

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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.

<p>I. IDPH License ID Number: <u>0045443</u></p> <p>Facility Name: <u>Addolorata Villa</u></p> <p>Address: <u>555 McHenry Road</u> <u>Wheeling</u> <u>60090</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 215 - 5801</u> Fax # <u>(847) 215 - 5805</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>11/27/96</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Denise A. Leonard</u> Telephone Number: <u>(216) 274-6514</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/19</u> to <u>06/30/20</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>1111 Superior Ave #1250, Cleveland, OH 44114</u> (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u></td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>1111 Superior Ave #1250, Cleveland, OH 44114</u> (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u>
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____							
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Facility Name & ID Number Addolorata Villa

0045443 Report Period Beginning: 07/01/19 Ending: 06/30/20

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	88	Skilled (SNF)	88	32,208	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,660	3
4		Intermediate/DD			4
5	43	Sheltered Care (SC)	43	15,738	5
6		ICF/DD 16 or Less			6
7	141	TOTALS	141	51,606	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	9,605	12,695	2,739	25,039	8
9	SNF/PED					9
10	ICF	494	2,481	1	2,976	10
11	ICF/DD					11
12	SC		4,882		4,882	12
13	DD 16 OR LESS					13
14	TOTALS	10,099	20,058	2,740	32,897	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.75%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 88 and days of care provided 2,149

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/20 Fiscal Year: 06/30/20

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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/19 Ending: 06/30/20

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	364,238	256,641	1,374,862	1,995,741	1,995,741	(1,100,240)	895,501			1
2	Food Purchase		730,842		730,842	730,842	(410,954)	319,888			2
3	Housekeeping	514,063	62,434		576,497	576,497	(290,438)	286,059			3
4	Laundry	78,756	74,510		153,266	153,266	(79,368)	73,898			4
5	Heat and Other Utilities			555,065	555,065	555,065	(419,052)	136,013			5
6	Maintenance	476,459	127,207	539,855	1,143,521	1,143,521	(736,093)	407,428			6
7	Other (specify):* See Supplemental			56,531	56,531	56,531	(16,892)	39,639			7
8	TOTAL General Services	1,433,516	1,251,634	2,526,313	5,211,463	5,211,463	(3,053,037)	2,158,426			8
	B. Health Care and Programs										
9	Medical Director			23,875	23,875	23,875	(6,489)	17,386			9
10	Nursing and Medical Records	3,845,161	300,946	326,940	4,473,047	4,473,047	(232,950)	4,240,097			10
10a	Therapy			381,025	381,025	381,025		381,025			10a
11	Activities	214,664		10,227	224,891	224,891	(125,066)	99,825			11
12	Social Services	197,134		9,002	206,136	206,136	(98,948)	107,188			12
13	CNA Training		270		270	270		270			13
14	Program Transportation	24,968			24,968	24,968	(17,657)	7,311			14
15	Other (specify):* See Supplemental						10,496	10,496			15
16	TOTAL Health Care and Programs	4,281,927	301,216	751,069	5,334,212	5,334,212	(470,614)	4,863,598			16
	C. General Administration										
17	Administrative	303,161		1,270,488	1,573,649	1,573,649	(1,360,825)	212,824			17
18	Directors Fees										18
19	Professional Services			86,548	86,548	86,548	(30,655)	55,893			19
20	Dues, Fees, Subscriptions & Promotions			61,275	61,275	61,275	(29,514)	31,761			20
21	Clerical & General Office Expenses	899,725	51,412	213,312	1,164,449	1,164,449	(357,019)	807,430			21
22	Employee Benefits & Payroll Taxes			2,238,169	2,238,169	2,238,169		2,238,169			22
23	Inservice Training & Education										23
24	Travel and Seminar			6,200	6,200	6,200	(1,570)	4,630			24
25	Other Admin. Staff Transportation			16,486	16,486	16,486	(11,659)	4,827			25
26	Insurance-Prop.Liab.Malpractice			378,341	378,341	378,341	(196,884)	181,457			26
27	Other (specify):* See Supplemental	304,266	1,481	197,252	502,999	502,999	(399,905)	103,094			27
28	TOTAL General Administration	1,507,152	52,893	4,468,071	6,028,116	6,028,116	(2,388,031)	3,640,085			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,222,595	1,605,743	7,745,453	16,573,791	16,573,791	(5,911,682)	10,662,109			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.

Addolorata Villa
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Adjustments	Total
Line 7 - Other General Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				6,465	6,465
					-
Alloc. - Non-Allowable AL / IL				(23,357)	(23,357)
					-
Trash Removal			56,531	-	56,531
					-
Sub-Total	<u>-</u>	<u>-</u>	<u>56,531</u>	<u>(16,892)</u>	<u>39,639</u>
Line 15 - Other Health Care Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				16,681	16,681
					-
Alloc. - Non-Allowable AL / IL				(6,185)	(6,185)
					-
					-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,496</u>	<u>10,496</u>
Line 27 - Other General Administration					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				162,420	162,420
					-
Alloc. - Non-Allowable AL / IL				(60,745)	(60,745)
Promotional Advert and Marketing	304,266	1,481	194,742	(500,489)	-
Other Administrative Personnel Contract			1,419	-	1,419
Contributions and Donations			1,091	(1,091)	-
					-
Sub-Total	<u>304,266</u>	<u>1,481</u>	<u>197,252</u>	<u>(399,905)</u>	<u>103,094</u>

Facility Name & ID Number Addolorata Villa

#0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,077,897	1,077,897		1,077,897	(722,982)	354,915			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			963,484	963,484		963,484	(655,763)	307,721			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			48,072	48,072		48,072	(33,121)	14,951			35
36	Other (specify):*											36
37	TOTAL Ownership			2,089,453	2,089,453		2,089,453	(1,411,866)	677,587			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	42,336	435	121,861	164,632		164,632		164,632			39
40	Barber and Beauty Shops		787	60,607	61,394		61,394	(61,394)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			216,448	216,448		216,448		216,448			42
43	Other (specify):* See Supplemental	707,636	33,384	130,833	871,853		871,853	(871,853)				43
44	TOTAL Special Cost Centers	749,972	34,606	529,749	1,314,327		1,314,327	(933,247)	381,080			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,972,567	1,640,349	10,364,655	19,977,571		19,977,571	(8,256,795)	11,720,776			45

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

Addolorata Villa
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Adjustments	Total
Line 36 - Other Capital Costs					
					-
					-
					-
					-
					-
					-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 43 - Other Special Cost Centers					
Other Long Term Care - Assisted Living	655,866	28,511	50,820	(735,197)	-
Other Long Term Care - Independent Living	51,770	4,873	31,406	(88,049)	-
Other Non Reimbursable- Other			48,607	(48,607)	-
					-
					-
					-
Sub-Total	<u>707,636</u>	<u>33,384</u>	<u>130,833</u>	<u>(871,853)</u>	<u>-</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(17,931)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(220)	34		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	(12)	32		10
11	Discounts, Allowances, Rebates & Refunds	(12,961)	21		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	(2,636)	21		18
19	Entertainment				19
20	Contributions	(1,091)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(78,504)	21		24
25	Fund Raising, Advertising and Promotional	(500,489)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(7,624,578)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (8,238,422)		\$	30

BHF USE ONLY							
48		49		50		51	

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(18,373)	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (18,373)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (8,256,795)		37

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

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

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

Addolorata Villa

ID# 0045443

Report Period Beginning: 07/01/19

Ending: 06/30/20

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ (88,049)	43	1
2		0		2
3	Cable	(129,209)	5	3
4	Assisted Living	(735,197)	43	4
5	Beauty Shop	(61,394)	40	5
6	Other Non Reimbursable- Other	(48,607)	43	6
7	Other Income- Activities	(19,844)	11	7
8	Other Income- Administrative	(223)	21	8
9	Communications	(630)	21	9
10	Other Income-Transportation	0	24	10
11	Other Income-Laundry	(1,475)	4	11
12	Misc. Revenue	(366)	21	12
13	Credit Card Fees	(499)	21	13
14	Additional R&M	99,220	6	14
15		0		15
16	Page 5 SUPP - Assisted Living Allocations	0		16
17	Dietary	(1,100,240)	01	17
18	Food	(393,023)	02	18
19	Housekeeping	(290,438)	03	19
20	Laundry	(77,893)	04	20
21	Utilities	(289,843)	05	21
22	Maintenance	(868,228)	06	22
23	Other	(23,357)	07	23
24	Medical Director	(6,489)	09	24
25	Nursing and Medical Records	(313,809)	10	25
26	Therapy	0	10A	26
27	Activities	(105,222)	11	27
28	Social Services	(98,948)	12	28
29	CNA Training	0	13	29
30	Transportation	(17,657)	14	30
31	Other	(6,185)	15	31
32	Administrative	(250,101)	17	32
33	Director Fees	0	18	33
34	Professional Fees	(65,682)	19	34
35	Dues and Subscriptions	(37,325)	20	35
36	Clerical	(948,852)	21	36
37	Employee Benefits (Not ADJ - Rate Calculation)	0	22	37
38	Inservice Training	0	23	38
39	Seminar Travel	(11,183)	24	39
40	Other Staff Admin Transportation	(11,659)	25	40
41	Insurance	(213,240)	26	41
42	Other	(60,745)	27	42
43	Depreciation	(756,322)	30	43
44	Amortization	0	31	44
45	Interest	(655,751)	32	45
46	Real Estate Taxes	0	33	46
47	Rent - Building	0	34	47
48	Rent - Equipment	(36,113)	35	48
49	Total	(7,624,578)		49

Addolorata Villa
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Salary	Total Allow. Exp.	Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Expenses	
				Salary	Other			Nursing Home	Total	Nursing Home	Other
Dietary	1	364,238	1,995,741			1,995,741	Meals Served	75,117	167,408	895,501	1,100,240
Food	2	-	712,911			712,911	Meals Served	75,117	167,408	319,888	393,023
Housekeeping	3	514,063	576,497			576,497	SQFT (1)	932,582	1,879,442	286,059	290,438
Laundry	4	78,756	151,791			151,791	Pat. Days (1)	25,039	51,432	73,898	77,893
Heat and Other Utilities	5	-	425,856			425,856	SQFT	66,613	208,565	136,013	289,843
Maintenance	6	476,459	1,275,656			1,275,656	SQFT	66,613	208,565	407,428	868,228
Other	7	-	62,996			62,996	Alloc. Salary	5,016,634	7,972,567	39,639	23,357
Medical Director	9	-	23,875			23,875	Dir. Staffing	3,118,133	4,281,805	17,386	6,489
Nursing and Medical Records	10	3,845,161	4,553,906	3,118,133	281,091	1,154,682	Dir. Staffing	3,118,133	4,281,805	4,240,097	313,809
Therapy	10a	-	381,025			381,025	Direct	-	-	381,025	-
Activities	11	214,664	205,047			205,047	Pat. Days (1)	25,039	51,432	99,825	105,222
Social Services	12	197,134	206,136			206,136	Pat. Days (2)	25,039	48,153	107,188	98,948
CNA Training	13	-	270			270	Direct	-	-	270	-
Transportation	14	24,968	24,968			24,968	Pat. Days	25,039	85,516	7,311	17,657
Other	15	-	16,681			16,681	Alloc. Salary	5,016,634	7,972,567	10,496	6,185
Administrative	17	303,161	462,925			462,925	Net. Pat. Rev.	8,857,588	19,266,583	212,824	250,101
Directors Fees	18	-	-			-	N/A	-	-	-	-
Professional Fees	19	-	121,575			121,575	Net. Pat. Rev.	8,857,588	19,266,583	55,893	65,682
Dues and Subscriptions	20	-	69,086			69,086	Net. Pat. Rev.	8,857,588	19,266,583	31,761	37,325
Office and Clerical	21	899,725	1,756,282			1,756,282	Net. Pat. Rev.	8,857,588	19,266,583	807,430	948,852
Employee Benefits	22	-	2,238,169			2,238,169	Alloc. Salary	5,016,634	7,972,567	1,408,339	829,830
Inservice Training and Expense	23	-	-			-	Pat. Days	25,039	85,516	-	-
Travel and Seminar	24	-	15,813			15,813	Pat. Days	25,039	85,516	4,630	11,183
Other Staff Transportation	25	-	16,486			16,486	Pat. Days	25,039	85,516	4,827	11,659
Insurance	26	-	394,697			394,697	Net. Pat. Rev.	8,857,588	19,266,583	181,457	213,240
Other	27	304,266	163,839			163,839	Alloc. Salary	5,016,634	7,972,567	103,094	60,745
Depreciation	30	-	1,111,237			1,111,237	SQFT	66,613	208,565	354,915	756,322
Amortization	31	-	-			-	Net. Pat. Rev.	-	-	-	-
Interest	32	-	963,472			963,472	SQFT	66,613	208,565	307,721	655,751
Real Estate Taxes	33	-	-			-	SQFT	-	-	-	-
Rent - Facilities and Grounds	34	-	-			-	SQFT	66,613	208,565	-	-
Rent - Equipment and Vehicles	35	-	51,064			51,064	Pat. Days	25,039	85,516	14,951	36,113
Other	36	-	-			-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-
Ancillary Service Centers	39	42,336	164,632			164,632	Direct	-	-	164,632	-
Barber and Beauty Shop	40	-	-			-	Direct	-	-	-	-
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-
Provider Participation Fee	42	-	216,448			216,448	Direct	-	-	216,448	-
Other	43	707,636	-			-	Direct	-	-	-	-
		<u>7,972,567</u>	<u>18,359,081</u>	<u>3,118,133</u>	<u>281,091</u>	<u>14,959,857</u>				<u>10,890,946</u>	<u>7,468,135</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(1,100,240)	0	0	0	0	0	0	0	0	0	0	(1,100,240)	1
2	Food Purchase	(410,954)	0	0	0	0	0	0	0	0	0	0	(410,954)	2
3	Housekeeping	(290,438)	0	0	0	0	0	0	0	0	0	0	(290,438)	3
4	Laundry	(79,368)	0	0	0	0	0	0	0	0	0	0	(79,368)	4
5	Heat and Other Utilities	(419,052)	0	0	0	0	0	0	0	0	0	0	(419,052)	5
6	Maintenance	(769,008)	0	32,915	0	0	0	0	0	0	0	0	(736,093)	6
7	Other (specify):*	(23,357)	0	6,465	0	0	0	0	0	0	0	0	(16,892)	7
8	TOTAL General Services	(3,092,417)	0	39,380	0	0	0	0	0	0	0	0	(3,053,037)	8
	B. Health Care and Programs													
9	Medical Director	(6,489)	0	0	0	0	0	0	0	0	0	0	(6,489)	9
10	Nursing and Medical Records	(313,809)	0	80,859	0	0	0	0	0	0	0	0	(232,950)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(125,066)	0	0	0	0	0	0	0	0	0	0	(125,066)	11
12	Social Services	(98,948)	0	0	0	0	0	0	0	0	0	0	(98,948)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(17,657)	0	0	0	0	0	0	0	0	0	0	(17,657)	14
15	Other (specify):*	(6,185)	0	16,681	0	0	0	0	0	0	0	0	10,496	15
16	TOTAL Health Care and Programs	(568,154)	0	97,540	0	0	0	0	0	0	0	0	(470,614)	16
	C. General Administration													
17	Administrative	(250,101)	0	(1,110,724)	0	0	0	0	0	0	0	0	(1,360,825)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(65,682)	0	35,027	0	0	0	0	0	0	0	0	(30,655)	19
20	Fees, Subscriptions & Promotions	(37,325)	0	7,811	0	0	0	0	0	0	0	0	(29,514)	20
21	Clerical & General Office Expenses	(1,044,671)	0	687,652	0	0	0	0	0	0	0	0	(357,019)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(11,183)	0	9,613	0	0	0	0	0	0	0	0	(1,570)	24
25	Other Admin. Staff Transportation	(11,659)	0	0	0	0	0	0	0	0	0	0	(11,659)	25
26	Insurance-Prop.Liab.Malpractice	(213,240)	0	16,356	0	0	0	0	0	0	0	0	(196,884)	26
27	Other (specify):*	(562,325)	0	162,420	0	0	0	0	0	0	0	0	(399,905)	27
28	TOTAL General Administration	(2,196,186)	0	(191,845)	0	0	0	0	0	0	0	0	(2,388,031)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,856,757)	0	(54,925)	0	0	0	0	0	0	0	0	(5,911,682)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Addolorata Villa# 0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(756,322)	0	33,340	0	0	0	0	0	0	0	0	(722,982)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(655,763)	0	0	0	0	0	0	0	0	0	0	(655,763)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(220)	0	220	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(36,113)	0	2,992	0	0	0	0	0	0	0	0	(33,121)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,448,418)	0	36,552	0	0	0	0	0	0	0	0	(1,411,866)	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	(61,394)	0	0	0	0	0	0	0	0	0	0	(61,394)	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):*	(871,853)	0	0	0	0	0	0	0	0	0	0	(871,853)	43
44	TOTAL Special Cost Centers	(933,247)	0	0	0	0	0	0	0	0	0	0	(933,247)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(8,238,422)	0	(18,373)	0	0	0	0	0	0	0	0	(8,256,795)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Maintenance - Salary	\$	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 27,824	\$ 27,824
16	V	6 Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	5,091	5,091
17	V	7 Emp. Ben. - Gen. Services		Franciscan Sisters of Chicago Service Corporation	100.00%	6,465	6,465
18	V	10 Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	71,796	71,796
19	V	10 Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	9,063	9,063
20	V	15 Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	16,681	16,681
21	V	17 Administrative - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	159,764	159,764
22	V	19 Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	35,027	35,027
23	V	20 Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	7,811	7,811
24	V	21 Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	539,302	539,302
25	V	21 Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	148,350	148,350
26	V	24 Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	9,613	9,613
27	V	26 Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	16,356	16,356
28	V	27 Emp. Ben. - Gen. Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	162,420	162,420
29	V	30 Depreciaton		Franciscan Sisters of Chicago Service Corporation	100.00%	33,340	33,340
30	V	34 Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	220	220
31	V	35 Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	2,992	2,992
32	V	17 Management Fees	1,270,488				(1,270,488)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,270,488			\$ 1,252,115	\$ * (18,373)

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

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Franciscan Communities, Inc.							1
2								2
3	Board of Directors							3
4	James Stark		Franciscan Village	Lemont, IL	Franciscan Sisters of	Lemont, IL	Religious Cong.	4
5	Judy Amiano		Mt. Alverna Village	Parma, OH	Franciscan Sisters Ch	Lemont, IL	Corp. Management	5
6	Raymond Catania		Addolorata Villa	Wheeling, IL	St. James Senior Estab	Crete, IL	Ind. Living	6
7	Guy R. Alton		The Village of Victory Lakes	Lindenhurst, IL	Marian Village	Homer Glen, IL	Ind. & Asst. Living	7
8	Raymond Ingham		University Place	West Lafayette, IN	Franciscan Senior Est	Louisville, KY	Ind. Living	8
9	Marianne D. Araujo		St. Joseph Village	Chicago IL	Franciscan Advisory S	Lemont, IL	Consulting Serv.	9
10	Daniel Noonan				St. Joseph Senior Hou	Lemont, IL	Affordable Housing	10
11	Denise Boudreau				St. Jude House	Crown Point, IN	Dom. Viol. Shelter	11
12					Madonna Foundation	Lemont, IL	HS Foundation	12
13					Village at Mercy Creel	Normal, IL	Ind. & Asst. Living	13
14					Ancora at Mt. Alverna	Parma, OH	Memory Support	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

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/19 Ending: 06/30/20

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending: 06/30/20

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending: 06/30/20

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

Name of Related Organization Franciscan Sisters of Chicago Service Corp.
 Street Address 11500 Theresa Drive
 City / State / Zip Code Lemont, IL 60439
 Phone Number ()
 Fax Number ()

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	Maintenance - Salary	Expense	131,924,954	10	\$ 183,742	\$ 183,742	19,977,571	\$ 27,824	1
2	6	Maintenance - Other	Expense	131,924,954	10	33,622		19,977,571	5,091	2
3	7	Emp. Ben. - Gen. Services	% of Salary	1,225,414	10	42,690		185,566	6,465	3
4	10	Nursing - Salary	Expense	131,924,954	10	474,118	474,118	19,977,571	71,796	4
5	10	Nursing - Other	Expense	131,924,954	10	59,851		19,977,571	9,063	5
6	15	Emp. Ben. - HC and Programs	% of Salary	1,225,414	10	110,156		185,566	16,681	6
7	17	Administrative - Salary	Expense	131,924,954	10	1,055,028	1,055,028	19,977,571	159,764	7
8	19	Professional Fees	Expense	131,924,954	10	231,305		19,977,571	35,027	8
9	20	Dues and Subscriptions	Expense	131,924,954	10	51,582		19,977,571	7,811	9
10	21	Clerical - Salary	Expense	131,924,954	10	3,561,362	3,561,362	19,977,571	539,302	10
11	21	Clerical - Other	Expense	131,924,954	10	979,649		19,977,571	148,350	11
12	24	Seminar and Travel	Expense	131,924,954	10	63,479		19,977,571	9,613	12
13	26	Insurance	Expense	131,924,954	10	108,010		19,977,571	16,356	13
14	27	Emp. Ben. - Gen. Admin.	% of Salary	1,225,414	10	1,072,567		185,566	162,420	14
15	30	Depreciaton	Expense	131,924,954	10	220,169		19,977,571	33,340	15
16	34	Rent - Building	Expense	131,924,954	10	1,452		19,977,571	220	16
17	35	Rent - Equipment	Expense	131,924,954	10	19,760		19,977,571	2,992	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 8,268,543	\$ 5,274,250		\$ 1,252,115	25

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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	Amalgamated Bank		X	Acquisition of Facility	Varies	03/17/13	\$ 11,484,294	\$ 10,552,885	05/01/47	0.0486	\$ 474,599	1								
2	Amalgamated Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	4,663,495	4,728,815	05/01/47	0.0486	212,671	2								
3	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	525,425	548,891	05/01/47	Variable	24,685	3								
4	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	1,267,966	1,120,376	05/01/47	Variable	50,387	4								
5	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	2,542,221	1,869,222	05/01/47	0.0283	84,065	5								
Working Capital																				
6	Long Term Debt Continued											6								
7	Wintrust Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	1,849,491	2,603,222	53813	Variable	117,076	7								
8												8								
9	TOTAL Facility Related						\$ 22,332,892	\$ 21,423,411			\$ 963,484	9								
B. Non-Facility Related*																				
10	Alloc. - Non-Allowable AL/IL										(655,751)	10								
11	Interest Income		X								(12)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (655,763)	14								
15	TOTALS (line 9+line14)						\$ 22,332,892	\$ 21,423,411			\$ 307,721	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None 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.)

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2019 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 2020 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:

2015	 	8
2016	 	9
2017	 	10
2018	 	11
2019	 	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2019	\$ 	13
14	PLUS APPEAL COST FROM LINE 5	\$ 	14
15	LESS REFUND FROM LINE 6	\$ 	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$ 	16

N/A - Addolorata Villa is exempt from real estate taxes.

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Addolorata Villa COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0045443

CONTACT PERSON REGARDING THIS REPORT Denise A. Leonard

TELEPHONE (216) 274-6514 FAX #: (248) 233-7349

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Addolorata Villa

0045443 Report Period Beginning:

07/01/19 Ending:

06/30/20

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

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

Outpatient Therapy - 2,332 Square Feet

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

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

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

XI. OWNERSHIP COSTS:

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	141				\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Various		1996		5,181,017					9
10	Various		1997		571,578					10
11	Various		1988		179,798					11
12	Various		1999		301,948					12
13	Various		2000		2,510,370					13
14	Various		2001		81,111					14
15	Various		2002		118,623					15
16	Various		2003		50,998					16
17	Various		2004		534					17
18	Various		2005		22,055					18
19	Various		2006		59,090					19
20	Various		2007		194,257					20
21	Various		2008		19,504					21
22	Various		2009		22,823					22
23	Various		2010		69,766					23
24	Various		2011		158,756					24
25	Various		2012		125,020					25
26	Various		2013		273,684					26
27	Masonry - Admin, Chapel, and Sheltered Care (TC = \$95,060)		2014		30,361					27
28	Rooftop and PTAC AC Units (TC = \$38,536)		2014		12,308					28
29	Audio and Sound System - Chapel (TC = \$22,234)		2014		7,101					29
30	Mixing Valves - Plumbing (TC = \$3,485)		2014		1,113					30
31	Design and Site Fees - LIMP Improvements (TC = \$5,791)		2014		2,302					31
32	Automated Access Door Devices - Entrance (TC = \$26,610)		2014		14,046					32
33	Elevator Upgrades - Electrical, Pumps, Etc. (TC = \$272,230)		2014		86,947					33
34	Annunciator Panel - Nurses Station (TC = \$2,689)		2014		1,556					34
35	Heat Pump - Admin, Chapel, Sheltered Care (TC = \$32,785)		2014		10,471					35
36	Fire Alarm - Admin, Chapel, Sheltered Care (TC = \$9,998)		2014		3,193					36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Sprinkler System (TC = \$142,649)	2014	\$ 45,560	\$		\$	\$	\$	37
38	Fire Alarm System and Wiring-Kitchen and NH (TC = \$32,112)	2014	10,256						38
39	Parking Lot - Demo and Rehab (TC = \$508,233)	2014	162,323						39
40	Block Wall Replacement - Demo and Rehab (TC = \$7,616)	2014	2,432						40
41	Diesel Tanks - Repiped to Generator (TC = \$19,734)	2015	6,303						41
42	Automated Access Door Devices - Entrance (TC = \$12,300)	2015	7,500						42
43	Electrical Panels - Kitchen and NH (TC = \$65,730)	2015	20,993						43
44	Fire Damper - Kitchen and NH (TC = \$6,775)	2015	2,164						44
45	Ejector Pump - Sewage System (TC = \$19,077)	2015	6,093						45
46	Heat Pumps (TC = \$6,775)	2015	2,164						46
47	Fire Doors (TC = \$6,450)	2016	6,450						47
48	Carpeting - Rehab Rooms (TC = \$11,847)	2016	11,847						48
49	Roof - Heat Trace (TC = \$5,583)	2016	1,783						49
50	Roof - Gutters and Shingles Replaced (TC = \$6,200)	2016	1,980						50
51	Weir - Wall Replacement (TC = \$5,462)	2016	1,744						51
52	Room 208 - Light Fixtures (TC = \$3,496)	2017	3,496						52
53	Entire Facility - Telephone System (TC = \$103,402)	2017	33,025						53
54	Heat Pump = (TC = \$7,230)	2017	2,309						54
55	AAON TU System Repairs = (TC = \$7,069)	2017	2,258						55
56	Hallways and Reception Area - Vinyl Flooring (TC = \$28,798)	2017	9,198						56
57	Entry Way - Concrete (TC = \$11,356)	2017	3,627						57
58	Concrete Walking Paths - Outside (TC = \$80,317)	2017	25,652						58
59	Countertops - Resident Rooms (TC = \$3,896)	2017							59
60	Electrical Panel - Wiring, Conduit (TC = \$41,406)	2017	13,225						60
61	Elevator System Upgrades (TC = \$80,858)	2017	25,825						61
62	Flooring - Carpeting Resident Rooms (TC = \$50,791)	2017							62
63	HVAC - Heat Pumps, Pipes, Etc. (TC = 70,060)	2017	22,376						63
64	Plumbing - Sewage Pump Sysem (TC = \$18,329)	2017	5,854						64
65	Windows and Screens (TC = \$3,461)	2017	1,105						65
66	Countertops - Resident Rooms (TC = \$16,903)	2018							66
67	Electrical Panel - Wiring, Conduit (TC = \$7,225)	2018	2,308						67
68	Elevator System Upgrades (TC = \$7,393)	2018	2,361						68
69	Flooring - Carpeting Resident Rooms (TC = \$105,658)	2018							69
70	TOTAL (lines 4 thru 69)		\$ 10,552,542	\$		\$	\$	\$	70

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,552,542	\$		\$	\$	\$	1
2									2
3	HVAC - Heat Pumps, Pipes, Etc. (TC = \$38,663)	2018	12,348						3
4	Plumbing - Water Heaters (TC = 30,963)	2018	9,889						4
5	Plumbing - Sewage Pump Sysem (TC = \$16,725)	2018	5,342						5
6									6
7									7
8									8
9	Replace Catwalk (TC - \$14,500)	2019	4,631						9
10	Capitalized Hours - Plant (TC - \$4,328)	2019	1,382						10
11	Carpet - IL (TC - \$14,851)	2019							11
12	Carpet - IL/AL (TC - \$115,798)	2018							12
13	Carpet - Plant (TC - \$2,375)	2019	759						13
14	Capitalized Hours - IL (TC - \$2,116)	2018							14
15	Capitalized Hours - IL (TC - \$334)	2019							15
16	Pump System (TC - \$12,469)	2018	3,983						16
17	Pump System (TC - \$20,077)	2019	6,412						17
18	PTAC Units (TC - \$15,601)	2018	4,983						18
19	Windows - IL (TC - \$2,373)	2018							19
20	Windows - IL (TC - \$4,972)	2019							20
21	Windows (TC - \$2,546)	2018	813						21
22	HVAC (TC - \$57,465)	2019	18,354						22
23	Build Corps (TC - \$3,898)	2019							23
24	Automatic Pedestrian Access - IL (TC - \$2,500)	2018							24
25	Automatic Pedestrian Access (TC - \$6,790)	2018	2,169						25
26	AC Wall (TC - \$900)	2018	287						26
27	Countertop (TC - \$3,898)	2018							27
28	Countertop (TC - \$7,796)	2019							28
29	Valley Fire Protection Flow Switch (TC - \$3,640)	2018	1,163						29
30	Banner Plumbing Toliets (TC - \$1,132)	2019	362						30
31	Door Alarm System - SNF (TC - \$16,324)	2019	16,324						31
32	Hydrotherapy Tubs (TC - \$18,637)	2019	18,637						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,660,379	\$		\$	\$	\$	34

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

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,660,379	\$		\$	\$	\$	1
2									2
3	Toggle Switches (TC - \$834)	2019							3
4	Plumbing Labor (TC - \$7,185)	2019	7,185						4
5									5
6	Current Fiscal Year Additions: 2019 - 2020								6
7									7
8	Carpets in the Park Shaw Carpeting (TC - \$2,514)	2019	2,514						8
9	Zentel Tech PTAC Unit (TC - \$3,864)	2019	1,234						9
10	Illinois Pump S-12552 (TC - \$5,582)	2019	1,783						10
11	Automated Pedestrian Access (TC - \$3,200)	2019	1,022						11
12	Automated Pedestrian Access (TC - \$5,395)	2019	1,723						12
13	Zentel Tech - PTAC Unit (TC - \$3,864)	2019	1,234						13
14	Zentel Tech - PTAC Unit (TC - \$3,864)	2019	1,234						14
15	Alta Genie Model Z80 (TC - \$5,390)	2019	1,721						15
16	Domain Corporation Vinyl Siding (TC - \$44,700)	2019	14,277						16
17	Convergint - Smoke Detectors (TC - \$7,151)	2019	2,284						17
18	Zentel Tech - Heat Pump (TC - \$12,423)	2020	3,968						18
19	Taco Pump (TC - \$14,280)	2020	4,561						19
20	553 Cooling Tower (TC - \$8,978)	2020	2,867						20
21	Otis Elevator - Valve (TC - \$9,816)	2020	3,135						21
22	Otis Elevator Piston Cylinder Replace (TC - \$64,333)	2020	20,547						22
23	Zentel Tech Heat Pump (TC - \$7,912)	2020	2,527						23
24	Zentel Tech Heat Pump (TC - \$7,912)	2020	2,527						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation Expense			354,915		354,915		7,583,418	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,736,722	\$ 354,915		\$ 354,915	\$	\$ 7,583,418	34

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

Addolorata Villa
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 12 Supp 1 - CY Leasehold Improvement Additions

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Carpets in the Park Shaw Carpeting	7/2/2019	2,514	LIMP	Direct	2,514			
Carpets in the Park - D/W Carpeting	8/8/2019	2,185	LIMP	Direct				2,185
Carpets in the Park D/W Carpeting	7/3/2019	6,747	LIMP	Direct		6,747		
Zentel Tech PTAC Unit	7/19/2019	3,864	LIMP	Indirect	1,234			
Capital Salary	7/31/2019	1,320	LIMP	Direct				1,320
Carpets in the Park	8/30/2019	2,702	LIMP	Direct		2,702		
Carpets in the Park CP18453	8/29/2019	2,185	LIMP	Direct				2,185
Carpets in the Park CP18454	9/3/2019	2,947	LIMP	Direct		2,947		
Illinois Pump S-12552	8/7/2019	5,582	LIMP	Indirect	1,783	3,799		
Automated Pedestrian Access	9/16/2019	3,200	LIMP	Indirect	1,022	2,178		
Illinois Pump	9/13/2019	2,411	LIMP	Indirect			770	1,641
Automated Pedestrian Access	10/7/2019	5,395	LIMP	Indirect	1,723	3,672		
Granger	10/8/2019	1,679	LIMP	Indirect			536	1,143
Carpets in the Park	10/11/2019	815	LIMP	Direct				815
Boom Window & Screen Glass	10/30/2019	358	LIMP	Direct				358
Boom Window & Screen Window Glass	10/30/2019	222	LIMP	Direct				222
Boom Window & Screen Window Glass	10/30/2019	259	LIMP	Direct				259
Boom Window & Screen Window Glass	10/30/2019	160	LIMP	Direct				160
Boom Window & Screen Window Glass	10/30/2019	453	LIMP	Direct				453
Boom Window & Screen Window Glass	10/30/2019	678	LIMP	Direct				678
Carpets in the Park Kitchen	10/14/2019	2,000	LIMP	Direct				2,000
Carpets in the Park	10/28/2019	1,425	LIMP	Direct				1,425
Flooring Solutions - Carpet	11/26/2019	1,500	LIMP	Direct				1,500
Flooring Solutions - Carpet	11/26/2019	1,525	LIMP	Direct				1,525
Flooring Solutions - Carpet	11/26/2019	935	LIMP	Direct				935
Flooring Solutions - Carpet	11/26/2019	935	LIMP	Direct				935
Flooring Solutions - Carpet	11/15/2019	925	LIMP	Direct				925
Flooring Solutions - Carpet	11/21/2019	1,130	LIMP	Direct				1,130
Flooring Solutions - Carpet	11/15/2019	1,700	LIMP	Direct				1,700
Zentel Tech - PTAC Unit	11/7/2019	3,864	LIMP	Indirect	1,234	2,630		
Zentel Tech - PTAC Unit	11/22/2019	3,864	LIMP	Indirect	1,234	2,630		
Alta Genie Model Z80	10/17/2019	5,390	LIMP	Indirect	1,721	3,668		
Domain Corporation Vinyl Siding	11/22/2019	44,700	LIMP	Indirect	14,277	30,423		
Convergent - Smoke Detectors	10/17/2019	7,151	LIMP	Indirect	2,284	4,867		
Carpets in the Park - Carpet	11/25/2019	2,826	LIMP	Direct		2,826		
Capital Labor	12/31/2019	1,370	LIMP	Direct				1,370
Carpets in the Park - Stock	12/6/2019	1,155	LIMP	Direct				1,155
Carpets in the Park	12/12/2019	2,084	LIMP	Direct				2,084
Carpets in the Park	12/11/2019	2,084	LIMP	Direct				2,084
Carpets in the Park	12/10/2019	2,084	LIMP	Direct				2,084
Automated Pedestrian Access	12/26/2019	1,800	LIMP	Indirect			575	1,225
CertaPro Painters	12/23/2019	1,190	LIMP	Direct				1,190
Direct Supply Oxygen Concentrator	12/23/2019	1,039	LIMP	Direct				1,039
Carpets in the Park	1/10/2020	2,084	LIMP	Direct				2,084
Carpets in the Park	12/17/2019	2,084	LIMP	Direct				2,084
Jan Capital Labor	1/31/2020	1,210	LIMP	Direct				1,210
Zentel Tech - Air Conditioner	1/29/2020	3,864	LIMP	Direct		3,864		
Flooring Solutions - Carpet	1/30/2020	1,695	LIMP	Direct				1,695
Zentel Tech - Heat Pump	1/28/2020	12,423	LIMP	Indirect	3,968	8,455		
Feb Capital Labor	2/29/2020	1,180	LIMP	Direct				1,180
Taco Pump	3/25/2020	14,280	LIMP	Indirect	4,561	9,719		
Carpets in the Park	3/4/2020	2,084	LIMP	Direct				2,084
Carpets in the Park	3/3/2020	2,084	LIMP	Direct				2,084
ABT Window Air Conditioners	2/10/2020	1,190	LIMP	Indirect			380	810
Laundry Room Capital labor	3/31/2020	400	LIMP	Indirect			128	272
Wall, Ceiling Repairs	3/31/2020	620	LIMP	Direct				620
Carpet	3/18/2020	1,695	LIMP	Direct				1,695
Carpet	3/20/2020	1,067	LIMP	Direct				1,067
Carpet	3/14/2020	1,420	LIMP	Direct				1,420
Carpet	12/16/2019	1,065	LIMP	Direct				1,065
553 Cooling Tower	4/30/2020	8,978	LIMP	Indirect	2,867	6,111		
Carpet	4/15/2020	2,256	LIMP	Direct				2,256
Carpet	4/21/2020	1,540	LIMP	Direct				1,540
Oxygen Concentrator	4/8/2020	2,345	LIMP	Direct			2,345	
Otis Elevator - Valve	5/20/2020	9,816	LIMP	Indirect	3,135	6,681		
Carpets in the Park	5/5/2020	2,256	LIMP	Direct				2,256
Otis Elevator Piston Cylinder Replace	5/1/2020	64,333	LIMP	Indirect	20,547	43,786		
Carpets in the Park	3/25/2020	2,084	LIMP	Direct				2,084
Build Corps Countertop	5/28/2020	3,796	LIMP	Direct		3,796		
Automated Pedestrian Metal Door	5/29/2020	2,065	LIMP	Indirect			660	1,405
Capital Labor APR	4/30/2020	1,220	LIMP	Direct				1,220
Zentel Tech Heat Pump	6/11/2020	7,912	LIMP	Indirect	2,527	5,385		
Zentel Tech Heat Pump	6/11/2020	7,912	LIMP	Indirect	2,527	5,385		
Flooring Solutions	6/30/2020	1,483	LIMP	Direct				1,483
		306,791			69,158	164,900	5,394	67,339

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

07/01/19

Ending:

06/30/20

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,718,289	\$	\$	\$		\$	71
72	Current Year Purchases	62,009						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,780,298	\$	\$	\$		\$	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										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 13,189,241	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 354,915	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 354,915	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)	\$ 7,583,418	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Care Assets - PY Total	\$ 24,371,123	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	164,900			87
88	Non-Care Assets - CY EQIP Add.	76,046			88
89	Non-Care Assets - CY Land Im. Add.	3,864			89
90	Depreciation		722,982	15,447,852	90
91	TOTALS	\$ 24,615,933	\$ 722,982	\$ 15,447,852	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.

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Page 13 Supp 1 - CY Equipment, Furniture and Vehicle Additions

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Provinet Computer Equipment	7/1/2019	981	Equip	Indirect			313	668
Provinet Solutions	7/31/2019	6,243	Equip	Indirect	1,994	4,249		
Direct Supply	7/1/2019	8,044	Equip	Indirect	2,569	5,475		
ABT Electronics	8/31/2019	590	Equip	Direct				590
ABT Electronics	8/31/2019	1,800	Equip	Direct				1,800
ABT Electronics	10/7/2019	1,200	Equip	Direct				1,200
ABT Electronics	10/7/2019	1,180	Equip	Direct				1,180
Direct Supply Ice Maker	10/23/2019	3,792	Equip	Indirect	1,211	2,581		
ABT Electronic - Mini Fridges	12/6/2019	340	Equip	Direct				340
Alta Equipment - Boom Lift	11/14/2019	5,024	Equip	Direct	5,024			
ABT Electronics Refrigerator	1/14/2020	1,189	Equip	Direct				1,189
ABT Electronics - Dryer	1/20/2020	1,480	Equip	Direct				1,480
ABT Electronics - Elec Stoves	1/10/2020	1,745	Equip	Direct				1,745
ABT Electronics - Fridges	1/10/2020	1,800	Equip	Direct				1,800
ABT Electronics Fridges	1/27/2020	370	Equip	Direct				370
ABT Electronics Microwaves	1/27/2020	312	Equip	Direct				312
Banner Plumbing - Toilets	1/21/2020	825	Equip	Direct				825
Direct Supply Food Processor	1/31/2020	4,271	Equip	Indirect	1,364	2,907		
ABT Electronics Fridge	1/31/2020	920	Equip	Direct				920
Fox valley Fire Fire Suppression System	1/9/2020	4,685	Equip	Indirect	1,496	3,189		
PC Connection - Laptop	9/19/2019	1,326	Equip	Indirect			423	902
ABT Electronics Microwav	2/3/2020	240	Equip	Direct				240
ABT Electric Stove	2/10/2020	490	Equip	Direct				490
SteamChef Steamer	3/8/2020	21,299	Equip	Direct	21,299			
Electric Stove w/ Hood	4/24/2020	600	Equip	Direct				600
Electric Stove w/ Hood	4/24/2020	600	Equip	Direct				600
Refrigerator	4/24/2020	600	Equip	Direct				600
Washer	4/24/2020	690	Equip	Direct				690
Washer	4/24/2020	690	Equip	Direct				690
Dryer	4/24/2020	595	Equip	Direct				595
Electric Stove w/ Hood	4/13/2020	610	Equip	Direct				610
Electric Stove w/ Hood	4/13/2020	610	Equip	Direct				610
Refrigerator	4/13/2020	600	Equip	Direct				600
Refrigerator	4/13/2020	600	Equip	Direct				600
Televisions	4/13/2020	243	Equip	Direct				243
Televisions	4/13/2020	243	Equip	Direct				243
Direct Supply Ice Machine	5/22/2020	3,844	Equip	Indirect	1,228	2,616		
Chafers - Dining Equipment	6/30/2020	6,468	Equip	Indirect	2,066	4,402		
Food Warmer	6/30/2020	429	Equip	Indirect			137	292
Thermal Hold	6/30/2020	11,214	Equip	Indirect	3,582	7,633		
Rapid Oven	6/30/2020	8,311	Equip	Indirect	2,654	5,657		
Convection Gask Oven	6/30/2020	15,189	Equip	Indirect	4,851	10,338		
Ancora China	6/30/2020	8,436	Equip	Indirect	2,694	5,742		
Deli Case	6/30/2020	10,676	Equip	Indirect	3,410	7,267		
Dining Equipment Misc	6/30/2020	7,551	Equip	Indirect	2,412	5,139		
Tablets/Printer	6/30/2020	8,388	Equip	Indirect	2,679	5,709		
ABT Electronic Stoves	6/16/2020	980	Equip	Indirect			313	667
ABT Electronics Fridges	6/16/2020	1,200	Equip	Direct				1,200
ABT Electronics TVs	6/16/2020	274	Equip	Direct				274
Provinet Computer	6/30/2020	4,618	Equip	Indirect	1,475	3,143		
PC Connection Keyboard	5/31/2020	135	Equip	Indirect			43	92
		164,541			62,009	76,046	1,230	25,257

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		See Supplemental			0			6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 14,951 Description: See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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Page 14 Supplemental Schedule

Description	Amount	Total
Building Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Building Rent	220	220
		-
Alloc. - Non-Allowable AL / IL	-	-
		-
Rental Income Offset	(220)	(220)
		-
		-
		-
		-
		-
		-
Total	<u>-</u>	<u>-</u>
Equipment Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Equipment Rent	2,992	2,992
		-
Equipment Rental	48,072	48,072
		-
		-
Alloc. - Non-Allowable AL / IL	(36,113)	(36,113)
		-
		-
		-
		-
		-
Total	<u>14,951</u>	<u>14,951</u>

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	2,273	\$ 140,153	\$ 0	2,273	\$ 140,153	1
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	843	52,791	0	843	52,791	2
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00 hrs	0	3,748	188,081	0	3,748	188,081	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	##### hrs	42,336	0	0	0	1,998	42,336	8
9	Pharmacy	V39	0.00 # of prescripts	0	0	0	105,370		105,370	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB/RADIOLOGY</u>	V39	0.00	0	0	0	16,491		16,491	12
13	Other (specify): <u>BILLABLE SUPPLIES</u>	V39	0.00	0	0	0	435		435	13
14	TOTAL			\$ 42,336	6,864	\$ 381,025	\$ 122,296	8,862	\$ 545,657	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.

Addolorata Villa
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Page 16 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Medical Supplies			435	435
Oxygen				-
Laboratory			11,195	11,195
Radiology			5,296	5,296
Medical Equipment Rental				-
Other				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total	<u>-</u>	<u>-</u>	<u>16,926</u>	<u>16,926</u>

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/19

Ending:

06/30/20

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/20

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 31,350	\$	1
2	Cash-Patient Deposits	6,665		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,470,792	_____	3
4	Supply Inventory (priced at)	26,026		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	97,193		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	252,864		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,884,890	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,850,000		13
14	Buildings, at Historical Cost	30,122,704		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,146,145		16
17	Accumulated Depreciation (book methods)	(23,031,270)		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): <u>See Attached</u>	98,443		22
23	Other(specify): <u>See Attached</u>	9,178		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,195,200	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,080,090	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 376,354	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	619,507		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	689,944		30
31	Accrued Taxes Payable (excluding real estate taxes)	76,060	_____	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	9,750		33
34	Deferred Compensation	7,145		34
35	Federal and State Income Taxes	8,989		35
Other Current Liabilities(specify):				
36	<u>See Attached</u>			36
37	<u>P/R Withholding / Accrued Audit</u>	409,127		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,196,876	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached</u>	198,195		43
44	<u>See Attached</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 198,195	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,395,071	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,685,019	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,080,090	\$	48

*(See instructions.)

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Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Inventories - Dietary	15,529		15,529
Inventories - Gift Shop			-
Inventories - Housekeeping	9,673		9,673
Inventories - Laundry and Linen	5,213		5,213
Inventories - Maintenance	222,449		222,449
Sub-Total	<u>252,864</u>	<u>-</u>	<u>252,864</u>
Line 23 - Long Term Assets			
Cost Settlements- Medicare	9,178		9,178
			-
			-
			-
Sub-Total	<u>9,178</u>	<u>-</u>	<u>9,178</u>
Line 37 - Other Current Liability			
P/R Withholding - Group Insurance Premium	50,000		50,000
P/R Withholding - W/C	357,430		357,430
Accrued audit	1,797		1,797
Illinois withholding	(100)		(100)
			-
Sub-Total	<u>409,127</u>	<u>-</u>	<u>409,127</u>
Line 43 - Long term Liabilities			
Other IT Liabilities	57,943		57,943
Asset retirement obligation	140,252		140,252
			-
			-
Sub-Total	<u>198,195</u>	<u>-</u>	<u>198,195</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 14,303,859	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 14,303,859	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	131,994	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)	\$ 131,994	17
	B. Transfers (Itemize):		
18	ILU net asset activity for the year	(750,834)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (750,834)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 13,685,019	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/19

Ending: 06/30/20

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,416,181	1
2	Discounts and Allowances for all Levels	(2,558,593)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,857,588	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	741,739	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 741,739	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	17,876	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	630	15
16	Rental of Facility Space	3,600	16
17	Sale of Drugs	145,260	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	10,045	19
20	Radiology and X-Ray	3,671	20
21	Other Medical Services	54,833	21
22	Laundry	1,475	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 237,390	23
D. Non-Operating Revenue			
24	Contributions	134,821	24
25	Interest and Other Investment Income***	12	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 134,833	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/IL</u>	9,667,256	28
28a	<u>Misc Revenue</u>	470,759	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,138,015	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,109,565	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,211,463	31
32	Health Care	5,334,212	32
33	General Administration	6,028,116	33
B. Capital Expense			
34	Ownership	2,089,453	34
C. Ancillary Expense			
35	Special Cost Centers	1,097,879	35
36	Provider Participation Fee	216,448	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,977,571	40
41	Income before Income Taxes (line 30 minus line 40)**	131,994	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 131,994	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,968,145	44
45	Private Pay - Net Inpatient Revenue	6,006,383	45
46	Medicare - Net Inpatient Revenue	1,279,052	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	334,796	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(730,788)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,857,588	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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.

PG 19 Line 28A Detail

MCD ACT	CLIENT_ACT	DESC	BALANCE
5400.00	4300-43009-00	Miscellaneous revenue	366.00
5530.00	4300-43008-00	Insurance settlements	8,889.00
5530.00	4300-43015-00	Rebates & Refunds	4,072.00
5750.10	3000-30051-01	SK - admin fee : pp	23.00
5750.10	3000-30061-01	SK - late fees : pp	200.00
5750.20	4000-40001-00	Dept revenue - Dining services	(1,779.00)
5750.20	4300-43001-00	Cafeteria (employee meals)	11,296.00
5750.20	4300-43005-00	Deli/snack shop	8,414.00
5750.90	4000-40004-00	Dept revenue - Life Enrichment	12,925.00
5750.90	4300-43003-00	Chapel revenue	6,919.00
5670.00	4300-43150-00	Earned Grant Revenue	419,434.00
Total			470,759.00

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/19

Ending: 06/30/20

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,696	1,947	\$ 108,277	\$ 55.61	1
2	Assistant Director of Nursing	2,571	2,665	110,945	41.63	2
3	Registered Nurses	28,673	32,924	1,254,427	38.10	3
4	Licensed Practical Nurses	14,099	15,538	473,245	30.46	4
5	CNAs & Orderlies	68,733	76,353	1,390,461	18.21	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	1,729	1,998	42,336	21.19	8
9	Activity Director	10,996	12,585	214,664	17.06	9
10	Activity Assistants	0	0	0		10
11	Social Service Workers	6,008	6,387	197,134	30.86	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	17,362	18,940	248,648	13.13	14
15	Cook Helpers/Assistants	6,145	6,623	115,590	17.45	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	14,911	17,835	476,459	26.71	17
18	Housekeepers	31,856	36,161	514,063	14.22	18
19	Laundry	4,882	5,871	78,756	13.41	19
20	Administrator	5,808	6,240	303,161	48.58	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	13,391	15,453	617,236	39.94	22
23	Office Manager	1,856	2,080	67,281	32.35	23
24	Clerical	13,452	14,518	215,208	14.82	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	0	0	0		31
32	Other Health Care(specify)	27,224	29,194	532,774	18.25	32
33	Other(specify) <u>See Supplemental</u>	36,064	40,693	1,011,902	24.87	33
34	TOTAL (lines 1 - 33)	307,456	344,005	\$ 7,972,567 *	\$ 23.18	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	0	\$ 0	35	
36	Medical Director	0	23,875	09 - 03	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	3,363	10 - 03	38
39	Pharmacist Consultant	0	4,790	10 - 03	39
40	Physical Therapy Consultant	0	0	10a - 03	40
41	Occupational Therapy Consultant	0	0	10a - 03	41
42	Respiratory Therapy Consultant	0	0	10a - 03	42
43	Speech Therapy Consultant	0	0	10a - 03	43
44	Activity Consultant	0	2,268	11 - 03	44
45	Social Service Consultant	0	782	12 - 03	45
46	Other(specify) <u>See Supplemental</u>	0	560,782	Various	46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 595,860		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	V10-3	50
51	Licensed Practical Nurses	324	25,846	V10-3	51
52	Certified Nurse Assistants/Aides	8,038	257,216	V10-3	52
53	TOTAL (lines 50 - 52)	8,362	\$ 283,062		53

Addolorata Villa
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Other Staffing							
Marketing and Advertising	43	5,281	6,123	249,251	40.71		
Barber and Beauty	43				-		
Gift Shop Salary	43				-		
Development	43	1,178	1,432	55,015	38.42		
Assisted Living	43	27,813	31,039	655,866	21.13		
Independent Living	43	1,792	2,099	51,770	24.67		
Total		36,064	40,693	1,011,902	24.87		

Other Contract Services							
Dietary Management	01						143,927
Dietary Labor	01						408,635
Priest	12						8,020
Organists	12						200
Total							560,782

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Dawn Cohn	Executive Director	0	\$ 183,406	Workers' Compensation Insurance	\$ 297,907	IDPH License Fee	\$ 2,696		
Noreen Zaio	Administrator	0	119,755	Unemployment Compensation Insurance	9,552	Advertising: Employee Recruitment	25,768		
				FICA Taxes	581,920	Health Care Worker Background Check (Indicate # of checks performed _____)			
				Employee Health Insurance	1,024,323	Patient Background Checks	5,856		
				Employee Meals		Dues and Subscriptions	26,955		
				Illinois Municipal Retirement Fund (IMRF)*					
				Disability Insurance	25,571				
				Life Insurance	11,335	Alloc. - FSCSC (See Page 6A Alloc.)	7,811		
				Retirement Benefits	178,929	Alloc. - Non Allowable AL / IL (See Page 5A)	(37,325)		
				Other Benefits	108,632	Less: Public Relations Expense	()		
						Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 303,161	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Franciscan Sisters of Chicago Service Corp.			\$ 1,270,488				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,270,488	TOTAL			Seminar Expense		6,200
							Alloc. - FSCSC (See Page 6A Alloc.)		9,613
							Alloc. - Non Allowable AL / IL (See Page 5A)		(11,183)
							Entertainment Expense		()
							(agree to Sch. V, line 24, col. 8)		
							TOTAL		\$ 4,630
C. Professional Services									
Vendor/Payee	Type		Amount						
Probusiness/UltiPro	Payroll Processing		\$ 37,511						
Plante Moran	Audit/Tax/Cost Report		18,612						
Kopon Aido, LLC	Legal		3,324						
Poisinelli Shughart PC	Legal		1,675						
Secretary of State Jesse White	Legal		300						
Markoff Law LLC	Legal		2,554						
Rolf Goffman Martin Lang LLP	Legal		232						
Consutling	Other		7,327						
Consulting	Financial		5,746						
Clinical Software	Maintenance		1,777						
Financial Software	Maintenance		7,490						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 86,548						

* Attach copy of IMRF notifications

**See instructions.

Addolorata Villa
 0045443
 06/30/20

Page 21 Supplemental Schedule - Seminar Expense Detail

Name of Attendee	Job Title	Date Attended	Location of Seminar	Title of Seminar	Sponsor of Seminar	Expense	GL Account #
Samantha Brown	Director of Life Enrichment	8/13/2019	Online	Nine Steps to PDPM		459.00	6900-82240-00
				Annual Health Fair		79.00	6910-82240-00
				Promo Direct		125.00	6910-82240-00
Noreen Zaio	Administrator	10/1/2019	Online	PDPM Wrap Up	Healthcare Information Network	1,540.22	6910-82240-00
				Luncheon Event Sponsorship	Frisbee Senior Center	129.00	6910-82240-00
				Luncheon Event Sponsorship	Village of Wheeling	300.00	6910-82240-00
Dawn Cohn	Executive Director	3/17/2020	Online	Employment & Labor Law Update 2020	Leading Age	200.00	6910-82240-00
					Leading Age	79.00	8000-82240-00
Total						3,289.00	8000-82240-00
						6,200.22	-

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning: 07/01/19

Ending: 06/30/20

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Leading Age Illinois, \$19,451
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 - 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,806 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 216,448
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes - See Pg. 11 For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 17,931
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC (Consolidated Basis)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.