



Facility Name & ID Number Providence Palos Heights

# 0007534 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	95	Skilled (SNF)	95	34,675	1
2		Skilled Pediatric (SNF/PED)			2
3	98	Intermediate (ICF)	98	35,770	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	193	TOTALS	193	70,445	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	6,913	4,180	25,538	36,631	8
9	SNF/PED					9
10	ICF	5,729	2,770	389	8,888	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,642	6,950	25,927	45,519	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.62%

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

0 (Do not include bed-hold days in Section B.)

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

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

YES  NO

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

Date started 02/01/1960

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 95 and days of care provided 22,023

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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
	<b>A. General Services</b>										
1	Dietary	775,568	64,898		840,466		840,466		840,466		1
2	Food Purchase		441,003		441,003		441,003	2,111	443,114		2
3	Housekeeping	343,231	80,893		424,124		424,124		424,124		3
4	Laundry	89,494	25,285		114,779		114,779	(484)	114,295		4
5	Heat and Other Utilities			184,345	184,345		184,345	21,914	206,259		5
6	Maintenance	227,726		360,486	588,212		588,212	(34,014)	554,198		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,436,019	612,079	544,831	2,592,929		2,592,929	(10,473)	2,582,456		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,080	16,080		16,080		16,080		9
10	Nursing and Medical Records	3,518,631	652,957	12,182	4,183,770		4,183,770		4,183,770		10
10a	Therapy			1,879,124	1,879,124		1,879,124		1,879,124		10a
11	Activities	133,042	13,760		146,802		146,802		146,802		11
12	Social Services	179,066		3,045	182,111		182,111		182,111		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,830,739	666,717	1,910,431	6,407,887		6,407,887		6,407,887		16
	<b>C. General Administration</b>										
17	Administrative			1,337,395	1,337,395		1,337,395	(1,094,773)	242,622		17
18	Directors Fees										18
19	Professional Services			184,329	184,329		184,329	6,276	190,605		19
20	Dues, Fees, Subscriptions & Promotions			46,349	46,349		46,349	4,596	50,945		20
21	Clerical & General Office Expenses	523,172	77,543	55,060	655,775		655,775	707,834	1,363,609		21
22	Employee Benefits & Payroll Taxes			1,356,744	1,356,744		1,356,744		1,356,744		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,503	2,503		2,503	11,917	14,420		24
25	Other Admin. Staff Transportation			5,289	5,289		5,289	4,185	9,474		25
26	Insurance-Prop.Liab.Malpractice			411,150	411,150		411,150	2,178	413,328		26
27	Other (specify):* <b>Home Office Benefits</b>							213,374	213,374		27
28	<b>TOTAL General Administration</b>	523,172	77,543	3,398,819	3,999,534		3,999,534	(144,413)	3,855,121		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,789,930	1,356,339	5,854,081	13,000,350		13,000,350	(154,886)	12,845,464		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 &amp; ID Number

Providence Palos Heights

#0007534

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## 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	
	<b>D. Ownership</b>											
30	Depreciation			425,276	425,276		425,276	92,640	517,916			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			229,475	229,475		229,475	(50,330)	179,145			32
33	Real Estate Taxes							11,252	11,252			33
34	Rent-Facility & Grounds							8,591	8,591			34
35	Rent-Equipment & Vehicles			4,661	4,661		4,661		4,661			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			659,412	659,412		659,412	62,153	721,565			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,258,188		1,258,188		1,258,188		1,258,188			39
40	Barber and Beauty Shops	9,161	2,246		11,407		11,407		11,407			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			105,668	105,668		105,668		105,668			42
43	Other (specify):* <b>Non-Allowable Cos</b>			880,560	880,560		880,560	(880,560)				43
44	<b>TOTAL Special Cost Centers</b>	9,161	1,260,434	986,228	2,255,823		2,255,823	(880,560)	1,375,263			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,799,091	2,616,773	7,499,721	15,915,585		15,915,585	(973,293)	14,942,292			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

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	(14,670)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,385)	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	38,011	30		9
10	Interest and Other Investment Income	(65,211)	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	(25,200)	43		18
19	Entertainment	(4,540)	43		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	(227,908)	43		24
25	Fund Raising, Advertising and Promotional	(11,685)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(16,914)	43		28
29	Other-Attach Schedule See Pg 5A	(649,902)	Var,		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (991,404)		\$	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)	18,111	Vari.	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 18,111		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (973,293)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Providence Palos Heights

ID# 0007534

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Disallow non-allowable Lab Expense	\$ (65,553)	43	1
2	Disallow non-allowable X-Ray Expense	(73,250)	43	2
3	Disallow Legal AP Accrual	(13,131)	19	3
4	Disallow Laundry Income	(484)	4	4
5	Disallow Interehab Physiatry	(121,233)	43	5
6	Disallow non-allowable residents welfare	(20,440)	43	6
7	Disallow non-allowable marketing expense	(309,698)	43	7
8	Disallow non-allowable accretion expense	(4,138)	43	8
9	Offset miscellaneous income	(4,581)	21	9
10	To disallow undocumented travel expense	(208)	24	10
11	Remove Capitalized Repair Expenses	(37,186)	6	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(649,902)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

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

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2 Food	\$	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 16,781	\$ 16,781	1
2	V	5 Utilities		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	21,914	21,914	2
3	V	6 Maintenance-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	3,172	3,172	3
4	V	17 Administrative	1,337,395	Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	242,621	(1,094,774)	4
5	V	19 Professional Services		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	19,407	19,407	5
6	V	20 Dues,fees & subscriptions		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,596	4,596	6
7	V	21 Clerical & General-Salary		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	629,810	629,810	7
8	V	21 Clerical & General-Other		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	95,990	95,990	8
9	V	24 Travel & Seminar		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	12,125	12,125	9
10	V	25 Other admin. Staff transporation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	4,185	4,185	10
11	V	26 Insurance-prop,liab. & malpractice		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	2,178	2,178	11
12	V	27 Mgmt allocation of EE benefits		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	213,374	213,374	12
13	V	30 Depreciation		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	54,629	54,629	13
14	Total		\$ 1,337,395			\$ 1,320,782	\$ * (16,613)	14

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

SEE ACCOUNTANTS' COMPILATION 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	32 Interest expense		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	\$ 14,881	\$	14,881	15
16	V	33 Real Estate taxes		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	11,252		11,252	16
17	V	34 Rent-facility & grounds		Rest Haven Illiana Christian Convalescent Home d/b/a Providenc	100.00%	8,591		8,591	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 34,724	\$ *	34,724	39

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



Facility Name & ID Number Providence Palos Heights # 0007534 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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											2
3											3
4											4
5	N/A - Voluntary Board with no compensation. See Attached Schedule 7A										5
6											6
7	No Board Members or businesses that they control has business dealings with the facility.										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' COMPILATION REPORT

Facility Name & ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010

Ending: 2/31/2010

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	2	Food	Accumulated Cost B	84,606,234	17	\$ 102,011	\$ 13,917,996	\$ 16,781	1	
2	5	Utilities	Accumulated Cost B	84,606,234	17	133,212	13,917,996	21,914	2	
3	6	Maintenance	Accumulated Cost B	84,606,234	17	19,280	13,917,996	3,172	3	
4	17	Administrative	Direct Cost A	1	1	1,250,075	1	242,621	4	
5	19	Professional services	Accumulated Cost B	84,606,234	17	117,971	13,917,996	19,407	5	
6	20	Dues, fees & subscriptions	Accumulated Cost B	84,606,234	17	27,937	13,917,996	4,596	6	
7	21	Clerical & general - salary	Accumulated Cost B	84,606,234	17	3,828,558	3,828,558	13,917,996	629,810	7
8	21	Clerical & general - Other	Accumulated Cost B	84,606,234	17	583,516	13,917,996	95,990	8	
9	24	Travel & seminar	Accumulated Cost B	84,606,234	17	73,706	13,917,996	12,125	9	
10	25	Other Admin. Staff transportation	Accumulated Cost B	84,606,234	17	25,439	13,917,996	4,185	10	
11	26	Insurance-prop.,liab. & malpract	Accumulated Cost B	84,606,234	17	13,237	13,917,996	2,178	11	
12	27	Mgmt allocation of ee benefits	Accumulated Cost B	84,606,234	17	1,297,083	13,917,996	213,374	12	
13	30	Depreciation	Accumulated Cost B	84,606,234	17	332,082	13,917,996	54,629	13	
14	32	Interest expense	Accumulated Cost B	84,606,234	17	90,463	13,917,996	14,881	14	
15	33	Real Estate taxes	Accumulated Cost B	84,606,234	17	68,400	13,917,996	11,252	15	
16	34	Rent-facility & grounds	Accumulated Cost B	84,606,234	17	52,225	13,917,996	8,591	16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 8,015,195	\$ 3,828,558	\$ 1,355,506	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

## 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		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
	<b>A. Directly Facility Related</b>																		
	<b>Long-Term</b>																		
1	Tax Exempt Bonds		X	Mortgage & Additions	Varies	11/01/04	\$ 4,800,000	\$ 2,593,012	10/31/34	Variable	\$ 229,475	1							
2												2							
3												3							
4												4							
5												5							
	<b>Working Capital</b>																		
6												6							
7												7							
8												8							
9	<b>TOTAL Facility Related</b>						\$ 4,800,000	\$ 2,593,012			\$ 229,475	9							
	<b>B. Non-Facility Related*</b>																		
10									Disallow non-care interest		(65,211)	10							
11									Allocated from Home Office		14,881	11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (50,330)	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 4,800,000	\$ 2,593,012			\$ 179,145	15							

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

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2009 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.)	2009			\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2010 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$	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.			Allocated from Home Office		11,252
<b>TOTAL REFUND</b> \$ _____ For _____ Tax Year. <b>(Attach a copy of the real estate tax appeal board's decision.)</b>				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	11,252
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	_____	8		
	2006	_____	9		
	2007	_____	10		
	2008	_____	11		
	2009	_____	12		
<b>Real Estate taxes are allocated from a for-profit management entity.</b>					
<b>FOR BHF USE ONLY</b>					
	13	FROM R. E. TAX STATEMENT FOR 2009	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

**NOTES:**

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

# 2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Providence Palos Heights COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0007534

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>19-09-01-203-007-1007</u>	<u>Home Office Building</u>	\$ <u>25,188.06</u>	\$ <u>11,252.00</u>
2.	<u>19-09-01-203-007-1001</u>	<u>Home Office Building</u>	\$ <u>17,069.70</u>	\$ _____
3.	<u>19-09-01-203-007-1006</u>	<u>Home Office Building</u>	\$ <u>24,771.46</u>	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ <u><u>67,029.22</u></u>	\$ <u><u>11,252.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending:

12/31/2010

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>441,662</u>	<u>1960</u>	<u>\$ 30,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>441,662</b>		<b>\$ 30,000</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	50			1960	\$ 341,041	\$	40	\$	\$	\$ 341,041	4
5	50			1962	122,119		40			122,119	5
6				1963	86,546		40			86,546	6
7	93			1967	585,862		40			585,862	7
8				1975	147,301		40	3,683	3,683	132,567	8
	<b>Improvement Type**</b>										
9	Improvements			1967	312,475		40			312,475	9
10	Improvements			1970	74,824		40			74,824	10
11	Improvements			1971	10,740		40	249	249	10,740	11
12	Improvements			1972	3,992		40	100	100	3,900	12
13	Improvements			1973	2,002		40	50	50	1,867	13
14	Improvements			1974	1,001		40	25	25	905	14
15	Improvements			1976	8,418		40	210	210	7,240	15
16	Improvements			1977	1,073		40	27	27	900	16
17	Improvements			1979	450		40	11	11	352	17
18	Improvements			1980	629		40	16	16	496	18
19	Improvements			1982	3,077		40	77	77	2,233	19
20	Improvements			1983	4,063		40	102	102	2,856	20
21	Improvements			1984	11,366		40	284	284	7,668	21
22	Improvements			1985	5,552		40	139	139	3,614	22
23	Improvements			1986	308,545		40	7,714	7,714	192,850	23
24	Improvements			1987	242,285		40	6,057	6,057	145,368	24
25	Improvements			1988	144,720		40	3,618	3,618	71,882	25
26	Improvements			1989	75,090		40	1,877	1,877	41,285	26
27	Improvements			1990	258,016		40	6,450	6,450	138,830	27
28	Improvements			1991	88,476		40	2,212	2,212	45,972	28
29	Improvements			1992	51,572		40	1,289	1,289	24,491	29
30	Improvements			1993	283,946		40	7,099	7,099	128,371	30
31	Improvements			1994	396,618		40	9,915	9,915	169,569	31
32	Improvements			1995	207,113		40	5,526	5,526	84,922	32
33	Improvements			1995	13,913		15	457	457	13,913	33
34	Parking Lot Expansion			1996	74,714		40	1,868	1,868	27,086	34
35	Wing C & D Renovations			1996	226,501		40	5,662	5,662	82,099	35
36	Improvements			1996	279,308		40	6,982	6,982	101,239	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 &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Dental Office Renovations	1996	\$ 4,642	\$	15	\$ 310	\$ 310	\$ 4,495	37
38	Lighting System	1996	49,263		40	1,232	1,232	17,864	38
39	Architect Fees	1996	13,512		40	338	338	4,901	39
40	Alarm System	1996	4,704		15	314	314	4,553	40
41	Whirlpool Renovation	1996	11,914		15	794	794	11,513	41
42	Door	1996	656		15	44	44	638	42
43	Unit I & II Renovation	1996	22,981		40	574	574	8,323	43
44	Landscaping	1997	5,984		15	398	398	5,373	44
45	Unit I A & B remodel:Carpentry, elec. Plumb	1997	236,778		25	9,472	9,472	127,873	45
46	Unit I C & D remodel:Carpentry, elec. plumb.	1997	211,804		25	8,472	8,472	114,372	46
47	Unit I Whirlpool Renovation	1997	3,264		25	130	130	1,755	47
48	Unit II Whirlpool Renovation	1997	3,910		25	156	156	2,106	48
49	Plumbing	1997	1,595		25	64	64	864	49
50	Unit II Laundry Room Cabinets	1997	729		25	30	30	405	50
51	Chapel Roof	1997	8,750		25	350	350	4,725	51
52	Ramp Entrance	1997	32,456		25	1,298	1,298	17,523	52
53	Employee Patio	1997	3,975		25	159	159	2,147	53
54	Ramp Curbing	1997	1,396		25	56	56	756	54
55	Stairwell Doors	1997	1,833		25	74	74	999	55
56	Handicap Ramp	1997	12,166		25	486	486	6,561	56
57	Medical Supply Room Renovation	1997	20,773		25	830	830	11,205	57
58	Unit II A & B remodel:Carpentry, fire protection	1997	78,500		25	3,140	3,140	42,390	58
59	A & B Basement Remodeling	1997	2,331		25	94	94	1,269	59
60	Unit II Storage Room	1997	3,458		25	138	138	1,863	60
61	Unit I A & B remodel:Carpentry, elec., tile	1998	18,389		25	15	15	18,389	61
62	Unit II Handicap Ramp	1998	2,002		25	80	80	1,000	62
63	Unit II Storage Room	1998	8,807		25	352	352	4,400	63
64	Unit II A & B Bsmnt remodel:Carpty, elec, plumb.	1998	83,634		25	3,345	3,345	41,813	64
65	Unit I A & B remodel:Carpty,plmg, elec.	1998	19,906		25	796	796	9,950	65
66	Unit II A & B Bsmt remodel:Carpty & fire prot.	1998	10,676		25	427	427	5,338	66
67	Design Plan for Renovation	1998	706		25	28	28	350	67
68	Unit II A & B Bsmt remodel:Carpentry & fee	1998	2,314		25	93	93	1,162	68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 5,257,156	\$		\$ 105,788	\$ 105,788	\$ 3,442,957	70

SEE ACCOUNTANTS' COMPILATION REPORT

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



Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,257,156	\$		\$ 105,788	\$ 105,788	\$ 3,442,957	1
2	Painting for Renovation	1998	3,873		25	154	154	1,925	2
3	Unit I A & B remodel:Carpty,& finishing	1998	20,171		25	806	806	10,075	3
4	Carpeting	1998	13,997		5			13,997	4
5	Unit I A & B remodel:Carpty, plmg, fire	1998	8,026		25	322	322	4,025	5
6	Unit II Patio /Alzheimer's Garden	1998	49,519		25	1,980	1,980	24,750	6
7	Hot Water Heater	1998	831		15	56	56	700	7
8	Roof	1998	991		10			991	8
9	A/C Circulator	1998	1,115		15	74	74	925	9
10	Chimney Vent	1998	519		25	20	20	250	10
11	Fascia	1998	789		25	32	32	400	11
12	Smoke Detectors	1998	1,081		15	72	72	900	12
13	Speed Bumps for Parking Lot	1998	781		5			781	13
14	Heating & Cooling System	1998	34,826		25	1,394	1,394	17,425	14
15	Nurses' Alarm System	1998	13,917		25	556	556	6,950	15
16	Piping	1998	682		25	28	28	350	16
17	Patio	1999	10,472		40	262	262	3,013	17
18	Carpeting	1999	6,283		10			6,283	18
19	Electrical Generator	1999	66,394		10			66,394	19
20	Wall Firestopping	1999	15,000		10			15,000	20
21	Interior design fee	1999	228		10			228	21
22	Electrical	1999	4,383		10			4,383	22
23	Wall Firestopping	1999	35,000		10			35,000	23
24	Switchboard	1999	5,696		10			5,696	24
25	Landscaping	1999	48,376		40	1,210	1,210	13,915	25
26	Parking Lot	1999	8,610		40	216	216	2,484	26
27	Air Conditioners	1999	80,030		40			80,030	27
28	Boiler Repairs	1999	9,060		10			9,060	28
29	Landscaping	2000	10,704		15	712	712	7,476	29
30	Patio Shelter	2000	5,150		20	256	256	2,688	30
31	Garden	2000	7,768		15	516	516	5,418	31
32	Benches	2000	958		10	65	65	958	32
33	Lobby remodel	2000	102,660		10	5,133	5,133	102,660	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,825,046	\$		\$ 119,652	\$ 119,652	\$ 3,888,087	34

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 Depreciation-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,825,046	\$		\$ 119,652	\$ 119,652	\$ 3,888,087	1
2	Dining Room Renovation	2000	6,269		15	416	416	4,368	2
3	Wing Renovation	2000	102,095		40	2,552	2,552	26,796	3
4	Boiler and Pump	2000	10,450		15	696	696	7,308	4
5	Ansul	2000	3,728		15	248	248	2,604	5
6	Generator	2000	8,629		20	430	430	4,515	6
7	Fire Alarm System	2000	10,135		40	252	252	2,646	7
8	Exhaust Fan	2000	2,780		15	184	184	1,932	8
9	Landscaping	2001	5,680		5			5,680	9
10	Lobby remodel	2001	41,806		40	1,045	1,045	9,928	10
11	A-Wing remodel	2001	51,393		40	1,285	1,285	12,208	11
12	Sinks	2001	5,165		15	344	344	3,268	12
13	Doors	2001	5,278		15	352	352	3,344	13
14	Ejector Pump	2001	9,674		15	645	645	6,128	14
15	Automatic door	2001	4,817		7			4,817	15
16	Dining Room Renovation	2001	3,076		7			3,076	16
17	Exam Room Decoration	2001	14,068		7			14,068	17
18	Sewage Pump	2002	718		15	48	48	408	18
19	Whirlpool renovation	2002	2,177		15	145	145	1,233	19
20	Roof renovation	2002	90,250		10	9,025	9,025	76,713	20
21	Code Alert	2002	3,164		10	316	316	2,686	21
22	Firestopping work	2002	3,108		40	78	78	663	22
23	Dining Room Renovation	2002	135,527		40	3,388	3,388	28,798	23
24	Cabinets	2002	4,928		7			4,928	24
25	Blinds	2002	1,045		7			1,045	25
26	File cabinets	2002	2,327		7			2,327	26
27	Furniture	2002	1,814		7			1,814	27
28	Dining Room Renovation	2003	17,358		7	1,373	1,373	17,358	28
29	Lights	2003	20,442		20	1,022	1,022	7,665	29
30	Roof renovation	2003	152,000		10	15,200	15,200	114,000	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,544,947	\$		\$ 158,696	\$ 158,696	\$ 4,260,411	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	<b>Totals from Page 12C, Carried Forward</b>		\$ 6,544,947	\$		\$ 158,696	\$ 158,696	\$ 4,260,411	1
2	Menu boards	2003	2,160		10	216	216	1,620	2
3	Carpeting	2003	5,957		7	425	425	5,957	3
4	Sliding doors	2003	2,100		10	210	210	1,575	4
5	Wander system	2003	21,630		20	1,082	1,082	8,625	5
6									6
7	Tile	2004	24,492		10	2,450	2,450	15,925	7
8	Door	2004	4,579		10	458	458	2,977	8
9	Basement restroom	2004	37,076		40	927	927	7,416	9
10	Lights/shades	2004	3,562		20	178	178	1,424	10
11	Awning	2004	10,790		10	1,079	1,079	7,014	11
12	Shades	2004	1,960		7	280	280	1,820	12
13	Exit ramps	2004	5,450		15	363	363	2,360	13
14									14
15	Fire Door	2005	5,637		10	564	564	3,102	15
16	Storm Sewer improvements	2005	42,800		20	2,140	2,140	11,770	16
17	Water Heaters	2005	8,808		15	588	588	3,234	17
18	Patio and Major Landscaping Improvements	2005	16,805		15	1,120	1,120	6,160	18
19	Lights	2005	16,708		20	836	836	4,598	19
20	Unit 1 basement Improvements	2005	4,165		20	208	208	1,144	20
21	Elevator	2005	28,163		20	1,408	1,408	7,744	21
22	Unit 1 basement windows	2005	7,750		40	194	194	1,067	22
23	Wallpaper	2005	8,185		7	1,170	1,170	6,435	23
24	Baseboards	2005	1,078		7	154	154	847	24
25	Dock flooring	2005	2,000		7	286	286	1,573	25
26	Window Coverings	2005	13,162		7	1,880	1,880	10,340	26
27	5 Ton 3 Phase Condensing Unit	2005	2,696		20	135	135	742	27
28	Carpeting	2005	1,254		20	63	63	346	28
29	Electric Door Unit	2005	1,087		20	54	54	297	29
30	PC Disposer	2005	2,699		20	135	135	742	30
31	Electric Door Unit	2005	1,529		20	76	76	418	31
32	Nurse Call System	2005	7,749		20	387	387	2,129	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,836,978	\$		\$ 177,762	\$ 177,762	\$ 4,379,812	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-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	<b>Totals from Page 12D, Carried Forward</b>		\$ 6,836,978	\$		\$ 177,762	\$ 177,762	\$ 4,379,812	1
2	Parking Lot Lights	2005	2,940		15	196	196	1,078	2
3	Patio & Drainage Improvements	2005	10,958		15	731	731	4,020	3
4	Driveway	2005	29,377		20	1,469	1,469	8,079	4
5	Elevator	2006	18,897		20	472	472	2,360	5
6	Security Alarm System	2006	115,751		10	5,788	5,788	28,940	6
7	Nurse Call System	2006	123,550		7	8,825	8,825	44,125	7
8	5 Ton Rooftop Water Heater/Circulation Pump	2006	10,954		15	365	365	1,825	8
9	Asbestos Retirement Obligation	2006	97,309		7	6,951	6,951	34,755	9
10	Whirlpool Tub	2006	41,350		15	1,378	1,378	6,890	10
11	CSH Heating Unit	2006	3,750		15	125	125	625	11
12	Dock Door	2006	3,959		20	99	99	495	12
13	Central Air Unit	2006	5,677		15	189	189	945	13
14	Auto Door Opener	2006	2,200		10	110	110	550	14
15	New Phone System	2007	99,032		10	9,903	9,903	34,661	15
16	Cabnets Remodel	2007	4,686		15	312	312	1,092	16
17	Front Desk Cabinets	2007	13,428		20	671	671	2,349	17
18	Sump Pump	2007	9,240		15	616	616	2,156	18
19	Fire Panel	2007	16,950		10	1,695	1,695	5,933	19
20	HVAC Fixed	2007	11,325		15	755	755	2,643	20
21	Door Installed	2007	3,320		15	221	221	774	21
22	Outlets	2007	10,620		2			10,620	22
23	Foyer Windows and Cabinets	2007	5,530		20	277	277	969	23
24	Boiler Repairs	2007	114,664		15	7,644	7,644	26,754	24
25	Dinning Windows & Kickplates	2007	4,894		20	245	245	857	25
26	Waterproof Basement	2007	3,300		15	220	220	770	26
27	Doors and Cabinets Installed	2007	6,572		20	329	329	1,151	27
28	HVAC C&D Wing Piping	2007	85,642		40	2,141	2,141	7,494	28
29	Audio Station, Shades, Control Box	2007	3,168		7	453	453	1,585	29
30	Sign Repair	2007	2,840		20	142	142	497	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,698,861	\$		\$ 230,084	\$ 230,084	\$ 4,614,804	34

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 Depreciation-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	<b>Totals from Page 12E, Carried Forward</b>		\$ 7,698,861	\$		\$ 230,084	\$ 230,084	\$ 4,614,804	1
2									2
3	Unit 2 lobby - remove wall & replace flooring	2008	19,750		40	495	495	1,237	3
4	Install sprinkler system in Chapel	2008	23,175		40	580	580	1,450	4
5	Elec. Units - 2 carts	2008	5,240		20	262	262	655	5
6	HVAC - fan coils	2008	42,386		20	2,120	2,120	5,300	6
7	A/C unit	2008	5,292		20	264	264	660	7
8									8
9	Pipe railings	2008	5,298		15	354	354	885	9
10	Insulate hot water piping	2008	4,348		15	290	290	725	10
11	Commercial doors	2008	9,360		15	624	624	1,560	11
12	Reconnect new RTU and replace air handlers	2008	39,719		15	2,648	2,648	6,620	12
13	5 ton HVAC - rooftop unit	2008	9,788		15	652	652	1,630	13
14									14
15	Unit 2 lobby - carpeting	2008	14,161		7	2,024	2,024	5,060	15
16	Wallpaper	2008	9,000		7	1,286	1,286	3,215	16
17									17
18	Central-Wander alarm	2009	131,334		10	13,133	13,133	19,700	18
19	Unit 2 Waterproofing	2009	4,365		15	291	291	437	19
20	Central Egress doors	2009	10,735		20	537	537	805	20
21	Chimmney Tuckpointing	2009	7,000		20	350	350	525	21
22	Dining Room Lighting	2009	6,777		20	339	339	508	22
23	Emergency Phone	2009	3,168		7	453	453	679	23
24	Facility Signage	2009	3,628		10	363	363	544	24
25	Facility Signage	2009	13,033		10	1,303	1,303	1,955	25
26	Tile Flooring	2009	10,785		20	539	539	809	26
27	Signage	2009	8,059		10	806	806	1,209	27
28	Painting-Lobby	2009	15,100		7	2,157	2,157	3,236	28
29	Asbestos removal	2009	3,520		7	503	503	754	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,103,882	\$		\$ 262,457	\$ 262,457	\$ 4,674,962	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning:

01/01/2010 Ending: 12/31/2010

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 8,103,882	\$		\$ 262,457	\$ 262,457	\$ 4,674,962	1
2	Nurse Call Station	2010	156,023		10	7,801	7,801	7,801	2
3	H-Vac Roof Unit	2010	9,222		15	307	307	307	3
4	Drain lines	2010	43,579		20	1,089	1,089	1,089	4
5	Unit 1 Boiler	2010	116,668		15	3,889	3,889	3,889	5
6	Gas Line Repair & Replacement	2010	11,879		20	297	297	297	6
7	Repair & Replace Alarm & Smoke Detectors	2010	12,583		20	315	315	315	7
8	Kitchen Water Heater, Exhaust Fan, and Water Pump	2010	9,133		20	228	228	228	8
9	Heater Exchange Unit Installed	2010	3,592		20	90	90	90	9
10	Repair Cost Non-Depre	2010			20				10
11									11
12	Current Year Building Depreciation			276,475			(276,475)		12
13	Current Year Land Improvement Depreciation			27,008			(27,008)		13
14	Allocation from Home Office	2010	692,524		20	32,560	32,560	150,170	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,159,084	\$ 303,483		\$ 309,033	\$ 5,550	\$ 4,839,148	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 Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,245,056	\$ 121,792	\$ 185,513	\$ 63,721	Various	\$ 1,943,042	71
72	Current Year Purchases	13,578		1,301	1,301	3-10	1,301	72
73	Fully Depreciated Assets	2,493,580					2,493,580	73
74	Allocation from Home Office	697,755		21,476	21,476		617,656	74
75	TOTALS	\$ 5,449,969	\$ 121,792	\$ 208,290	\$ 86,498		\$ 5,055,579	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocation from Home Office			\$ 9,404	\$	\$ 593	\$ 593		\$ 7,750	76
77										77
78										78
79										79
80	TOTALS			\$ 9,404	\$	\$ 593	\$ 593		\$ 7,750	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)	\$ 14,648,457	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 425,275	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 517,916	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 92,641	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,902,477	85

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence Palos Heights

# 0007534

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

**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	<u>Allocated from home office</u>			<u>8,591</u>			6
7	TOTAL			\$ <u>8,591</u>			7

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

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

N/A  
N/A

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 4,661

Description: Dietary Eqpt - \$4,661

(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			<u>N/A</u>		19
20					20
21	TOTAL		\$	\$	21

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>/2011</u>	\$ _____
13.	<u>/2012</u>	\$ _____
14.	<u>/2013</u>	\$ _____

\* 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.



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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10A(3)	hrs	\$	13,833	829,997	\$	13,833	\$ 829,997	1
2	Licensed Speech and Language Development Therapist		hrs		5,116	306,975		5,116	306,975	2
3	Licensed Recreational Therapist	10A(3)	hrs		12,369	742,152		12,369	742,152	3
4	Licensed Physical Therapist	10A(3)	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				1,258,188		1,258,188	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$	31,319	\$ 1,879,124	\$ 1,258,188	31,319	\$ 3,137,312	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

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,500	\$ 1,500	1
2	Cash-Patient Deposits	6,874	6,874	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (664,966) )	2,898,656	2,898,656	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,561	10,561	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,917,591	\$ 2,917,591	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	30,000	30,000	13
14	Buildings, at Historical Cost	8,389,770	9,159,084	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,844,782	5,459,373	16
17	Accumulated Depreciation (book methods)	(10,746,809)	(9,902,477)	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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,517,743	\$ 4,745,980	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,435,334	\$ 7,663,571	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,316,061	\$ 1,316,061	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,874	6,874	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	79,206	79,206	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,744	14,744	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<b>Due In/From Related Entities</b>	5,014,332	5,014,332	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 6,431,217	\$ 6,431,217	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable		2,593,012	41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<b>Long-Term Liabilities</b>	142,059	142,059	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 142,059	\$ 2,735,071	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 6,573,276	\$ 9,166,288	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,137,942)	\$ (1,502,717)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,435,334	\$ 7,663,571	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(284,697)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(284,697)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(853,247)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>Rounding</b>	2	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(853,245)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(1,137,942)</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,816,429	1
2	Discounts and Allowances for all Levels	(2,982,093)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,834,336	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,769,268	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 4,769,268	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	14,670	14
15	Telephone, Television and Radio	13,385	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,177,157	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	112,091	19
20	Radiology and X-Ray	51,301	20
21	Other Medical Services	85,062	21
22	Laundry	484	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,454,150	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Miscellaneous Revenue</u>	4,581	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,581	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,062,335	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,592,929	31
32	Health Care	6,407,887	32
33	General Administration	3,999,534	33
<b>B. Capital Expense</b>			
34	Ownership	659,412	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,150,155	35
36	Provider Participation Fee	105,668	36
<b>D. Other Expenses (specify):</b>			
37			37
38	<u>Rounding</u>	(3)	38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,915,582	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(853,247)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (853,247)	43

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

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

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

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

Facility Name & ID Number Providence Palos Heights

# 0007534

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	1,604	1,746	\$ 83,077	\$ 47.58	1
2	Assistant Director of Nursing	2,264	2,488	78,500	31.55	2
3	Registered Nurses	27,363	28,764	879,596	30.58	3
4	Licensed Practical Nurses	34,666	36,340	909,212	25.02	4
5	CNAs & Orderlies	101,456	108,265	1,509,096	13.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,992	2,080	23,256	11.18	9
10	Activity Assistants	11,938	12,621	109,786	8.70	10
11	Social Service Workers	9,595	9,820	179,066	18.23	11
12	Dietician	3,415	3,580	85,930	24.00	12
13	Food Service Supervisor	1,932	2,128	70,501	33.13	13
14	Head Cook			0		14
15	Cook Helpers/Assistants	53,824	56,316	619,137	10.99	15
16	Dishwashers					16
17	Maintenance Workers	12,196	13,052	227,726	17.45	17
18	Housekeepers	27,310	28,927	343,231	11.87	18
19	Laundry	6,845	7,573	89,494	11.82	19
20	Administrator			0		20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	0	0	0		23
24	Clerical	20,792	22,780	523,172	22.97	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,682	4,205	59,151	14.07	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Beautician</u>	549	579	9,161	15.82	33
34	TOTAL (lines 1 - 33)	321,423	341,264	\$ 5,799,091 *	\$ 16.99	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	16,080	9(3)	36
37	Medical Records Consultant	Monthly	4,290	10(3)	37
38	Nurse Consultant	Monthly	150	10(3)	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	Monthly	2,195	12(2)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 22,715		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	5	\$ 248	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	187	7,494	10(3)	52
53	TOTAL (lines 50 - 52)	192	\$ 7,742		53

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
Carol Shaw Burns	Administrator		\$ 242,621	Workers' Compensation Insurance	\$ 404,409	IDPH License Fee	\$ 3,135	
				Unemployment Compensation Insurance	92,745	Advertising: Employee Recruitment	3,615	
				FICA Taxes	421,416	Health Care Worker Background Check		
				Employee Health Insurance	371,384	(Indicate # of checks performed )	5,065	
				Employee Meals		Patient Background Checks	3,791	
				Illinois Municipal Retirement Fund (IMRF)*		JCAHO Expense	11,646	
Amount paid out of home office, allocated in column 7				Employee Education	280	Life Services Network Dues	9,758	
				Employee Welfare	53,523	Miscellaneous Dues	2,363	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 242,621	Drug Testing	4,816	Miscellaneous Subscriptions	6,976	
(List each licensed administrator separately.)				TDA Expense	8,171	Allocated from Home Office	4,596	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,356,744	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 50,945	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Col. 7)			\$ 1,337,395	N/A			Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,337,395				Seminar Expense	2,295
(Attach a copy of any management service agreement)								
							Allocated from Home Office	12,125
C. Professional Services				TOTAL			Entertainment Expense ( )	
Vendor/Payee	Type		Amount				(agree to Sch. V, line 24, col. 8)	
See Schedule 21A							TOTAL	\$ 14,420
TOTAL (agree to Schedule V, line 19, column 3)			\$					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

Providence Palos Heights

Provider #: 0007534  
1/1/2010 to 12/31/2010

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Vendor/Payee	Type	Amount
John R. Russell Ltd	Legal	450
Laner Muchin Dombrow Becker Levin & Tominberg, LTD	Legal	31,504
Much Shelist	Legal	46,909
Walter Williams	Legal	15,000
AP Accrual	Legal	13,131
Life Services Network (Surveys)	Surveys	1,525
KPMG	Accounting	36,819
Achieve Accreditation	Surveys	116
New Heights Group	Consulting	1,975
OSG Global	Consulting	21,350
Arlington Resources	Employee Recruitment	7,196
McGladrey & Pullen LLP	Accounting	8,353
Total (agree to Schedule V, line 19, column 3)		<u>184,329</u>
Plus: Allocated from Home Office		19,407
Less: AP Accrual Adjustment		(13,131)
Total (agree to Schedule V, line 19, column 8)		<u><u>190,605</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3							N/A					
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Providence Palos Heights

# 0007534

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Life Services Network - \$9,758
- (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? 6.5 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 132,422 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 105,668  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 14,670
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? N/A**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: KPMG
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**