FOR BHF USE

LL1

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: 0023242

Facility Name: Providence Life Service - 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
			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

IRS Exemption Code 501(c)(3)

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 01/01/2011 to 12/31/2011 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' PREPARATION 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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	12,355	9,096	21,234	42,685	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,355	9,096	21,234	42,685	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.39%

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 20,078

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: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	413,958	125,071		539,029		539,029		539,029			1
2	Food Purchase		344,627		344,627		344,627	14,349	358,976			2
3	Housekeeping	231,575	102,593		334,168		334,168		334,168			3
4	Laundry	161,848	40,710		202,558		202,558	(595)	201,963			4
5	Heat and Other Utilities			192,857	192,857		192,857	18,989	211,846			5
6	Maintenance	240,225		262,852	503,077		503,077	3,125	506,202			6
7	Other (specify):*											7
8	TOTAL General Services	1,047,606	613,001	455,709	2,116,316		2,116,316	35,868	2,152,184			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	3,205,860	663,295	392,843	4,261,998		4,261,998		4,261,998			10
10a	Therapy		25,155	1,622,964	1,648,119		1,648,119		1,648,119			10a
11	Activities	307,286	21,781	4,680	333,747		333,747		333,747			11
12	Social Services	157,283	46	5,570	162,899		162,899		162,899			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,670,429	710,277	2,044,057	6,424,763		6,424,763		6,424,763			16
	C. General Administration											
17	Administrative			1,230,924	1,230,924		1,230,924	(1,074,251)	156,673			17
18	Directors Fees											18
19	Professional Services			60,043	60,043		60,043	6,661	66,704			19
20	Dues, Fees, Subscriptions & Promotions			30,795	30,795		30,795	2,705	33,500			20
21	Clerical & General Office Expenses	689,393	70,296	37,887	797,576		797,576	650,388	1,447,964			21
22	Employee Benefits & Payroll Taxes			1,254,767	1,254,767		1,254,767		1,254,767			22
23	Inservice Training & Education			3,419	3,419		3,419		3,419			23
24	Travel and Seminar			4,841	4,841		4,841	11,503	16,344			24
25	Other Admin. Staff Transportation			9,614	9,614		9,614	4,235	13,849			25
26	Insurance-Prop.Liab.Malpractice			495,025	495,025		495,025	4,637	499,662			26
27	Other (specify):* Home Office Benefits							217,854	217,854			27
28	TOTAL General Administration	689,393	70,296	3,127,315	3,887,004		3,887,004	(176,268)	3,710,736			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,407,428	1,393,574	5,627,081	12,428,083		12,428,083	(140,400)	12,287,683			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.

Facility Name & ID Number Providence Life Service - South Holland #0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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			504,346	504,346		504,346	129,267	633,613			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			152,892	152,892		152,892	(30,212)	122,680			32
33	Real Estate Taxes							10,659	10,659			33
34	Rent-Facility & Grounds							9,408	9,408			34
35	Rent-Equipment & Vehicles			2,208	2,208		2,208		2,208			35
36	Other (specify):*											36
37	**TOTAL Ownership**			659,446	659,446		659,446	119,122	778,568			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,402,035		1,402,035		1,402,035		1,402,035			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			162,786	162,786		162,786		162,786			42
43	Other (specify):* **Non-Allow Costs**			468,240	468,240		468,240	(468,240)				43
44	**TOTAL Special Cost Centers**		1,402,035	631,026	2,033,061		2,033,061	(468,240)	1,564,821			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,407,428	2,795,609	6,917,553	15,120,590		15,120,590	(489,518)	14,631,072			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 Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	(207)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients	(595)	4		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	77,852	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	6,598	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	(180,000)	43		24
25	Fund Raising, Advertising and Promotional	(4,592)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(650)	43		28
29	Other-Attach Schedule See Pg 5A	(348,563)	Vari.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (450,157)		$	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)	(39,361)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (39,361)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (489,518)		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.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Providence Life Service - South Holland

ID# 0023242

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Misc Income Offset	$ (1,394)	21	1
2	Disallow Labs - Part A	(122,356)	43	2
3	Disallow Interehab Physiatry	(14,400)	43	3
4	Disallow Resident Welfare	(9,506)	43	4
5	Disallow Marketing Allocation	(136,848)	43	5
6	Disallow Accretion Expense	(6,486)	43	6
7	Non-Allow Home Office Redemptions	(55,577)	32	7
8	Disallow out of period legal	(1,996)	19	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				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**	(348,563)		49

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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
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%	$ 14,556	$ 14,556	1
2	V	5	Utilities		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	18,989	18,989	2
3	V	6	Maintenance		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	3,125	3,125	3
4	V	17	Administrative	1,230,924	Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	156,673	(1,074,251)	4
5	V	19	Professional services		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	8,657	8,657	5
6	V	20	Dues, fees & subscriptions		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	2,705	2,705	6
7	V	21	Clerical & general - salary		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	559,631	559,631	7
8	V	21	Clerical & General office expense		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	92,151	92,151	8
9	V	24	Travel & seminar		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	11,503	11,503	9
10	V	25	Other admin. Staff transportation		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	4,235	4,235	10
11	V	26	Insurance-prop., liab. & malpractice		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	4,637	4,637	11
12	V	27	Management allocation of employee benefits		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	217,854	217,854	12
13	V	30	Depreciation		Rest Haven Illiana Christian D/B/A Providence Life Services	100.00%	51,415	51,415	13
14	Total			$ 1,230,924			$ 1,146,131	$ * (84,793)	14

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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%	$ 25,365	$ 25,365	15
16	V	33	Real estate taxes		Rest Haven Illiana Christian	100.00%	10,659	10,659	16
17	V	34	Rent - facility & grounds		Rest Haven Illiana Christian	100.00%	9,408	9,408	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			$			$ 45,432	$ * 45,432	39

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

Facility Name & ID Number | Providence Life Service - South Holland | # 0023242 | Report Period Beginning: 01/01/2011 | Ending: 12/31/2011

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: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1.00	N/A - Voluntary Board with no compenstation. See attached Schedule 7A								$		1.00
2.00		The board members do not conduct business with the organization.									2.00
3.00											3.00
4.00											4.00
5.00											5.00
6.00											6.00
7.00											7.00
8.00											8.00
9.00											9.00
###											###
###											###
###											###
###								TOTAL	$		###

* 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 Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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	91,713,965	17	$ 100,940	$ 0	13,225,942	$ 14,556	1
2	5	Utilities	Accumulated Cost B	91,713,965	17	131,675	0	13,225,942	18,989	2
3	6	Maintenance	Accumulated Cost B	91,713,965	17	21,668	0	13,225,942	3,125	3
4	17	Administrative	Direct Cost A	1	1	1,195,939	156,673	1	156,673	4
5	19	Professional services	Accumulated Cost B	91,713,965	17	60,031	0	13,225,942	8,657	5
6	20	Dues, fees & subscriptions	Accumulated Cost B	91,713,965	17	18,758	0	13,225,942	2,705	6
7	21	Clerical & general - salary	Accumulated Cost B	91,713,965	17	3,880,704	3,880,704	13,225,942	559,631	7
8	21	Clerical & General office expense	Accumulated Cost B	91,713,965	17	639,012	0	13,225,942	92,151	8
9	24	Travel & seminar	Accumulated Cost B	91,713,965	17	79,768	0	13,225,942	11,503	9
10	25	Other admin. Staff transportation	Accumulated Cost B	91,713,965	17	29,368	0	13,225,942	4,235	10
11	26	Insurance-prop., liab. & malpract	Accumulated Cost B	91,713,965	17	32,156	0	13,225,942	4,637	11
12	27	Management allocation of employ	Accumulated Cost B	91,713,965	17	1,510,690	0	13,225,942	217,854	12
13	30	Depreciation	Accumulated Cost B	91,713,965	17	356,530	0	13,225,942	51,415	13
14	32	Interest expense	Accumulated Cost B	91,713,965	17	175,890	0	13,225,942	25,365	14
15	33	Real estate taxes	Accumulated Cost B	91,713,965	17	73,911	0	13,225,942	10,659	15
16	34	Rent - facility & grounds	Accumulated Cost B	91,713,965	17	65,240	0	13,225,942	9,408	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 8,372,280	$ 4,037,377		$ 1,191,563	25

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 23,500	Varies	Varies	$ 1,215	1
2	Tax Exempt Bonds		X	Building	Varies	11/01/04	4,200,000	2,213,308	10/31/34	Varies	151,677	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 4,270,321	$ 2,236,808			$ 152,892	9
	B. Non-Facility Related*											
10												10
11							Non-Allow Home Office Redemptions				(55,577)	11
12												12
13							Allocated from Home Office				25,365	13
14	TOTAL Non-Facility Related						$	$			$ (30,212)	14
15	TOTALS (line 9+line14)						$ 4,270,321	$ 2,236,808			$ 122,680	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.)**

** **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 Life Service - South Holland # 0023242 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

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.)	**2010**	$ N/A	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.	**Allocated from Home Office**	10,659	
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.		$ 10,659	7

Real Estate Tax History:

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

Real Estate taxes allocated from a for-profit management entity

	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 Providence Life Service - 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 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.	19-09-01-203-007-1007	Home Office Building	$ 26,598.12	$ 10,659.00
2.	19-09-01-203-007-1001	Home Office Building	$ 18,025.28	$
3.	19-09-01-203-007-1006	Home Office Building	$ 26,158.20	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 70,781.60	$ 10,659.00

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 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 Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	171		1977	1977	$ 2,657,266	$	40	$ 66,432	$ 66,432	$ 2,255,999	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	4,299	10
11	Land Improvements			1981	2,535		20			2,535	11
12	Building Improvements			1982	8,179		40	204	204	5,941	12
13	Building Improvements			1983	4,035		40	101	101	2,838	13
14	Land Improvements			1984	7,625		20			7,625	14
15	Building Improvements			1985	2,029		40	51	51	1,331	15
16	Building Improvements			1986	49,092		40	1,227	1,227	30,906	16
17	Building Improvements			1987	48,670		40	1,217	1,217	29,462	17
18	Land Improvements			1987	4,898		20			4,898	18
19	Building Improvements			1988	21,602		40	540	540	12,548	19
20	Land Improvements			1988	1,600		20			1,600	20
21	Building Improvements			1898	561,415		40	14,035	14,035	314,001	21
22	Land Improvements			1898	9,437		20			9,437	22
23	Building Improvements			1990	98,412		40	2,460	2,460	52,368	23
24	Building Improvements			1991	74,357		40	1,859	1,859	37,759	24
25	Building Improvements			1992	168,370		40	4,209	4,209	81,389	25
26	Land Improvements			1992	13,785		20	689	689	13,341	26
27	Building Improvements			1994	24,717		40	618	618	10,745	27
28	Building Improvements			1995	52,042		40	1,301	1,301	21,466	28
29	Land Improvements			1995	10,722		20	536	536	8,844	29
30	Landscaping			1996	20,214		20	1,010	1,010	15,353	30
31	Building Redecorating			1996	15,578		40	390	390	6,185	31
32	Building Improvement - Ceiling			1996	25,000		40	625	625	9,427	32
33	Building Improvements - HVAC			1996	5,000		40	125	125	1,885	33
34	Landscaping			1997	27,690		20	1,349	1,349	19,736	34
35	Building Resident Room Redecorating			1997	64,348		40	1,609	1,609	23,137	35
36	Building - Ceiling & Lighting			1997	62,447		40	1,561		21,501	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 Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	Building Fire Alarm System	1997	$ 4,483	$	40	$ 112	$ 112	$ 1,661	37
38	Building - HVAC	1997	43,720		40	1,093	1,093	16,122	38
39	Building Improvement Resident Rooms in Gilead Area	1997	44,208		40	1,105	1,105	15,532	39
40	Building - Elevator Repair	1997	12,780		40	320	320	4,713	40
41	Building - Beauty Shop Renovation	1997	1,800		40	45	45	638	41
42	Land Improvement - Parking Lot	1998	46,302		20	2,316	2,316	31,266	42
43	Building Improvement Resident Rooms in Gilead Area	1998	34,374		40	859	859	11,597	43
44	Building - HVAC	1998	40,850		40	1,021	1,021	13,784	44
45	Building Rehab. Area	1998	68,738		40	1,718	1,718	23,193	45
46	Building - Kitchen Fan	1999	1,400		40	35	35	438	46
47	Building Therapy Room Renovation	1999	2,083		40	52	52	650	47
48	Building Improvement HVAC	2000	801,268		40	20,032	20,032	240,384	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	23,000	50
51	Land Improvement - Fencing	2000	8,071		15	538	538	6,187	51
52	Building Improvement HVAC	2000	663,243		40	16,581	16,581	190,682	52
53	Building - Garage	2000	3,820		20	191	191	2,197	53
54	Building Improvement - Pipe Enclosure	2000	82,716		40	2,068	2,068	23,782	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	1,312	56
57	Building Improvements - HVAC	2001	19,808		40	495	495	5,198	57
58	Building Improvements - Kitchen Floor	2001	35,884		15	2,392	2,392	25,116	58
59	Building Improvements - Fire Protection System	2001	16,000		15	1,067	1,067	11,203	59
60	Building Improvements - Code Alert	2002	12,767		10	1,276	1,276	12,122	60
61	Building Improvements - Renovations- plumbing work	2002	4,712		15	314	314	2,983	61
62	Building Improvements - Renovations-plumbing and heating	2002	3,275		40	82	82	779	62
63	Building Improvements - painting, flooring, wallcoverings	2002	434,395		7	32,152	32,152	305,444	63
64	Building Improvements- walls, electrical,lighting	2002	431,434		40	6,206	6,206	58,957	64
65	Builiding Improvements- HVAC	2002	17,600		40	920	920	8,740	65
66	BI-Fire dampers	2003	62,407		15	4,161	4,161	35,368	66
67	BI-Door panels	2003	6,193		10	620	620	5,270	67
68	BI-Ceiling project	2003	21,725		40	543	543	4,616	68
69	BI-Alarm system	2003	35,502		20	1,775	1,775	15,088	69
70	TOTAL (lines 4 thru 69)		$ 7,070,108	$		$ 204,547	$ 202,986	$ 4,132,784	70

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

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
	Totals from Page 12A, Carried Forward		7,070,108			204,547	204,547	4,132,784	
37	LI-Heated sidewalk	2003	32,012		15	2,134	$ 2,134	$ 18,139	1
38	LI-Sign	2003	784		10	78	78	663	2
39	BI-Thermostats, heaters, pump motor, valves	2003	10,902		20	545	545	4,632	3
40	BI-Gate	2003	3,050		20	153	153	1,300	4
41	BI-Dental office	2004	15,500		40	388	388	2,910	5
42	BI-Alarm system	2004	2,860		7	202	202	2,860	6
43	BI-Fire protection system	2004	3,500		10	350	350	2,625	7
44	BI-Activity room	2004	967		7	70	70	967	8
45	BI-Fire protection cabinet	2004	2,850		7	204	204	2,850	9
46									10
47	BI - Generator	2005	92,610		20	4,630	4,630	30,095	11
48	BI - HVAC	2005	6,932		20	346	346	2,249	12
49	BI - Sprinklers	2005	3,815		20	190	190	1,235	13
50	BI - Generator	2005	3,668		20	184	184	1,196	14
51	BI - Outside Lights	2005	1,328		20	66	66	429	15
52	BI - Drywall	2005	880		20	44	44	286	16
53	BI - Elevator	2005	2,007		20	100	100	650	17
54	BI - Doors	2005	9,220		20	462	462	3,003	18
55	BI - Plumbing	2005	3,276		20	164	164	1,066	19
56	BI - Fire Alarm System	2005	6,975		20	348	348	2,262	20
57	BI - Master Station (Nurse Call)	2005	1,705		20	86	86	559	21
58	BI - Conveyor Warewashers	2005	1,772		20	88	88	572	22
59								0	23
60	BI - HVAC	2006	8,729		20	218	218	1,526	24
61	BI - Fire Doors	2006	4,635		20	116	116	812	25
62	BI - Elevator Repair	2006	4,031		20	101	101	707	26
63	LI - Landscaping	2006	3,189		20	80	80	560	27
64								0	28
65	SO-Asbestos Retirement Obligation	2006	118,956		20	5,948	5,948	32,714	29
66	South-roof replacmt.	2006	76,485		10	7,649	7,649	42,069	30
67	Roof replace middle	2006	34,668		10	3,467	3,467	19,068	31
68									32
69									33
70	TOTAL (lines 4 thru 69)		$ 7,527,414	$ 0		$ 232,958	$ 232,958	$ 4,310,788	34

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

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

STATE OF ILLINOIS

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
	Totals from Page 12B, Carried Forward		7,527,414			232,958	232,958	4,310,788	
37	Boiler repair	2006	1,672		15	111	$ 111	$ 611	1
38	2 Condensers	2006	15,590		15	1,039	1,039	5,715	2
39	HVAC Controls	2006	8,150		15	543	543	2,987	3
40	Whirlpool flush	2006	395		15	26	26	143	4
41	Grease trap	2006	7,120		15	475	475	2,611	5
42	Elevator rebuild	2006	61,940		20	3,097	3,097	17,035	6
43	Whirlpool remodel	2006	51,113		20	2,556	2,556	14,058	7
44	Analog Msg Waiting Card	2006	6,871		7	982	982	5,401	8
45	Phone Cables	2006	17,500		7	2,500	2,500	13,750	9
46	Landscape	2006	1,950		10	195	195	1,074	10
47	Driveway Lights	2006	18,400		15	1,227	1,227	6,747	11
48								0	12
49	Sign painting & Maint	2007	5,472		5	1,094	1,094	4,925	13
50	Remove 377 Sq Ft of Asphalt & Construct 2 Speed Bump	2007	2,975		8	372	372	1,674	14
51	Canopy repairs	2007	3,285		15	219	219	986	15
52	Phone System	2007	91,454		10	9,145	9,145	41,198	16
53	Roofing	2007	60,268		10	6,027	6,027	27,120	17
54	Sewer repairs	2007	28,997		15	1,933	1,933	8,700	18
55	Driveway Land Improvements	2007	6,900		15	460	460	2,070	19
56	Repair, test, & Certify failed backflow systems	2007	2,600		5	520	520	2,340	20
57	Elevator Repair	2007	2,899		10	290	290	1,255	21
58	Fire Alarm Repairs	2007	4,470		10	447	447	2,012	22
59	Paging System	2008	24,900		10	2,490	2,490	9,960	23
60	Rooftop H-Vac	2008	102,663		15	6,844	6,844	23,955	24
61	Carpeting	2008	99,195		15	6,613	6,613	23,146	25
62	Waterline	2008	63,629		7	9,090	9,090	31,815	26
63	Dining Room Smoke Doors	2008	5,830		20	292	292	1,020	27
64	Install Controls for Admin VVT	2008	21,950		15	1,463	1,463	5,122	28
65	Facility Signs	2008	13,351		10	1,335	1,335	4,673	29
66									30
67									31
68									32
69									33
70	TOTAL (lines 4 thru 69)		$ 8,258,953	$ 0		$ 294,343	$ 294,343	$ 4,572,888	34

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

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

STATE OF ILLINOIS

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
	Totals from Page 12C, Carried Forward		8,258,953			294,343	294,343	4,572,888	
37	Dining Floor Replaces	2009	30,329		10	3,033	$ 3,033	$ 7,582	1
38	Bath Rooms Remodel - Replace Flooring and Tile	2009	138,037		20	6,902	6,902	17,255	2
39	Tub Room Remodel - Replace Flooring and Tile	2009	53,790		40	1,345	1,345	3,362	3
40								0	4
41								0	5
42	Pipe Replacement	2010	7,000		10	700	700	1,050	6
43	Wandergaurd System	2010	189,317		10	18,932	18,932	28,398	7
44	Freight Elevator	2010	62,430		20	3,122	3,122	4,682	8
45	Ejector Pump in Basement	2010	10,950		20	548	548	821	9
46	Repair and Paint Basement Floor	2010	2,875		20	144	144	216	10
47	P3 Pump & Exhaust Fan Replacement	2010	5,630		20	282	282	422	11
48	Sewer Pipe Replacement	2010	3,250		20	163	163	244	12
49	South hall-Wireless installation	2011	70,020		10	3,501	3,501	3,501	13
50	Installed hot Water system	2011	61,950		15	2,065	2,065	2,065	14
51	Purchased Boiler	2011	52,140		15	1,738	1,738	1,738	15
52	Puchased Ceiling Pipe	2011	10,230		20	256	256	256	16
53	Installed power pack and replaced doors holders	2011	3,550		20	89	89	89	17
54	Replaced Coil in walk in coller	2011	2,780		20	70	70	70	18
55	Added new conductor in A&B Elevator	2011	3,157		20	79	79	79	19
56									20
57									21
58									22
59									23
60									24
61									25
62									26
63									27
64									28
65	Current Booked Depre for Building & Improvements	2011		391,172			(391,172)		29
66									30
67									31
68	Allocated from Home Office 2010	2011	608,248		20	28,242	28,242	147,062	32
69									33
70	TOTAL (lines 4 thru 69)		$ 9,574,637	$ 391,172		$ 365,550	$ (25,622)	$ 4,791,778	34

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 9,574,637	$ 391,172		$ 365,550	$ (25,622)	$ 4,791,778	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,574,637	$ 391,172		$ 365,550	$ (25,622)	$ 4,791,778	34

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 2,378,832	$ 113,174	$ 232,455	$ 119,281	3-10	$ 2,455,494	71
72	Current Year Purchases	177,463		12,435	12,435	3-10	12,435	72
73	Fully Depreciated Assets	1,508,733				3-15	1,508,733	73
74	Allocation from Home Office	634,934		22,653	22,653	15-Mar	574,469	74
75	TOTALS	$ 4,699,962	$ 113,174	$ 267,543	$ 154,369		$ 4,551,131	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				$	$	$	$		$	76
77	Allocation from Home Office			8,244		520	520	5	7,314	77
78										78
79										79
80	TOTALS			$ 8,244	$	$ 520	$ 520		$ 7,314	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 14,314,148	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 504,346	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 633,613	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 129,267	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 9,350,223	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	NA				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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:	NA			$			3
4	Additions							4
5								5
6		Allocation from Home Office			9,408			6
7	TOTAL				$ 9,408 **			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 by the length of the lease N/A . 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.	/2012	$
13.	/2013	$
14.	/2014	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 2,208 Description: Dietary Equipment - $2208
(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			NA		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 Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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.

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$	10,534	$ 758,431	$	10,534	$ 758,431	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		3,362	242,082		3,362	242,082	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		8,645	622,451	25,155	8,645	647,606	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				1,402,035		1,402,035	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			$	22,541	$ 1,622,964	$ 1,427,190	22,541	$ 3,050,154	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.

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2011 (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 (363,249))	3,921,812	3,921,812	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	8,192	8,192	7
8	Accounts Receivable (owners or related parties)	93,496	93,496	8
9	Other(specify): BC/BS Excess	1,308	1,308	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,025,658	$ 4,025,658	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	8,999,751	9,574,637	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,841,725	4,708,206	16
17	Accumulated Depreciation (book methods)	(9,360,935)	(9,350,223)	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)**	$ 3,511,846	$ 4,963,925	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,537,504	$ 8,989,583	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 127,440	$ 127,440	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,054	6,054	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	58,708	58,708	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	317	317	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	TDA Match-South	523,812	523,812	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 716,331	$ 716,331	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	23,500	23,500	39
40	Mortgage Payable			40
41	Bonds Payable		2,213,308	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Long-Term Liabilities	222,702	222,702	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 246,202	$ 2,459,510	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 962,533	$ 3,175,841	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,574,971	$ 5,813,742	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,537,504	$ 8,989,583	48

***(See instructions.)**

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,883,937	1	
2	Restatements (describe):		2	
3	**Prior period adjustment**	(168,076)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,715,861	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(140,890)	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)**	$ (140,890)	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)**	$ 6,574,971	24	*

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

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 15,833,411	1
2	Discounts and Allowances for all Levels	(3,219,647)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,613,764	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	349,993	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 349,993	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	632	14
15	Telephone, Television and Radio	14,546	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,389,955	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	127,968	19
20	Radiology and X-Ray	60,111	20
21	Other Medical Services	409,582	21
22	Laundry	595	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,003,389	23
	D. Non-Operating Revenue		
24	Contributions	11,200	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 11,200	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income	1,354	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,354	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,979,700	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,116,316	31
32	Health Care	6,424,763	32
33	General Administration	3,887,004	33
	B. Capital Expense		
34	Ownership	659,446	34
	C. Ancillary Expense		
35	Special Cost Centers	1,870,275	35
36	Provider Participation Fee	162,786	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,120,590	40
41	**Income before Income Taxes (line 30 minus line 40)****	(140,890)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (140,890)	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.**

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	1,872	1,957	$ 82,523	$ 42.17	1
2	Assistant Director of Nursing	2,768	2,952	94,792	32.11	2
3	Registered Nurses	27,913	32,469	957,884	29.50	3
4	Licensed Practical Nurses	23,748	26,028	656,557	25.23	4
5	CNAs & Orderlies	95,162	106,125	1,414,104	13.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	18,590	20,095	307,286	15.29	10
11	Social Service Workers	7,727	8,427	157,283	18.66	11
12	Dietician	3,935	4,184	76,414	18.26	12
13	Food Service Supervisor	1,924	1,924	42,096	21.88	13
14	Head Cook	10,746	11,320	129,805	11.47	14
15	Cook Helpers/Assistants	16,035	16,964	165,643	9.76	15
16	Dishwashers					16
17	Maintenance Workers	14,056	15,015	240,225	16.00	17
18	Housekeepers	16,724	18,181	231,575	12.74	18
19	Laundry	12,112	13,066	161,848	12.39	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	31,271	33,769	689,393	20.41	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)	284,583	312,476	$ 5,407,428 *	$ 17.31	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	3,614	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,301	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	4,680	11(3)	44
45	Social Service Consultant	Monthly	3,120	12(3)	45
46	Other(specify)				46
47	Chaplin	Monthly	2,450	12(3)	47
48					48
49	TOTAL (lines 35 - 48)		$ 35,165		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	3,728	$ 263,756	10(3)	50
51	Licensed Practical Nurses	1,344	62,569	10(3)	51
52	Certified Nurse Assistants/Aides	2,233	59,603	10(3)	52
53	TOTAL (lines 50 - 52)	7,305	$ 385,928		53

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Richard Nolden	Administrator		$ 156,673
Amount paid out of Home Office in column 7			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 156,673

B. Administrative - Other

Description	Amount
Management Fee (Eliminated in Col 7)	$ 1,230,924
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,230,924
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Sch 21A		$ 60,043
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 60,043

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 237,526
Unemployment Compensation Insurance	106,854
FICA Taxes	399,733
Employee Health Insurance	362,675
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Uniforms	4,425
TDA Expense	63,806
Drug Testing	17,725
Employee Welfare	60,692
Employee Medical	105
Employee Education	1,226
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,254,767

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	5,574
Health Care Worker Background Check	0
(Indicate # of checks performed 10)	2,839
Patient Background Checks 88	8,070
Life Services Newtwok of Illinois	9,499
Miscellaneous Subscriptions	2,349
Miscellaneous Lisc & Fees	2,464
Allocated from Home Office	2,705
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,500

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	4,841
Allocated from Home Office	11,503
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,344

**See instructions.

Providence Life Service - South Holland

Schedule 21A

Provider #: **0023242**

01/01/11 **to** **12/31/11**

XIX. SUPPORT SCHEDULE

C. Professional Services

Vendor/Payee	Type	Amount
RSM McGladrey, Inc.	Accounting	15417.33
KPMG, LLP	Accounting	5437.53
Achieve Accreditation	Survey	10854.92
IDPH	Survey	486
Mitigation Solution	Consulting	1267
Holleran Consulting, LLC	Consulting	2228.68
Tori Shipley	Consulting	367.5
New Heights Group	Consulting	1937.02
Myers Carden & Sax LLC	Legal	118
Imprint Plus	Legal	11
Laner Muchin Dombrow Becker Levin & Tominberg, LTD	Legal	1365
Much Shelist	Legal	20153
John R. Russell	Legal	400

Total (agree to Schedule V, line 19, column 3)			60,043
Allocated from Home Office			
	Legal	-	
	Other	8,657	8,657
	Disallowed out of period legal		(1,996)
Total (agree to Schedule V, line 19, column 8)			66,704

A

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Providence Life Service - South Holland # 0023242 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 $ 9,499**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **6.5 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **107,718** 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 fo
Schedule VII)? YES NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departmen
during this cost report period. $ **162,786**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **207**

(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 fo
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 othe
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 service
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees