FOR BHF USE

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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.

I. IDPH License ID Number: 0034975

Facility Name: Our Lady of Angels Retirement Home

Address: 1201 Wyoming Avenue (Number) Joliet (City) 60435 (Zip Code)

County: Will

Telephone Number: (815) 725 - 6631 **Fax #** (815) 725 - 1451

HFS ID Number:

Date of Initial License for Current Owners: 08/10/62

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Jeremy M. Brune **Telephone Number:** (815) 725 - 6631
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 07/01/10 to 06/30/11 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) Carol Shaw-Burns
(Title) Administrator

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	37	Skilled (SNF)	37	13,505	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5	50	Sheltered Care (SC)	50	18,250	5
6		ICF/DD 16 or Less			6
7	137	TOTALS	137	50,005	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			4,648	4,648	8
9	SNF/PED					9
10	ICF	14,062	11,569		25,631	10
11	ICF/DD					11
12	SC		13,976		13,976	12
13	DD 16 OR LESS					13
14	TOTALS	14,062	25,545	4,648	44,255	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.50%

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)
Independent Living

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 [ ]

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

I. On what date did you start providing long term care at this location?
Date started 08/10/62

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 37 and days of care provided 4,648

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: 06/30/11 Fiscal Year: 06/30/11

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	485,475	24,799	7,284	517,558	(21,671)	495,887	(45,239)	450,648			1
2	Food Purchase		330,934		330,934		330,934	(46,504)	284,430			2
3	Housekeeping	268,714	36,395		305,109		305,109	(9,535)	295,574			3
4	Laundry	89,399	9,438		98,837		98,837	(2,422)	96,415			4
5	Heat and Other Utilities			280,802	280,802		280,802	(35,100)	245,702			5
6	Maintenance	260,688		193,093	453,781		453,781	(105,187)	348,594			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,104,276	401,566	481,179	1,987,021	(21,671)	1,965,350	(243,986)	1,721,364			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,769,339	114,962	7,510	2,891,811		2,891,811		2,891,811			10
10a	Therapy											10a
11	Activities	206,828	9,325	2,744	218,897		218,897	(5,784)	213,113			11
12	Social Services	128,956		2,806	131,762		131,762	(3,229)	128,533			12
13	CNA Training											13
14	Program Transportation	20,010		19,173	39,183		39,183	(3,841)	35,342			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,125,133	124,287	56,233	3,305,653		3,305,653	(12,853)	3,292,800			16
	C. General Administration											
17	Administrative	90,631			90,631		90,631	(2,221)	88,410			17
18	Directors Fees											18
19	Professional Services			108,086	108,086		108,086	(4,752)	103,334			19
20	Dues, Fees, Subscriptions & Promotions			27,243	27,243		27,243	(9,290)	17,953			20
21	Clerical & General Office Expenses	361,540	31,433	120,547	513,520		513,520	(102,522)	410,998			21
22	Employee Benefits & Payroll Taxes			1,107,618	1,107,618	21,671	1,129,289	(21,050)	1,108,239			22
23	Inservice Training & Education											23
24	Travel and Seminar			64,515	64,515		64,515	(46,305)	18,210			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			126,611	126,611		126,611	(9,521)	117,090			26
27	Other (specify):*											27
28	**TOTAL General Administration**	452,171	31,433	1,554,620	2,038,224	21,671	2,059,895	(195,660)	1,864,235			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,681,580	557,286	2,092,032	7,330,898		7,330,898	(452,500)	6,878,398			29

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

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

Our Lady of Angels Retirement Home

Medicaid Cost Report - Employee Meal Reclass

07/01/10 - 06/30/11

Allowable Food Cost

Food Cost	330,934
Non-Resident Meal Income	(17,951)
Total	312,983

Meals Served

Residents - Licensed Beds	132,765
Residents - Independent Living	14,427
Employee Meals (Prorated at .50 / meal - different meal)	10,950
Total	158,142

Allocated Food Cost

Residents - Licensed Beds	262,759
Residents - Independent Living	28,553
Employee Meals	21,671
Total	312,983

Our Lady of Angels Retirement Home

Non-Allowable Expenses

Independent Living

Cost Centers	Allocation Basis	Independent Living	Facility Total	Factor	% IL to Facility	Salary	Remaining Adjusted Total	IL Salary	IL Remaining Adjusted Total	IL Total
Dietary	Meals Served	14,427	158,142	100.00%	9.12%	485,475	10,412	44,289	950	45,239
Food	Meals Served	14,427	158,142	100.00%	9.12%	-	312,983	-	28,553	28,553
Housekeeping	Census Factored	1	8	25.00%	3.13%	268,714	36,395	8,397	1,137	9,535
Laundry	Census Factored	4,809	49,064	25.00%	2.45%	89,399	9,438	2,191	231	2,422
Heat and Other Utilities	Square Feet	1	8	100.00%	12.50%		280,802	-	35,100	35,100
Maintenance	Square Feet	1	8	100.00%	12.50%	260,688	137,706	32,586	17,213	49,799
Activities	Census	4,809	49,064	25.00%	2.45%	206,828	11,638	5,068	285	5,353
Social Services	Census	4,809	49,064	25.00%	2.45%	128,956	2,806	3,160	69	3,229
Program Transportation	Census	4,809	49,064	100.00%	9.80%	20,010	19,173	1,961	1,879	3,841
Administrative	Census	4,809	49,064	25.00%	2.45%	90,631	-	2,221	-	2,221
Professional Fees	Census	4,809	49,064	25.00%	2.45%		105,930	-	2,596	2,596
Dues, Fees, Subscriptions and Promotions	Census	4,809	49,064	25.00%	2.45%		18,404	-	451	451
Clerical and Office Expenses	Census	4,809	49,064	25.00%	2.45%	361,540	59,782	8,859	1,465	10,324
Travel and Seminar	Census	4,809	49,064	25.00%	2.45%		18,667	-	457	457
Insurance - Property	Square Feet	1	8	100.00%	12.50%		63,865	-	7,983	7,983
Insurance - Liability	Census	4,809	49,064	25.00%	2.45%		62,746	-	1,538	1,538
Depreciation	Square Feet	1	8	100.00%	12.50%		175,654	-	21,957	21,957
Equipment Rental	Census	4,809	49,064	25.00%	2.45%		17,502	-	429	429
Employee Benefits	Salary ProRata	80,829	4,336,408	100.00%	1.86%		1,129,289	-	21,050	21,050
						1,912,241	2,473,192	108,732	143,343	252,075

Facility Name & ID Number Our Lady of Angels Retirement Home #0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			175,830	175,830		175,830	(22,133)	153,697			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4,652	4,652		4,652	(4,652)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			873,737	873,737		873,737	(873,737)				34
35	Rent-Equipment & Vehicles			17,502	17,502		17,502	(429)	17,073			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,071,721	1,071,721		1,071,721	(900,951)	170,770			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		184,212	465,880	650,092		650,092		650,092			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			7,007	7,007		7,007		7,007			41
42	Provider Participation Fee			47,632	47,632		47,632		47,632			42
43	Other (specify):* **Devel. / Chapel**	46,303		46,094	92,397		92,397	(92,397)	0			43
44	**TOTAL Special Cost Centers**	46,303	184,212	566,613	797,128		797,128	(92,397)	704,731			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,727,883	741,498	3,730,366	9,199,747		9,199,747	(1,445,847)	7,753,900			45

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	(17,951)	02		4
5	Telephone, TV & Radio in Resident Rooms	(47,002)	21		5
6	Rented Facility Space	(50,159)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(4,652)	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	(116)	21		18
19	Entertainment				19
20	Contributions	(1,275)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(35,203)	21		24
25	Fund Raising, Advertising and Promotional	(3,858)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(3,706)	20		28
29	Other-Attach Schedule See Supplementa;	(408,188)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (572,110)		$	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)	(873,737)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (873,737)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,445,847)		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

Our Lady of Angels Retirement Home

ID# 0034975

Report Period Beginning: 07/01/10

Ending: 06/30/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity / Ceramic Income	$ (431)	11	1
2	Chapel Income	(23,375)	43	2
3	Bank Charges	(1,892)	21	3
4	Theft Loss	(1,688)	21	4
5	Board Gifts	(664)	21	5
6	Memorial Expense	(321)	21	6
7	Chapel Expense (Non-Adjusted for Income)	(3,448)	43	7
8	Development Salary	(46,303)	43	8
9	Development Expenses	(19,271)	43	9
10	OLA Village - Maintenance	(7,153)	06	10
11	OLA Village - Cable	(5,312)	21	11
12	Education Scholarship / Development	(45,848)	24	12
13	Capitalized Asset - Under $2,500 Threshold	1,925	06	13
14	Capitalized Asset - Depreciation ADJ	(176)	30	14
15	Legal Retainers	(2,156)	19	15
16				16
17	Independent Living Units (14 (Allocated Costs)			17
18	Dietary	(45,239)	01	18
19	Food	(28,553)	02	19
20	Housekeeping	(9,535)	03	20
21	Laundry	(2,422)	04	21
22	Heat and Other Utilities	(35,100)	05	22
23	Maintenance	(49,799)	06	23
24	Activities	(5,353)	11	24
25	Social Services	(3,229)	12	25
26	Program Transportation	(3,841)	14	26
27	Administrative	(2,221)	17	27
28	Professional Fees	(2,596)	19	28
29	Dues, Fees, Subscriptions and Promotions	(451)	20	29
30	Clerical and Office Expense	(10,324)	21	30
31	Travel and Seminar	(457)	24	31
32	Insurance - Property	(7,983)	26	32
33	Insurance - Liability	(1,538)	26	33
34	Depreciation	(21,957)	30	34
35	Equipment Rental	(429)	35	35
36	Employee Benefits	(21,050)	22	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**	(408,188)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Our Lady of Angels Retirement Home **#** 0034975 **Report Period Beginning:** 07/01/10 **Ending:** 06/30/11

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(45,239)	0	0	0	0	0	0	0	0	0	0	(45,239)	1
2	Food Purchase	(46,504)	0	0	0	0	0	0	0	0	0	0	(46,504)	2
3	Housekeeping	(9,535)	0	0	0	0	0	0	0	0	0	0	(9,535)	3
4	Laundry	(2,422)	0	0	0	0	0	0	0	0	0	0	(2,422)	4
5	Heat and Other Utilities	(35,100)	0	0	0	0	0	0	0	0	0	0	(35,100)	5
6	Maintenance	(105,187)	0	0	0	0	0	0	0	0	0	0	(105,187)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(243,986)	0	0	0	0	0	0	0	0	0	0	(243,986)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(5,784)	0	0	0	0	0	0	0	0	0	0	(5,784)	11
12	Social Services	(3,229)	0	0	0	0	0	0	0	0	0	0	(3,229)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(3,841)	0	0	0	0	0	0	0	0	0	0	(3,841)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(12,853)	0	0	0	0	0	0	0	0	0	0	(12,853)	16
	C. General Administration													
17	Administrative	(2,221)	0	0	0	0	0	0	0	0	0	0	(2,221)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,752)	0	0	0	0	0	0	0	0	0	0	(4,752)	19
20	Fees, Subscriptions & Promotions	(9,290)	0	0	0	0	0	0	0	0	0	0	(9,290)	20
21	Clerical & General Office Expenses	(102,522)	0	0	0	0	0	0	0	0	0	0	(102,522)	21
22	Employee Benefits & Payroll Taxes	(21,050)	0	0	0	0	0	0	0	0	0	0	(21,050)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(46,305)	0	0	0	0	0	0	0	0	0	0	(46,305)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(9,521)	0	0	0	0	0	0	0	0	0	0	(9,521)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(195,660)	0	0	0	0	0	0	0	0	0	0	(195,660)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(452,500)	0	0	0	0	0	0	0	0	0	0	(452,500)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 **Report Period Beginning:** 07/01/10 **Ending:** 06/30/11

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(22,133)	0	0	0	0	0	0	0	0	0	0	(22,133)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,652)	0	0	0	0	0	0	0	0	0	0	(4,652)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(873,737)	0	0	0	0	0	0	0	0	0	(873,737)	34
35	Rent-Equipment & Vehicles	(429)	0	0	0	0	0	0	0	0	0	0	(429)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(27,214)	(873,737)	0	0	0	0	0	0	0	0	0	(900,951)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(92,397)	0	0	0	0	0	0	0	0	0	0	(92,397)	43
44	**TOTAL Special Cost Centers**	(92,397)	0	0	0	0	0	0	0	0	0	0	(92,397)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(572,110)	(873,737)	0	0	0	0	0	0	0	0	0	(1,445,847)	45

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sisters of St. Francis of Mary Immaculate	100%	N/A		N/A		

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	34	Rent	$ 873,737	Sisters of St. Francis of Mary Immaculate	100.00%	$	$ (873,737)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 873,737			$	$ * (873,737)	14

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.**

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Diane Habiger	BOD						1
2	Gerald Cabay	BOD						2
3	Scott Czerkies	BOD						3
4	R Lee Bailey	BOD						4
5	George Block	BOD						5
6	Joe Benson	BOD						6
7	Tinothy Cora	BOD						7
8	Donald Cordano	BOD						8
9	Fr. Bill Dewan	BOD						9
10	Steve Vanisko	BOD						10
11	Susan Martin	BOD						11
12	Mark Stofan	BOD						12
13	Lora McGuire	BOD						13
14	Sr. Marcian Deisenroth	BOD						14
15	Sr. Susan Bruno, OSF	BOD						15
16	Sr. Mary Jane Griffen, OSF	BOD						16
17	Sr. Margaret Guider, OSF	BOD						17
18	Sr. Mary Rose Lief, OSF	BOD						18
19	Sr. Mary Francis Seeley, OSF	BOD						19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	Sr. Rita Vahling, OSF	Dir. - Pastoral Care	Administrative	See Below	0	40	100.00	Salary	$ 40,999	12 - 01	1
2	Sr. Donna Baier, OSF	Volunteer Coord.	Administrative	See Below	0	35	100.00	Salary	29,170	11 - 01	2
3	Sr. Odelia Kloc, OSF	Enrichment Coord.	Administrative	See Below	0	40	100.00	Salary	37,046	11 - 01	3
4	Sr. Mary Lou Marchetti, OSF	Social Services	Administrative	See Below	0	16	100.00	Salary	9,456	12 - 01	4
5											5
6											6
7	These sisters are members of										7
8	the Sisters of St. Francis that										8
9	sponsor OLA as a non-profit										9
10	organization.										10
11											11
12											12
13								TOTAL	$ 116,671		13

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

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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 [X]

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	N/A						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 0 **Line #** N/A

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

**** 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 Our Lady of Angels Retirement Home **#** 0034975 **Report Period Beginning:** 07/01/10 **Ending:** 06/30/11

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 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.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006		8
	2007		9
	2008		10
	2009		11
	2010		12

Our Lady of Angels Retirement Home is exempt from real estate taxes.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Our Lady of Angels Retirement Home COUNTY Will

FACILITY IDPH LICENSE NUMBER 0034975

CONTACT PERSON REGARDING THIS REPORT Jeremy M. Brune

TELEPHONE (815) 725 - 6631 FAX #: (815) 725 - 1451

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	N/A		$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

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? _____ YES X 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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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 Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 115,326 B. General Construction Type: Exterior Brick Frame Steel and Brick Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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).

Independent Living - 14 Units (Represents 1 / 8 of the facility)

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: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	609,840	1962	$	1
2					2
3	TOTALS	609,840		$	3

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	137		137	1962	$ 1,572,423	$	40	$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1980	8,000		15 - 40				9
10	Various			1983	89,578		15 - 40				10
11	Various			1984	78,857		15 - 40				11
12	Various			1985	22,845		15 - 40				12
13	Various			1987	10,742		15 - 40				13
14	Various			1988	2,330		15 - 40				14
15	Various			1990	26,014		15 - 40				15
16	Various			1991	136,675		15 - 40				16
17	Various			1992	62,593		15 - 40				17
18	Various			1993	149,990		15 - 40				18
19	Various			1994	34,476		15 - 40				19
20	Various			1995	89,923		15 - 40				20
21	Various			1996	204,209		15 - 40				21
22	Various			1997	365,084		15 - 40				22
23	Various			1998	34,996		15 - 40				23
24	Various			1999	5,332		15 - 40				24
25	Various			2000	123,450		15 - 40				25
26	Various			2001	54,577		15 - 40				26
27	Various			2002	398,917		15 - 40				27
28	Various			2003	83,462		15 - 40				28
29	Various			2004	133,665		15 - 40				29
30	Various			2005	80,832		15 - 40				30
31	Various			2006	78,669		15 - 40				31
32	Various			2007	3,208,187		15 - 40				32
33											33
34											34
35	Various - Financial Statement Depreciation					102,583	15 - 40	102,583		1,222,623	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Elevator Repairs	2008	$ 2,310	$ 231	5 - 15	$ 231	$	$ 760	37
38	Elevator Repairs	2008	4,290	429	5 - 15	429		1,376	38
39	IDPH Survey Modifications	2008	6,765	451	5 - 15	451		1,353	39
40	IDPH Survey Modifications	2008	2,032	135	5 - 15	135		457	40
41	Sidewalk	2008	3,000	200	5 - 15	200		608	41
42	Asbestos Removal	2008	5,000	333	5 - 15	333		1,014	42
43	Hot Water Heater Repair	2008	5,990	399	5 - 15	399		1,215	43
44	Boiler Repairs	2008	15,229	1,015	5 - 15	1,015		3,088	44
45	Handicap Ramp	2008	6,300	420	5 - 15	420		1,260	45
46	Exterior Lighting	2008	13,265	884	5 - 15	884		2,653	46
47	Exterior Lighting	2008	9,435	629	5 - 15	629		1,887	47
48	Construction Renovations	2009	2,450	490	5 - 15	490		735	48
49	Electrical Work	2009	4,423	442	5 - 15	442		1,327	49
50	Lighting Project - New Energy Efficient Fixtures	2009	58,423	3,895	5 - 15	3,895		5,842	50
51	AC Compressor	2010	29,546	2,955	5 - 15	2,955		4,432	51
52	Wired Glass for Doors	2010	3,682	245	5 - 15	245		368	52
53	Wired Glass for Doors	2010	1,395	93	5 - 15	93		93	53
54	New Doors - IDPH Survey Finding with Wired Glass	2010	1,274	78	5 - 15	78		78	54
55	Parking Lot Reseal	2010	3,400	680	5 - 15	680		680	55
56	Kitchen Hood System and Alarms	2010	8,399	770	5 - 15	770		770	56
57	Walk In Freezer Condensing unit	2010	4,900	449	5 - 15	449		449	57
58	Activity Room - Paint, Cabinents, Countertop, and Blinds	2010	5,692	416	5 - 15	416		416	58
59	Therapy Room - Tile, Blinds, Cabinents, Cubicle Curtains	2010	10,873	604	5 - 15	604		604	59
60	Elevator Upgrades	2011	97,951	2,727	5 - 15	2,727		2,727	60
61	Driveway - Paving and Drainage	2011	118,504	959	5 - 15	959		959	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,480,354	$ 122,512		$ 122,512	$	$ 1,257,774	70

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 438,925	$ 45,994	$ 45,994	$	3 - 10	$ 293,230	71
72	Current Year Purchases	70,937	3,894	3,894		3 - 10	3,894	72
73	Fully Depreciated Assets	557,305	763	763		3 - 10	557,305	73
74								74
75	TOTALS	$ 1,067,167	$ 50,651	$ 50,651	$		$ 854,429	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Freedom Van	1999	$ 35,909	$	$	$	5	$ 35,909	76
77	Facility	Glaval Universal Bus	2002	54,750				5	54,750	77
78	Facility	Ford Five Hundred	2006	21,359	2,492	2,492		5	21,359	78
79	Facility	Chevy Truck	1997	26,820				5	26,820	79
80	TOTALS			$ 138,838	$ 2,492	$ 2,492	$		$ 138,838	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)	$ 8,686,359	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 175,655	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 175,655	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,251,041	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					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Lobby - Electric Work	$ 3,357	92
93			93
94			94
95		$ 3,357	95

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

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Sisters of St. Francis of Mary Immaculate
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 [X] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

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

9. Option to Buy: [ ] YES [ ] NO Terms: ____ *

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.	/2012	$
13.	/2013	$
14.	/2014	$

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

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO
16. Rental Amount for movable equipment: $ 17,502 Description: Copiers = $16,354, Postage Machine = $1,148
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

   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.

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	39 - 3	hrs	$		$ 164,518	$		$ 164,518	1
2	Licensed Speech and Language Development Therapist	39 - 3	hrs			31,831			31,831	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 3	hrs			206,777			206,777	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				180,022		180,022	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 2					4,190		4,190	12
13	Other (specify): See Supplemental	39 - 3				62,754			62,754	13
14	TOTAL			$		$ 465,880	$ 184,212		$ 650,092	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.

Our Lady of Angels Retirement Home

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Page 16 Line 12 Column 6: Other Ancillary Supplies

Oxygen	1,005
Medical Supplies	2,434
Feeding Tube Supplements	750
Total	4,190

Page 16 Line 12 Column 6: Other Ancillary Expense

Laboratory	26,235
Radiology	21,062
Ambulance	740
Other Hospital Services	14,718
Total	62,754

STATE OF ILLINOIS

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/11 (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	$ 391,640	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 44,988)	734,256		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	6,096		5
6	Prepaid Insurance	198,769		6
7	Other Prepaid Expenses	18,788		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Bequest Receivable	166,667		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,516,216	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,272,358		15
16	Equipment, at Historical Cost	1,206,002		16
17	Accumulated Depreciation (book methods)	(2,251,215)		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)**	$ 2,227,145	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,743,361	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 885,841	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	565,943		30
31	Accrued Taxes Payable (excluding real estate taxes)			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
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,451,784	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,451,784	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,291,577	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,743,361	$	48

*(See instructions.)

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 **Report Period Beginning:** 07/01/10 **Ending:** 06/30/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,558,998	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,558,998	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(267,421)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (267,421)	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)**	$ 2,291,577	24 *

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	$ 8,455,059	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,455,059	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	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	7,306	12
13	Barber and Beauty Care	4,326	13
14	Non-Patient Meals	17,951	14
15	Telephone, Television and Radio	3,600	15
16	Rental of Facility Space	50,159	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 83,342	23
	D. Non-Operating Revenue		
24	Contributions	318,005	24
25	Interest and Other Investment Income***	19,408	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 337,413	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	56,512	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 56,512	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,932,326	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,987,021	31
32	Health Care	3,305,653	32
33	General Administration	2,038,224	33
	B. Capital Expense		
34	Ownership	1,071,721	34
	C. Ancillary Expense		
35	Special Cost Centers	749,496	35
36	Provider Participation Fee	47,632	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,199,747	40
41	**Income before Income Taxes (line 30 minus line 40)****	(267,421)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (267,421)	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.**

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

Our Lady of Angels Retirement Home

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Page 19 Line 28 Column 1: Other Miscellaneous Income

Laundry and Vending Commissions	217
Activity / Ceramic Income (Adjusted Out Page 5)	431
Chapel Income (Adjusted Out Page 5)	23,375
Miscellaneous Income	20,024
OLA Village (Adjusted Out Page 5)	12,465
Total	56,512

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	1,882	2,080	$ 77,419	$ 37.22	1
2	Assistant Director of Nursing					2
3	Registered Nurses	29,406	32,059	905,984	28.26	3
4	Licensed Practical Nurses	21,792	24,150	567,223	23.49	4
5	CNAs & Orderlies	88,590	96,814	1,125,641	11.63	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,891	2,120	51,341	24.22	9
10	Activity Assistants	8,262	9,433	155,487	16.48	10
11	Social Service Workers	8,634	9,518	128,956	13.55	11
12	Dietician					12
13	Food Service Supervisor	1,752	2,120	57,120	26.94	13
14	Head Cook					14
15	Cook Helpers/Assistants	29,737	32,178	360,320	11.20	15
16	Dishwashers	7,412	7,787	68,035	8.74	16
17	Maintenance Workers	11,239	12,447	260,688	20.94	17
18	Housekeepers	25,880	28,032	268,714	9.59	18
19	Laundry	7,174	8,007	89,399	11.17	19
20	Administrator	1,724	1,848	90,631	49.04	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,436	18,257	361,540	19.80	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,796	1,991	27,692	13.91	31
32	Other Health Care(specify)					32
33	Other(specify) Supplemental	6,492	7,094	131,693	18.56	33
34	TOTAL (lines 1 - 33)	270,099	295,935	$ 4,727,883 *	$ 15.98	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	Monthly	$ 7,284	01 - 03	35
36	Medical Director	Monthly	24,000	09 - 03	36
37	Medical Records Consultant	Quarterly	1,560	10 - 03	37
38	Nurse Consultant	Monthly	5,950	10 - 03	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	Quarterly	2,744	11 - 03	44
45	Social Service Consultant	Quarterly	2,806	12 - 03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 44,344		49

C. CONTRACT NURSES

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

Our Lady of Angels Retirement Home

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Page 20 Line 33 Column 3: Other Salaries

MDS Clerk	CC 10	14,654
Central Supply Clerk	CC 10	50,726
Driver	CC 14	20,010
Development Director	CC 43	46,303
Total		131,693

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carol Shaw-Burns	Administrator	0	$ 90,631
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 90,631

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
DTW	Computer Consultant	$ 29,191
Larson Allen LLP	Accounting	9,613
Wessels Sherman	Legal	600
Tracy, Johnson & Wilson	Legal	1,391
Duane Morris	Legal	7,824
Personnel Planners	Unemployment Consult.	2,250
Provena Senior Services	Management Consultant	16,800
Health Care Management	Management Consultant	9,487
Keane Care	Data Processing	20,393
Telusys	Data Processing	1,132
Ivans	Data Processing	4,087
See Supplemental Schedule		5,318
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 108,086

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 167,221
Unemployment Compensation Insurance	41,030
FICA Taxes	334,059
Employee Health Insurance	452,963
Employee Meals	21,671
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	9,935
Pension	77,283
Other Employee Welfare	25,127
Pg. 5A Non-Allowable IL Costs	(21,050)
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,108,239

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 995
Advertising: Employee Recruitment	480
Health Care Worker Background Check	2,820
(Indicate # of checks performed)	
Patient Background Checks	
Dues - Associations	9,139
Dues - Other	3,016
Licenses and Fees	1,954
Advertising and Promotion	7,564
Pg. 5A Non-Allowable IL Costs	(451)
Less: Public Relations Expense	(3,247)
Non-allowable advertising	(611)
Yellow page advertising	(3,706)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,953

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	20,175
Development - Pg. 5 ADJ	(1,508)
Pg. 5A Non-Allowable IL Costs	(457)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,210

**See instructions.

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Nebo Systems	Data Processing	$ 298
Qquest Software Systems	Data Processing	1,699
Barracuda	Data Processing	1,287
Surequest	Data Processing	841
Other	Data Processing	1,193
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 5,318

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

* Attach copy of IMRF notifications

**See instructions.

Our Lady of Angels Retirement Home

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Legal Schedule

	Amount	Pg. 5 ADJ
Duane Morris, LLP	2,062.50	
Duane Morris, LLP	330.00	
Duane Morris, LLP	3,959.31	
Duane Morris, LLP	4,931.00	4,931.00
Duane Morris, LLP - Credit	(3,458.50)	(3,458.50)
Sub-Total	7,824.31	1,472.50
Tracy, Johnson & Wilson	18.50	
Tracy, Johnson & Wilson	129.50	83.25
Tracy, Johnson & Wilson	87.50	
Tracy, Johnson & Wilson	105.00	
Tracy, Johnson & Wilson	175.00	
Tracy, Johnson & Wilson	175.00	
Tracy, Johnson & Wilson	138.75	
Tracy, Johnson & Wilson	210.00	
Tracy, Johnson & Wilson	351.50	
Sub-Total	1,390.75	83.25
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Wessels Sherman	50.00	50.00
Sub-Total	600.00	600.00
Total	9,815.06	2,155.75

Our Lady of Angels Retirement Home

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Seminar Schedule

Seminar Title	Date	Location	Attendee	Attendee Title	Amount
The Administrative Assistants Conference	08/31/10	Oak Brook	C. Johnson	Admin. Asst.	210.90
7th Annual Summit Culter Change: Be the Change	09/20/10	Springfield	R. Bucio	CNA	149.00
7th Annual Summit Culter Change: Be the Change	09/20/10	Springfield	E. Ulmer	CNA	149.00
7th Annual Summit Culter Change: Be the Change	09/20/10	Springfield	L. Martin	CNA	149.00
7th Annual Summit Culter Change: Be the Change	09/20/10	Springfield	M. Klima	HR Director	149.00
Human Resources for Anyone with Newly Assigned Responsibilities	09/09/10	Joliet	M. Klima	HR Director	199.00
MDS 3.0 Presentation and Training	Aug. 2010	Joliet	Nursing and Admin.	Nursing	2,150.00
RUG IV Presentation	Oct. 2010	Joliet	Nursing and Admin.	Nursing	1,875.00
Illinois Elder Law 2011	01/21/11	Schaumburg	D. Disera	Social Services	179.00
SNF PPS Update FY 2011	11/30/10	Chicago	C. Burns	Administrator	398.00
Surequest - Dietary Software Training	12/22/10	Joliet	Dietary	Dietary	190.00
Ice Breaker Seminar	01/20/11	Joliet	C. Malinowski	Admissions	10.00
Suddenly Senior Workshop	09/27/10	Tinley Park	C. Malinowski	Admissions	225.00
LSN Annual Conference	03/23/11 03/25/11	Chicago	Numerous	All Depts.	2,700.00
Managing Unacceptable Worker Behavior	04/18/11	Oak Brook	S. Metes	DON	149.00
Managing Unacceptable Worker Behavior	04/18/11	Oak Brook	M. Wunderlich	Supervisor Nurse	149.00
Labor & Employment Law	05/06/11	St. Charles	K. Baker	Business Office	100.00
Administrative Seminar	06/29/11	Elk Grove	G. Wysocki	Admin. Asst.	149.00
Event Planning Workshop	06/22/11	Joliet	J. Martin	Development	358.00
OSHA Compliance	06/13/11	Joliet	R. Butterfield	Env. Serv.	179.00

Our Lady of Angels Retirement Home

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Seminar Schedule

Seminar Title	Date	Location	Attendee	Attendee Title	Amount
OSHA Compliance	06/13/11	Joliet	S. Metes	DON	179.00
Pioneer Coalition Annual Seminar	06/02/11	Grayslake	D. Krieger	Act. Coord.	50.00
Pioneer Coalition Annual Seminar	06/02/11	Grayslake	P. Mathieu	Soc. Serv.	50.00
Integrated Social Media Workship	06/16/11	Joliet	C. Malinowski	Admissions	15.00
Conference for Admin. Assistants	06/29/11	Elk Grove	G. Wysocki	Admin. Asst.	149.00
2011 Community Leadership School	06/30/11	Joliet	C. Burns	Administrator	325.00
2011 Community Leadership School	06/30/11	Joliet	J. Martin	Development	325.00
Visonary Leadership Forum	06/24/11	Joliet	C. Burns	Administrator	149.00
Geriatric Gems Evaluation of the Older Adult	08/04/10	Kankakee	S. Metes	DON	79.00
Geriatric Gems Evaluation of the Older Adult	08/04/10	Kankakee	D. Disera	Soc. Serv.	79.00
MDS 3.0 Manual	08/09/10	Joliet	Nursing	Nursing	441.86
HR Certification Course	09/27/10	Joliet	M. Klima	HR Director	795.00
HR Certification Course	09/27/10	Joliet	K. Baker	Business Office	795.00
Restorative / Rehab Certification Course	Various	Westmont	K. Greer	Restorative Nurse	749.00
Raisers Edge Regional Training	10/28/10	Joliet	J. Martin	Development	825.00
PES Continuing Education	Various	Joliet	J. Brune	Business Office	492.70
Excel Training Class	08/10/10	Joliet	K. Querio	Business Office	80.00
Excel Training Class	08/10/10	Joliet	M. Marchetti	Soc. Serv.	80.00
More about PC's	11/03/10	Joliet	K. Querio	Business Office	80.00
Even More about PC's	12/01/10	Joliet	K. Querio	Business Office	80.00

Our Lady of Angels Retirement Home

Medicaid Cost Report - Page 20 Supplemental

07/01/10 - 06/30/11

Seminar Schedule

Seminar Title	Date	Location	Attendee	Attendee Title	Amount
HR Books	01/20/11	Joliet	M. Klima	HR Director	96.69
Music Therapy Conference	02/28/11		O. Kloc	Enr. Coord.	215.00
2011 PHR Certification Questions	03/16/11	Joliet	M. Klima	HR Director	109.36
MDS 3.0 Correction Completion for Positive Outcomes	04/12/11 04/13/11	Westmont	D. Disera	CarePlan Coord.	399.00
Ethical Consideration For Withholding Nutrition and Hydratio	04/15/11	Schaumburg	C. Burns	Administrator	199.00
Challenges of Behavior Dysontrol Secondary to Brain Injury	05/06/11	St. Charles	K. Long	RN	179.00
Challenges of Behavior Dysontrol Secondary to Brain Injury	05/06/11	St. Charles	D. Disera	RN	179.00
Evidence Based Practice in Nursing	05/04/11		S. Metes	DON	99.00
Comprehensive Mental Health Assessment & Evaluation of Older	06/10/11	Downers Grove	D. Disera	CarePlan Coord.	179.00
HR Materials	05/23/11	Joliet	M. Klima	HR Director	458.00
Microsoft Work Made Easy	06/15/11 06/29/11	Joliet	R. Vahling	Pastoral Care	90.00
Extinguishment Training	06/17/11	Joliet	All Employees	All Depts.	1,050.00
Other Misecellaneous Educational Expenses					1,287.00
Non-Allowable				Development	(1,508.00)
Non-Allowable - Allocated					(457.00)
Total					**18,210.51**

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

Facility Name & ID Number Our Lady of Angels Retirement Home # 0034975 Report Period Beginning: 07/01/10 Ending: 06/30/11

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 / AAHSA - $7,756, ICLTC = $1,383**

(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? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **31,935** Line **10 - 02**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **47,632**
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? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **Yes** 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. $ **21,671** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **17,951**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **Ln 14**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(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.