitchen and NH (TC = \$32,112)	2014	10,256						38
39	Parking Lot - Demo and Rehab (TC = \$508,233)	2014	162,323						39
40	Block Wall Replacement - Demo and Rehab (TC = \$7,616)	2014	2,432						40
41	Diesel Tanks - Repiped to Generator (TC = \$19,734)	2015	6,303						41
42	Automated Access Door Devices - Entrance (TC = \$12,300)	2015	7,500						42
43	Electrical Panels - Kitchen and NH (TC = \$65,730)	2015	20,993						43
44	Fire Damper - Kitchen and NH (TC = \$6,775)	2015	2,164						44
45	Ejector Pump - Sewage System (TC = \$19,077)	2015	6,093						45
46	Heat Pumps (TC = \$6,775)	2015	2,164						46
47	Fire Doors (TC = \$6,450)	2016	6,450						47
48	Carpeting - Rehab Rooms (TC = \$11,847)	2016	11,847						48
49	Roof - Heat Trace (TC = \$5,583)	2016	1,783						49
50	Roof - Gutters and Shingles Replaced (TC = \$6,200)	2016	1,980						50
51	Weir - Wall Replacement (TC = \$5,462)	2016	1,744						51
52	Room 208 - Light Fixtures (TC = \$3,496)	2017	3,496						52
53	Entire Facility - Telephone System (TC = \$103,402)	2017	33,025						53
54	Heat Pump = (TC = \$7,230)	2017	2,309						54
55	AAON TU System Repairs = (TC = \$7,069)	2017	2,258						55
56	Hallways and Reception Area - Vinyl Flooring (TC = \$28,798)	2017	9,198						56
57	Entry Way - Concrete (TC = \$11,356)	2017	3,627						57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,453,836	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION 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:

07/01/17

Ending:

06/30/18

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		\$ 10,453,836	\$		\$	\$	\$	1
2									2
3	Current Fiscal Year Additions: 2017 - 2018								3
4									4
5	Concrete Walking Paths - Outside (TC = \$80,317)	2017	25,652						5
6	Countertops - Resident Rooms (TC = \$3,896)	2017							6
7	Countertops - Resident Rooms (TC = \$16,903)	2018							7
8	Electrical Panel - Wiring, Conduit (TC = \$41,406)	2017	13,225						8
9	Electrical Panel - Wiring, Conduit (TC = \$7,225)	2018	2,308						9
10	Elevator System Upgrades (TC = \$80,858)	2017	25,825						10
11	Elevator System Upgrades (TC = \$7,393)	2018	2,361						11
12	Flooring - Carpeting Resident Rooms (TC = \$50,791)	2017							12
13	Flooring - Carpeting Resident Rooms (TC = \$105,658)	2018							13
14	HVAC - Heat Pumps, Pipes, Etc. (TC = 70,060)	2017	22,376						14
15	HVAC - Heat Pumps, Pipes, Etc. (TC = \$38,663)	2018	12,348						15
16	Plumbing - Water Heaters (TC = 30,963)	2018	9,889						16
17	Plumbing - Sewage Pump Sysem (TC = \$18,329)	2017	5,854						17
18	Plumbing - Sewage Pump Sysem (TC = \$16,725)	2018	5,342						18
19	Windows and Screens (TC = \$3,461)	2017	1,105						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	Depreciation Expense			386,340		386,340		6,858,055	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,580,121	\$ 386,340		\$ 386,340	\$	\$ 6,858,055	34

SEE ACCOUNTANTS' PREPARATION 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	\$ 1,660,727	\$	\$	\$		\$	71
72	Current Year Purchases	35,097						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,695,824	\$	\$	\$		\$	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)	\$ 12,991,818	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 386,340	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 386,340	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)	\$ 6,858,055	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	\$ 23,546,202	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	446,362			87
88	Non-Care Assets - CY EQIP Add.	74,791			88
89					89
90	Depreciation		790,443	14,031,426	90
91	TOTALS	\$ 24,067,355	\$ 790,443	\$ 14,031,426	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' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/17

Ending: 06/30/18

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	See							5
6	Supplement				14,779			6
7	TOTAL				\$ 14,779			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>/2019</u>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</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: \$ 8,629 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' PREPARATION REPORT

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' PREPARATION 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	\$		\$	187,228	\$		\$	187,228	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				78,527				78,527	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				212,489				212,489	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					139,235			139,235	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						11,899			11,899	12
13	Other (specify): <u>See Supplemental</u>	39 - 03					31,496				31,496	13
14	TOTAL			\$		\$	509,740	\$	151,134	\$	660,874	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' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/17

Ending:

06/30/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/18

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,569	\$	1
2	Cash-Patient Deposits	6,663		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>140,219</u>)	694,366		3
4	Supply Inventory (priced at <u>Cost / FIFO</u>)	281,995		4
5	Short-Term Investments	10,092		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	122,219		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,116,904	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,054,306		13
14	Buildings, at Historical Cost	7,495,824		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	25,587,543		16
17	Accumulated Depreciation (book methods)	(20,889,481)		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>	31,138		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,279,330	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,396,234	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 379,716	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,663		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	732,007		30
31	Accrued Taxes Payable (excluding real estate taxes)	11,952		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	9,750		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	947,471		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,087,559	\$	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)	\$ 2,087,559	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 14,308,675	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,396,234	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Addolorata Villa
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
			-
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>
Line 23 - Long Term Assets			
Construction in Progress	31,138		31,138
			-
			-
			-
			-
Sub-Total	<u>31,138</u>	<u>-</u>	<u>31,138</u>
Line 36 - Other Current Liability			
Refundable Deposits	568,379		568,379
Non-Refundable Deposits	171,298		171,298
Reservation Deposits	22,000		22,000
Asset Retirement Obligation	130,566		130,566
Other	55,228		55,228
Sub-Total	<u>947,471</u>	<u>-</u>	<u>947,471</u>
Line 43 - Long term Liabilities			
			-
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 14,863,380	1
2	Restatements (describe):		2
3	<u>Rounding</u>	(2)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 14,863,378	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	39,209	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)	\$ 39,209	17
B. Transfers (Itemize):			
18	<u>FC Holding - Intercompany Transfer</u>	(616,793)	18
19	<u>Temporarily Restricted Net Assets Released</u>	22,881	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (593,912)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 14,308,675	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,103,050	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 19,103,050	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	151,675	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 151,675	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	79,617	13
14	Non-Patient Meals	15,253	14
15	Telephone, Television and Radio	53,760	15
16	Rental of Facility Space	510	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	655	21
22	Laundry	29,483	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 179,278	23
D. Non-Operating Revenue			
24	Contributions	106,029	24
25	Interest and Other Investment Income***	450	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 106,479	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	325,179	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 325,179	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,865,661	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,043,000	31
32	Health Care	4,696,088	32
33	General Administration	5,086,483	33
B. Capital Expense			
34	Ownership	2,161,724	34
C. Ancillary Expense			
35	Special Cost Centers	2,626,122	35
36	Provider Participation Fee	213,035	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,826,452	40
41	Income before Income Taxes (line 30 minus line 40)**	39,209	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 39,209	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,344,009	44
45	Private Pay - Net Inpatient Revenue	6,534,829	45
46	Medicare - Net Inpatient Revenue	1,719,608	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	349,828	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	9,154,776	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 19,103,050	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' PREPARATION REPORT

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	1,868	2,080	\$ 108,089	\$ 51.97	1
2	Assistant Director of Nursing	2,613	2,920	129,328	44.29	2
3	Registered Nurses	33,500	36,778	1,465,495	39.85	3
4	Licensed Practical Nurses	11,644	13,184	420,137	31.87	4
5	CNAs & Orderlies	73,549	81,396	1,501,145	18.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,787	3,285	50,085	15.25	8
9	Activity Director	1,984	2,081	47,842	22.99	9
10	Activity Assistants	11,000	12,561	174,951	13.93	10
11	Social Service Workers	1,818	2,080	54,242	26.08	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,866	1,890	33,147	17.54	14
15	Cook Helpers/Assistants	67,207	73,386	938,429	12.79	15
16	Dishwashers					16
17	Maintenance Workers	16,816	19,470	477,479	24.52	17
18	Housekeepers	32,660	37,226	486,048	13.06	18
19	Laundry	5,446	6,190	76,256	12.32	19
20	Administrator	1,768	2,120	129,840	61.25	20
21	Assistant Administrator					21
22	Other Administrative	1,768	2,120	165,469	78.05	22
23	Office Manager	1,864	2,080	54,730	26.31	23
24	Clerical	27,306	30,312	424,943	14.02	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	1,506	1,676	29,326	17.50	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	66,761	74,389	1,611,215	21.66	33
34	TOTAL (lines 1 - 33)	365,731	407,224	\$ 8,378,196 *	\$ 20.57	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	24,100	09 - 03	36
37	Medical Records Consultant	5,284	10 - 03	37
38	Nurse Consultant	2,500	10 - 03	38
39	Pharmacist Consultant	7,253	10 - 03	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	880	11 - 03	44
45	Social Service Consultant			45
46	Other(specify)			46
47	<u>See Supplemental</u>	691,024		47
48				48
49	TOTAL (lines 35 - 48)	\$ 731,041		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	193,695	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 193,695		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Addolorata Villa
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Pastoral Care	11	3,727	4,087	122,212	29.90		
Resident Transportation	14	1,624	1,820	31,534	17.33		
Assisted Living	43	52,329	58,077	1,064,386	18.33		
Fundraising	43	1,640	2,080	74,998	36.06		
Independent Living	43	1,915	2,080	48,698	23.41		
Marketing	43	5,526	6,245	269,387	43.14		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		<u>66,761</u>	<u>74,389</u>	<u>1,611,215</u>	<u>21.66</u>		

Contracted Services							
Dietary Management	01						145,087
Dietary Consultant	01						460,939
Senior Fit	10A						71,169
Priest	12						11,135
Organist	12						2,694
Total						<u>-</u>	<u>691,024</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/17

Ending: 06/30/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Dawn Cohn	Exec. Director	0	\$ 165,469	Workers' Compensation Insurance	\$ 112,096	IDPH License Fee	\$ 1,990		
Alpana Patel	Administrator	0	129,840	Unemployment Compensation Insurance	17,525	Advertising: Employee Recruitment	23,559		
				FICA Taxes	605,469	Health Care Worker Background Check	5,431		
				Employee Health Insurance	1,020,575	(Indicate # of checks performed)			
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	24,518		
				Disability Insurance	26,611	Licenses	5,273		
				Life Insurance	11,629	Alloc. - FSCSC (See Page 6A Alloc.)	9,517		
				Retirement Benefits	189,714	Alloc. - Non Allowable AL / IL	(33,684)		
				Other Benefits	135,481	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 295,309	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
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	
Franciscan Sisters of Chicago Service Corp.			\$ 1,267,970				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,267,970	TOTAL			Seminar Expense		3,720
C. Professional Services							Alloc. - FSCSC (See Page 6A Alloc.)		7,604
Vendor/Payee	Type		Amount				Alloc. - Non Allowable AL / IL		(7,205)
Plante & Moran, PLLC	Audit and Accounting		\$ 21,141				Entertainment Expense		()
Probusiness / Ultipro	Payroll Processing		38,290				(agree to Sch. V, line 24, col. 8)		
FMLASource	FMLA Program		3,190				TOTAL		\$ 4,119
Ability Newtork	Data Processing		6,121						
OnShift	Data Processing		4,526						
Achieve Accreditation	Accreditation Consultants		11,615						
Joint Commission	Accreditation Consultants		7,510						
Kopon Airdo, LLC	Legal		825						
Polsinelli Shughart, PC	Legal		2,325						
Burke, Warren, MacKay & Serrit	Legal		760						
Other	Other		2,453						
Non-Allowable	Collections		1,500						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 100,256						

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/17

Ending: 06/30/18

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
- (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? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 66,554 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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 213,035
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 15,253
- (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 Basis)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. 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' PREPARATION REPORT