FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

I. IDPH License ID Number: 0023242

Facility Name: Providence South Holland

Address: 16300 Wausau Street (Number) | South Holland (City) | 60473 (Zip Code)

County: Cook

Telephone Number: (708) 596-5500 **Fax #** (708) 877-4827

HFS ID Number:

Date of Initial License for Current Owners: 02/02/1977

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(c)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Michael W. Martin **Telephone Number:** (217) 258-8888
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey & Pullen, LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	171	Skilled (SNF)	171	62,415	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	171	TOTALS	171	62,415	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,001	8,822	21,645	42,468	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,001	8,822	21,645	42,468	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.04%

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 [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 02/02/1977

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date N/A NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 171 and days of care provided 19,653

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 01/01/2010 Fiscal Year: 12/31/10

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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 Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	436,151	84,086		520,237		520,237		520,237			1
2	Food Purchase		339,933		339,933		339,933	14,431	354,364			2
3	Housekeeping	219,221	97,436		316,657		316,657		316,657			3
4	Laundry	157,373	28,841		186,214		186,214	(534)	185,680			4
5	Heat and Other Utilities			204,625	204,625		204,625	19,087	223,712			5
6	Maintenance	194,011		284,350	478,361		478,361	2,762	481,123			6
7	Other (specify):*											7
8	TOTAL General Services	1,006,756	550,296	488,975	2,046,027		2,046,027	35,746	2,081,773			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	3,087,196	583,501	140,264	3,810,961		3,810,961		3,810,961			10
10a	Therapy		26,802	1,815,718	1,842,520		1,842,520		1,842,520			10a
11	Activities	248,882	18,266	1,235	268,383		268,383		268,383			11
12	Social Services	106,647	55	5,815	112,517		112,517		112,517			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,442,725	628,624	1,981,032	6,052,381		6,052,381		6,052,381			16
	C. General Administration											
17	Administrative			1,269,800	1,269,800		1,269,800	(1,095,654)	174,146			17
18	Directors Fees											18
19	Professional Services			85,705	85,705		85,705	5,442	91,147			19
20	Dues, Fees, Subscriptions & Promotions			25,974	25,974		25,974	4,003	29,977			20
21	Clerical & General Office Expenses	552,766	52,413	42,237	647,416		647,416	628,727	1,276,143			21
22	Employee Benefits & Payroll Taxes			1,169,415	1,169,415		1,169,415		1,169,415			22
23	Inservice Training & Education			6,328	6,328		6,328		6,328			23
24	Travel and Seminar			7,605	7,605		7,605	10,561	18,166			24
25	Other Admin. Staff Transportation							3,645	3,645			25
26	Insurance-Prop.Liab.Malpractice			252,333	252,333		252,333	1,897	254,230			26
27	Other (specify):* Home Office Benefits							185,848	185,848			27
28	TOTAL General Administration	552,766	52,413	2,859,397	3,464,576		3,464,576	(255,531)	3,209,045			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,002,247	1,231,333	5,329,404	11,562,984		11,562,984	(219,785)	11,343,199			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Providence South Holland #0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger: Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			504,087	504,087		504,087	93,995	598,082			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			207,542	207,542		207,542	(83,238)	124,304			32
33	Real Estate Taxes							9,800	9,800			33
34	Rent-Facility & Grounds							7,483	7,483			34
35	Rent-Equipment & Vehicles			1,017	1,017		1,017		1,017			35
36	Other (specify):*											36
37	**TOTAL Ownership**			712,646	712,646		712,646	28,040	740,686			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,051,491		1,051,491		1,051,491		1,051,491			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			93,623	93,623		93,623		93,623			42
43	Other (specify):* Non-Allowable Cos			688,662	688,662		688,662	(688,662)				43
44	**TOTAL Special Cost Centers**		1,051,491	782,285	1,833,776		1,833,776	(688,662)	1,145,114			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,002,247	2,282,824	6,824,335	14,109,406		14,109,406	(880,407)	13,228,999			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

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(185)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(534)	4		8
9	Non-Straightline Depreciation	46,414	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(27,300)	43		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(239,543)	43		24
25	Fund Raising, Advertising and Promotional	(4,780)	43		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 Pg 5A	(528,141)	Vari.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (754,069)		$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 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)	(126,338)	Vari.	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (126,338)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (880,407)		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 Yes	2 No	3 Amount	4 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

SEE ACCOUNTANTS' COMPILATION REPORT

Providence South Holland

ID# 0023242

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Misc Income Offset	$ (3,440)	21	1
2	Disallow Labs - Part A	(95,851)	43	2
3	Disallow Interehab Physiatry	(14,400)	43	3
4	Disallow Resident Welfare	(7,967)	43	4
5	Disallow Marketing Allocation	(292,524)	43	5
6	Disallow Accretion Expense	(6,298)	43	6
7	Disallow Interest Swap Expense	(39,140)	32	7
8	Non-Allow Home Office Redemptions	(57,060)	32	8
9	To reverse AP Legal Accrual	(2,624)	19	9
10	Out-of-Period Legal Expenses	(8,837)	19	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(528,141)		49

See Accountants' Compilation Report

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 Illianna Christian		Rest Haven Central	Palos Heights	Holland Home	South Holland	Independent Ret.
Convalescent Home	100	Rest Haven West	Downers Grove	Village Woods	Crete	
		Haven Park	Zeeland,MI	Providence Mgmt. &		Management Co.
		Plymouth Place	LaGrange Park, IL	Development Co.	Tinley Park	
				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. [X] 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 D/B/A Providence Life Services	100.00%	$ 14,616	$ 14,616	1
2	V	5	Utilities		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	19,087	19,087	2
3	V	6	Maintenance		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	2,762	2,762	3
4	V	17	Administrative	1,269,800	Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	174,146	(1,095,654)	4
5	V	19	Professional services		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	16,903	16,903	5
6	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	4,003	4,003	6
7	V	21	Clerical & general - salary		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	548,561	548,561	7
8	V	21	Clerical & General office expense		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	83,607	83,607	8
9	V	24	Travel & seminar		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	10,561	10,561	9
10	V	25	Other admin. Staff transportation		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	3,645	3,645	10
11	V	26	Insurance-prop., liab. & malpractice		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	1,897	1,897	11
12	V	27	Management allocation of employee benefits		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	185,848	185,848	12
13	V	30	Depreciation		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	47,581	47,581	13
14	Total			$ 1,269,800			$ 1,113,217	$ * (156,583)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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. [X] 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)	
15	V	32	Interest expense	$	Rest Haven Illiana Christian	100.00%	$ 12,962	$ 12,962	15
16	V	33	Real estate taxes		Rest Haven Illiana Christian	100.00%	9,800	9,800	16
17	V	34	Rent - facility & grounds		Rest Haven Illiana Christian	100.00%	7,483	7,483	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			$			$ 30,245	$ * 30,245	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2	N/A - Voluntary Board with no compenstation. See attached Schedule 7A										2
3		The board members do not conduct business with the organization.									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' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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 [X] NO [ ]

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

Name of Related Organization: R.H. Illiana Christ. D/B/A Providence Life Srvcs
Street Address: 18601 North Creek Drive
City / State / Zip Code: Tinsley Park, IL 60477
Phone Number: (708) 342-8100
Fax Number: (708) 342-8006

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food	Accumulated Cost B	84,606,234	17	$ 102,011	$	12,122,502	$ 14,616	1
2	5	Utilities	Accumulated Cost B	84,606,234	17	133,212		12,122,502	19,087	2
3	6	Maintenance	Accumulated Cost B	84,606,234	17	19,280		12,122,502	2,762	3
4	17	Administrative	Direct Cost A	1	1	1,250,075		1	174,146	4
5	19	Professional services	Accumulated Cost B	84,606,234	17	117,971		12,122,502	16,903	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	84,606,234	17	27,937		12,122,502	4,003	6
7	21	Clerical & general - salary	Accumulated Cost B	84,606,234	17	3,828,558	3,828,558	12,122,502	548,561	7
8	21	Clerical & General office expense	Accumulated Cost B	84,606,234	17	583,516		12,122,502	83,607	8
9	24	Travel & seminar	Accumulated Cost B	84,606,234	17	73,706		12,122,502	10,561	9
10	25	Other admin. Staff transportation	Accumulated Cost B	84,606,234	17	25,439		12,122,502	3,645	10
11	26	Insurance-prop., liab. & malpract	Accumulated Cost B	84,606,234	17	13,237		12,122,502	1,897	11
12	27	Management allocation of employ	Accumulated Cost B	84,606,234	17	1,297,083		12,122,502	185,848	12
13	30	Depreciation	Accumulated Cost B	84,606,234	17	332,082		12,122,502	47,581	13
14	32	Interest expense	Accumulated Cost B	84,606,234	17	90,463		12,122,502	12,962	14
15	33	Real estate taxes	Accumulated Cost B	84,606,234	17	68,400		12,122,502	9,800	15
16	34	Rent - facility & grounds	Accumulated Cost B	84,606,234	17	52,225		12,122,502	7,483	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		$ 1,143,462	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Individual Notes		X	Building Improvements	Varies	Varies	$ 70,321	$ 25,321	Varies	Varies	$ 1,279	1
2	Tax Exempt Bonds		X	Building	Varies	11/01/04	4,200,000	2,268,885	10/31/2034	Varies	206,263	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 4,270,321	$ 2,294,206			$ 207,542	9
	B. Non-Facility Related*											
10								Non-Allow Home Office Redemptions			(57,060)	10
11								Less Interest swap expense			(39,140)	11
12								Allocation from Home Office			12,962	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (83,238)	14
15	TOTALS (line 9+line14)						$ 4,270,321	$ 2,294,206			$ 124,304	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.)

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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	$ N/A	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. **(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.)**	**Allocated from Home Office**	$ 9,800	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 9,800	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	2005	8
	2006	9
	2007	10
	2008	11
	2009	12

Real Estate taxes allocated from a for-profit management entity.

	FOR BHF USE ONLY		
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 South Holland COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0023242

CONTACT PERSON REGARDING THIS REPORT Bill DeYoung

TELEPHONE 708-342-8100 FAX #: 708-342-8006

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	19-09-01-203-007-1007	Home Office Building	$ 25,188.06	$ 9,800.00
2.	19-09-01-203-007-1001	Home Office Building	$ 17,069.70	$
3.	19-09-01-203-007-1006	Home Office Building	$ 24,771.46	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 67,029.22	$ 9,800.00

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.

See Accountants' Compilation Report

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (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).

N/A

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	Not Available	1976	$ 31,305	1
2					2
3	TOTALS			$ 31,305	3

SEE ACCOUNTANTS' COMPILATION REPORT

Rest Haven South Christian Nursing Home
Provider #: 0023242
1/1/2010 to 12/31/2010 **Schedule 11A**

Disclosure:

Transferred building to a single member LLC, Christian Living Campus, NFP.
All intercompany income and expenses have been eliminated.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	171		1977	1977	$ 2,657,266	$	40	$ 66,432	$ 66,432	$ 2,189,567	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Landscaping Improvements			1977	19,723		20			19,723	9
10	Building Improvements			1978	7,401		40	185	185	4,114	10
11	Land Improvements			1981	2,535		20			2,535	11
12	Building Improvements			1982	8,179		40	204	204	5,737	12
13	Building Improvements			1983	4,035		40	101	101	2,737	13
14	Land Improvements			1984	7,625		20			7,625	14
15	Building Improvements			1985	2,029		40	51	51	1,280	15
16	Building Improvements			1986	49,092		40	1,227	1,227	29,679	16
17	Building Improvements			1987	48,670		40	1,217	1,217	28,245	17
18	Land Improvements			1987	4,898		20			4,898	18
19	Building Improvements			1988	21,602		40	540	540	12,008	19
20	Land Improvements			1988	1,600		20			1,600	20
21	Building Improvements			1898	561,415		40	14,035	14,035	299,966	21
22	Land Improvements			1898	9,437		20			9,437	22
23	Building Improvements			1990	98,412		40	2,460	2,460	49,908	23
24	Building Improvements			1991	74,357		40	1,859	1,859	35,900	24
25	Building Improvements			1992	168,370		40	4,209	4,209	77,180	25
26	Land Improvements			1992	13,785		20	689	689	12,652	26
27	Building Improvements			1994	24,717		40	618	618	10,127	27
28	Building Improvements			1995	52,042		40	1,301	1,301	20,165	28
29	Land Improvements			1995	10,722		20	536	536	8,308	29
30	Landscaping			1996	20,214		20	1,010	1,010	14,343	30
31	Building Redecorating			1996	15,578		40	390	390	5,795	31
32	Building Improvement - Ceiling			1996	25,000		40	625	625	8,802	32
33	Building Improvements - HVAC			1996	5,000		40	125	125	1,760	33
34	Landscaping			1997	27,690		20	1,349	1,349	18,387	34
35	Building Resident Room Redecorating			1997	64,348		40	1,609	1,609	21,528	35
36	Building - Ceiling & Lighting			1997	62,447		40	1,561	1,561	19,940	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Building Fire Alarm System	1997	$ 4,483	$	40	$ 112	$ 112	$ 1,549	37
38	Building - HVAC	1997	43,720		40	1,093	1,093	15,029	38
39	Building Improvement Resident Rooms in Gilead Area	1997	44,208		40	1,105	1,105	14,427	39
40	Building - Elevator Repair	1997	12,780		40	320	320	4,393	40
41	Building - Beauty Shop Renovation	1997	1,800		40	45	45	593	41
42	Land Improvement - Parking Lot	1998	46,302		20	2,316	2,316	28,950	42
43	Building Improvement Resident Rooms in Gilead Area	1998	34,374		40	859	859	10,738	43
44	Building - HVAC	1998	40,850		40	1,021	1,021	12,763	44
45	Building Rehab. Area	1998	68,738		40	1,718	1,718	21,475	45
46	Building - Kitchen Fan	1999	1,400		40	35	35	403	46
47	Building Therapy Room Renovation	1999	2,083		40	52	52	598	47
48	Building Improvement HVAC	2000	801,268		40	20,032	20,032	220,352	48
49	Building Improvement Social Service Office	2000	1,683		7			1,683	49
50	Land Improvement - Lighting	2000	30,000		15	2,000	2,000	21,000	50
51	Land Improvement - Fencing	2000	8,071		15	538	538	5,649	51
52	Building Improvement HVAC	2000	663,243		40	16,581	16,581	174,101	52
53	Building - Garage	2000	3,820		20	191	191	2,006	53
54	Building Improvement - Pipe Enclosure	2000	82,716		40	2,068	2,068	21,714	54
55	Building Improvement - Tile in Kitchen place into service 2001	2001	6,800		7			6,800	55
56	Land Improvement - Light Poles	2001	1,878		15	125	125	1,187	56
57	Building Improvements - HVAC	2001	19,808		40	495	495	4,703	57
58	Building Improvements - Kitchen Floor	2001	35,884		15	2,392	2,392	22,724	58
59	Building Improvements - Fire Protection System	2001	16,000		15	1,067	1,067	10,136	59
60	Building Improvements - Code Alert	2002	12,767		10	1,276	1,276	10,846	60
61	Building Improvements - Renovations- plumbing work	2002	4,712		15	314	314	2,669	61
62	Building Improvements - Renovations-plumbing and heating	2002	3,275		40	82	82	697	62
63	Building Improvements - painting, flooring, wallcoverings	2002	434,395		7	32,152	32,152	273,292	63
64	Building Improvements- walls, electrical,lighting	2002	431,434		40	6,206	6,206	52,751	64
65	Buiilding Improvements- HVAC	2002	17,600		40	920	920	7,820	65
66	BI-Fire dampers	2003	62,407		15	4,161	4,161	31,207	66
67	BI-Door panels	2003	6,193		10	620	620	4,650	67
68	BI-Ceiling project	2003	21,725		40	543	543	4,073	68
69	BI-Alarm system	2003	35,502		20	1,775	1,775	13,313	69
70	TOTAL (lines 4 thru 69)		$ 7,070,108	$		$ 204,547	$ 204,547	$ 3,928,237	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Providence South Holland # 0023242 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,070,108	$		$ 204,547	$ 204,547	$ 3,928,237	1
2	LI-Heated sidewalk	2003	32,012		15	2,134	2,134	16,005	2
3	LI-Sign	2003	784		10	78	78	585	3
4	BI-Thermostats, heaters, pump motor, valves	2003	10,902		20	545	545	4,087	4
5	BI-Gate	2003	3,050		20	153	153	1,147	5
6	BI-Dental office	2004	15,500		40	388	388	2,522	6
7	BI-Alarm system	2004	2,860		7	409	409	2,658	7
8	BI-Fire protection system	2004	3,500		10	350	350	2,275	8
9	BI-Activity room	2004	967		7	138	138	897	9
10	BI-Fire protection cabinet	2004	2,850		7	407	407	2,646	10
11									11
12	BI - Generator	2005	92,610		20	4,630	4,630	25,465	12
13	BI - HVAC	2005	6,932		20	346	346	1,903	13
14	BI - Sprinklers	2005	3,815		20	190	190	1,045	14
15	BI - Generator	2005	3,668		20	184	184	1,012	15
16	BI - Outside Lights	2005	1,328		20	66	66	363	16
17	BI - Drywall	2005	880		20	44	44	242	17
18	BI - Elevator	2005	2,007		20	100	100	550	18
19	BI - Doors	2005	9,220		20	462	462	2,541	19
20	BI - Plumbing	2005	3,276		20	164	164	902	20
21	BI - Fire Alarm System	2005	6,975		20	348	348	1,914	21
22	BI - Master Station (Nurse Call)	2005	1,705		20	86	86	473	22
23	BI - Conveyor Warewashers	2005	1,772		20	88	88	484	23
24									24
25	BI - HVAC	2006	8,729		20	218	218	1,308	25
26	BI - Fire Doors	2006	4,635		20	116	116	696	26
27	BI - Elevator Repair	2006	4,031		20	101	101	606	27
28	LI - Landscaping	2006	3,189		20	80	80	480	28
29									29
30	SO-Asbestos Retirement Obligation	2006	118,956		20	5,948	5,948	26,766	30
31	South-roof replacmt.	2006	76,485		10	7,649	7,649	34,420	31
32	Roof replace middle	2006	34,668		10	3,467	3,467	15,601	32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,527,414	$		$ 233,436	$ 233,436	$ 4,077,830	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Providence South Holland # 0023242 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,527,414	$		$ 233,436	$ 233,436	$ 4,077,830	1
2	Boiler repair	2006	1,672		15	111	111	500	2
3	2 Condensers	2006	15,590		15	1,039	1,039	4,676	3
4	HVAC Controls	2006	8,150		15	543	543	2,444	4
5	Whirlpool flush	2006	395		15	26	26	117	5
6	Grease trap	2006	7,120		15	475	475	2,136	6
7	Elevator rebuild	2006	61,940		20	3,097	3,097	13,938	7
8	Whirlpool remodel	2006	51,113		20	2,556	2,556	11,502	8
9	Analog Msg Waiting Card	2006	6,871		7	982	982	4,419	9
10	Phone Cables	2006	17,500		7	2,500	2,500	11,250	10
11	Landscape	2006	1,950		10	195	195	879	11
12	Driveway Lights	2006	18,400		15	1,227	1,227	5,520	12
13									13
14	Sign painting & Maint	2007	5,472		5	1,094	1,094	3,830	14
15	Remove 377 Sq Ft of Asphalt & Construct 2 Speed Bumps	2007	2,975		8	372	372	1,302	15
16	Canopy repairs	2007	3,285		15	219	219	767	16
17	Phone System	2007	91,454		10	9,145	9,145	32,052	17
18	Roofing	2007	60,268		10	6,027	6,027	21,093	18
19	Sewer repairs	2007	28,997		15	1,933	1,933	6,766	19
20	Driveway Land Improvements	2007	6,900		15	460	460	1,610	20
21	Repair, test, & Certify failed backflow systems	2007	2,600		5	520	520	1,820	21
22	Elevator Repair	2007	2,899		10	290	290	965	22
23	Fire Alarm Repairs	2007	4,470		10	447	447	1,565	23
24	Paging System	2008	24,900		10	2,490	2,490	7,470	24
25	Rooftop H-Vac	2008	102,663		15	6,844	6,844	17,111	25
26	Carpeting	2008	99,195		15	6,613	6,613	16,533	26
27	Waterline	2008	63,629		7	9,090	9,090	22,725	27
28	Dining Room Smoke Doors	2008	5,830		20	292	292	729	28
29	Install Controls for Admin VVT	2008	21,950		15	1,463	1,463	3,658	29
30	Facility Signs	2008	13,351		10	1,335	1,335	3,338	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,258,953	$		$ 294,821	$ 294,821	$ 4,278,544	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Providence South Holland # 0023242 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 8,258,953	$		$ 294,821	$ 294,821	$ 4,278,544	1
2	Dining Floor Replaces	2009	30,329		10	3,033	3,033	4,549	2
3	Bath Rooms Remodel - Replace Flooring and Tile	2009	138,037		20	6,902	6,902	10,353	3
4	Tub Room Remodel - Replace Flooring and Tile	2009	53,790		40	1,345	1,345	2,017	4
5									5
6									6
7	Pipe Replacement	2010	7,000		10	350	350	350	7
8	Wandergaurd System	2010	189,317		10	9,466	9,466	9,466	8
9	Freight Elevator	2010	62,430		20	1,561	1,561	1,561	9
10	Ejector Pump in Basement	2010	10,950		20	274	274	274	10
11	Repair and Paint Basement Floor	2010	2,875		20	72	72	72	11
12	P3 Pump & Exhaust Fan Replacement	2010	5,630		20	141	141	141	12
13	Sewer Pipe Replacement	2010	3,250		20	81	81	81	13
14									14
15	Current Booked Depre for Building & Improvements	2010		377,077			(377,077)		15
16									16
17									17
18									18
19	Allocated from Home Office 2010	2010	603,185		20	28,360	28,360	130,798	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,365,746	$ 377,077		$ 346,405	$ (30,672)	$ 4,438,205	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	$ 2,366,624	$ 127,010	$ 230,290	$ 103,280	3-15	$ 2,220,875	71
72	Current Year Purchases	12,208		2,165	2,165	3-10	2,165	72
73	Fully Depreciated Assets	1,508,733				3-15	1,508,733	73
74	Allocation from Home Office	607,741		18,705	18,705	3-15	537,976	74
75	TOTALS	$ 4,495,306	$ 127,010	$ 251,160	$ 124,150		$ 4,269,749	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				$	$	$	$		$	76
77	Allocation from Home Office			8,191		517	517	5	6,750	77
78										78
79										79
80	TOTALS			$ 8,191	$	$ 517	$ 517		$ 6,750	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)	$ 13,900,548	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 504,087	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 598,082	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 93,995	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,714,704	85	

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

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

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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:

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:	N/A			$			3
4	Additions							4
5								5
6		Allocation from Home Office			7,483			6
7	TOTAL				$ 7,483 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease N/A .

9. Option to Buy: [ ] YES [ ] NO Terms: N/A *

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.	/2011	$
13.	/2012	$
14.	/2013	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 1,017 Description: Dietary Equipment - $1,017
(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			N/A		18
19					19
20					20
21	TOTAL		$	$	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

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.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(3)	hrs	$	13,098	785,863	$	13,098	$ 785,863	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		3,732	223,918		3,732	223,918	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(2&3)	hrs		13,432	805,937	26,802	13,432	832,739	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				1,051,491		1,051,491	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	30,262	$ 1,815,718	$ 1,078,293	30,262	$ 2,894,011	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 & ID Number Providence South Holland # 0023242 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*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 850	$ 850	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (357,444))	3,292,243	3,292,243	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	20,777	20,777	7
8	Accounts Receivable (owners or related parties)	676,300	676,300	8
9	Other(specify): BC/BS Excess	1,308	1,308	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,991,478	$ 3,991,478	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	31,305	31,305	13
14	Buildings, at Historical Cost	8,805,411	9,365,746	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,664,262	4,503,497	16
17	Accumulated Depreciation (book methods)	(8,856,589)	(8,714,704)	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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,644,389	$ 5,185,844	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,635,867	$ 9,177,322	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 53,129	$ 53,129	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,385	5,385	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	66,374	66,374	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	28	28	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	TDA Match - South	385,477	385,477	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 510,393	$ 510,393	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	25,321	25,321	39
40	Mortgage Payable			40
41	Bonds Payable		2,268,885	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Long-Term Liabilities	216,216	216,216	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 241,537	$ 2,510,422	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 751,930	$ 3,020,815	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,883,937	$ 6,156,507	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,635,867	$ 9,177,322	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,796,640	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,796,640	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	87,296	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) **Rounding**	1	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 87,297	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,883,937	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 13,636,117	1
2	Discounts and Allowances for all Levels	(1,391,658)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,244,459	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	332,782	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 332,782	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	185	14
15	Telephone, Television and Radio	16,674	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,041,901	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	87,439	19
20	Radiology and X-Ray	52,635	20
21	Other Medical Services	390,951	21
22	Laundry	534	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$ 1,590,319	23
	D. Non-Operating Revenue		
24	Contributions	25,750	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 25,750	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Charges	17	28
28a	Other Income	3,375	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,392	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,196,702	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,046,027	31
32	Health Care	6,052,381	32
33	General Administration	3,464,576	33
	B. Capital Expense		
34	Ownership	712,646	34
	C. Ancillary Expense		
35	Special Cost Centers	1,740,153	35
36	Provider Participation Fee	93,623	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 14,109,406	40
41	**Income before Income Taxes (line 30 minus line 40)****	87,296	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 87,296	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 South Holland # 0023242 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,120	2,229	$ 92,145	$ 41.34	1
2	Assistant Director of Nursing	1,896	2,080	64,437	30.98	2
3	Registered Nurses	15,761	16,618	515,161	31.00	3
4	Licensed Practical Nurses	33,502	35,061	904,372	25.79	4
5	CNAs & Orderlies	99,962	106,630	1,511,081	14.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	18,461	20,105	248,882	12.38	10
11	Social Service Workers	5,786	6,338	106,647	16.83	11
12	Dietician	3,089	3,193	65,706	20.58	12
13	Food Service Supervisor	2,366	2,527	55,291	21.88	13
14	Head Cook					14
15	Cook Helpers/Assistants	27,432	29,012	315,154	10.86	15
16	Dishwashers					16
17	Maintenance Workers	13,699	14,520	194,011	13.36	17
18	Housekeepers	16,513	17,714	219,221	12.38	18
19	Laundry	12,286	12,966	157,373	12.14	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	25,915	28,293	552,766	19.54	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	278,788	297,286	$ 5,002,247 *	$ 16.83	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	18,000	9(3)	36
37	Medical Records Consultant	Monthly	3,900	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,800	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,235	11(3)	44
45	Social Service Consultant	Monthly	3,120	12(3)	45
46	Other(specify)				46
47	Chaplin	Monthly	2,695	12(3)	47
48					48
49	TOTAL (lines 35 - 48)		$ 30,750		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,015	71,022	10(3)	50
51	Licensed Practical Nurses	1,576	55,934	10(3)	51
52	Certified Nurse Assistants/Aides	397	7,608	10(3)	52
53	TOTAL (lines 50 - 52)	2,988	$ 134,564		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Richard Nolden	Administrator		$ 174,146
Amount paid out of Home Office in column 7			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 174,146

B. Administrative - Other

Description	Amount
Management Fee (Eliminated in Col 7)	$ 1,269,800
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,269,800
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
RSM McGladrey, Inc.	Accounting	$ 8,343
KPMG, LLP	Accounting	5,184
Achieve Accreditation	Acceditation	14,330
Jackson Wabash	Clinical Consulting	677
Pam Van Austin	Clinical Consulting	2,532
Life Services Network of Illinois*	Consulting	1,065
New Heights Group	Consulting	15,175
Laner Muchin Dombrow Becker Lev	Legal Fees	43
Much Shelist	Legal Fees	35,631
John R. Russell	Legal Fees	100
AP Accrual	Legal Fees	2,624
See Schedule 21 A		
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 85,705

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 349,968
Unemployment Compensation Insurance	56,996
FICA Taxes	359,408
Employee Health Insurance	314,179
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Uniforms	5,060
TDA Expense	9,491
Drug Testing	16,323
Employee Welfare	57,990
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,169,415

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 995
Advertising: Employee Recruitment	1,021
Health Care Worker Background Check	
(Indicate # of checks performed 625)	7,500
Patient Background Checks 385	4,617
Life Services Newtwok of Illinois	8,091
Miscellaneous Subscriptions	2,937
Allocated from Home Office	4,003
Miscellaneous Lisc & Fees	813
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,977

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	7,605
Allocated from Home Office	10,561
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,166

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Providence South Holland
Provider #: 0023242
01/01/10 to 12/31/10

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)		85,705
Allocated from Home Office		
Legal	-	
Other	16,903	16,903
Non-Allowable Legal		(11,461)
Total (agree to Schedule V, line 19, column 8)		91,147

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3								N/A					
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence South Holland # 0023242 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. **LSN $8,091**

(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 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **164,093** 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.
NA

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **93,623**
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.

SEE ACCOUNTANTS' COMPILATION REPORT

(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. $ **185**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **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? **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: **KPMG, LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out 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.