

		FOR BHF USE					

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

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

I. IDPH License ID Number: <u>0040592</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Bronzeville Park Nursing & Living Center</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/11</u> to <u>12/31/11</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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>3400 S. Indiana</u> <u>Chicago</u> <u>60616</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(312) 842-5000</u> Fax # <u>(312) 842-3790</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u></td></tr><tr><td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td></tr><tr><td>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</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) _____	Paid Preparer	(Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	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												
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	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																								
Date of Initial License for Current Owners: <u>07/01/94</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☒ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other _____	
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	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236-1111</u>																									
Email Address: _____																									

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

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

	1	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	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,230</u>	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	<u>302</u>	TOTALS	<u>302</u>	<u>110,230</u>	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			<u>12,427</u>	<u>12,427</u>	8
9	SNF/PED					9
10	ICF	<u>71,710</u>	<u>4,942</u>	<u>5,418</u>	<u>82,070</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>71,710</u>	<u>4,942</u>	<u>17,845</u>	<u>94,497</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.73%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

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

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

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 07/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/01/1994 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 302 and days of care provided 11,457

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number

Bronzeville Park Nursing & Living Center

#0040592

Report Period Beginning:

01/01/11

Ending:

12/31/11

Page 3

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	364,429	98,851	45,328	508,608		508,608		508,608			1
2	Food Purchase		532,646		532,646		532,646	(279)	532,367			2
3	Housekeeping		10,323	334,812	345,135		345,135		345,135			3
4	Laundry	5,468	82,166	212,045	299,679		299,679		299,679			4
5	Heat and Other Utilities			301,654	301,654		301,654	(7,094)	294,560			5
6	Maintenance	108,513	124,298	258,109	490,920		490,920	12,396	503,316			6
7	Other (specify):*											7
8	TOTAL General Services	478,410	848,284	1,151,948	2,478,642		2,478,642	5,023	2,483,665			8
	B. Health Care and Programs											
9	Medical Director			117,000	117,000		117,000		117,000			9
10	Nursing and Medical Records	4,159,392	1,095,370	257,297	5,512,059		5,512,059	(32,542)	5,479,517			10
10a	Therapy	171,694			171,694		171,694		171,694			10a
11	Activities	150,100	42,135	1,625	193,860		193,860		193,860			11
12	Social Services	182,830		1,881	184,711		184,711		184,711			12
13	CNA Training											13
14	Program Transportation			4,610	4,610		4,610		4,610			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,664,016	1,137,505	382,413	6,183,934		6,183,934	(32,542)	6,151,392			16
	C. General Administration											
17	Administrative	80,200		1,160,163	1,240,363		1,240,363	(1,042,436)	197,927			17
18	Directors Fees											18
19	Professional Services			167,346	167,346	(5,708)	161,638	(18,874)	142,764			19
20	Dues, Fees, Subscriptions & Promotions			116,801	116,801		116,801	(51,468)	65,333			20
21	Clerical & General Office Expenses	315,480	78,673	856,597	1,250,750		1,250,750	(561,972)	688,778			21
22	Employee Benefits & Payroll Taxes			1,059,811	1,059,811		1,059,811		1,059,811			22
23	Inservice Training & Education											23
24	Travel and Seminar			29,602	29,602		29,602	(8,420)	21,182			24
25	Other Admin. Staff Transportation			5,321	5,321		5,321	1,260	6,581			25
26	Insurance-Prop.Liab.Malpractice			600,314	600,314		600,314	18,358	618,672			26
27	Other (specify):*							67,336	67,336			27
28	TOTAL General Administration	395,680	78,673	3,995,955	4,470,308	(5,708)	4,464,600	(1,596,215)	2,868,385			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,538,106	2,064,462	5,530,316	13,132,884	(5,708)	13,127,176	(1,623,734)	11,503,442			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILATION REPORT
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			261,687	261,687		261,687	149,854	411,541			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,555	69,555		69,555	762,072	831,627			32
33	Real Estate Taxes					5,708	5,708	485,940	491,648			33
34	Rent-Facility & Grounds			2,167,443	2,167,443		2,167,443	(2,160,895)	6,548			34
35	Rent-Equipment & Vehicles			23,852	23,852		23,852	4,308	28,160			35
36	Other (specify):*							74,095	74,095			36
37	TOTAL Ownership			2,522,537	2,522,537	5,708	2,528,245	(684,626)	1,843,619			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	6,062	670,410	1,218,617	1,895,089		1,895,089		1,895,089			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			543,864	543,864		543,864		543,864			42
43	Other (specify):*	180,700		222,595	403,295		403,295	(403,295)	0			43
44	TOTAL Special Cost Centers	186,762	670,410	1,985,076	2,842,248		2,842,248	(403,295)	2,438,953			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,724,868	2,734,872	10,037,929	18,497,669		18,497,669	(2,711,655)	15,786,014			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

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

	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				4
5	Telephone, TV & Radio in Resident Rooms	(10,203)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(169,011)	30		9
10	Interest and Other Investment Income	(95)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(279)	02		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				18
19	Entertainment	(8,059)	24		19
20	Contributions	(19,475)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(763,776)	21		24
25	Fund Raising, Advertising and Promotional	(26,036)	20		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	(559,469)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,556,402)		\$	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)	(1,155,253)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,155,253)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,711,655)		37

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

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

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

Report Period Beginning: ID# 0040592

Ending: 01/01/11

12/31/11

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Payroll-Community Related	\$ (1,189)	21	1
2	Patients Needs	(15,304)	10	2
3	Patients Clothing	(21,815)	10	3
4	Veterans-Pharmacy	(4,793)	10	4
5	Bank Charges	(24,924)	21	5
6	Jury Duty Income	(69)	10	6
7	Out of State Seminar	(1,010)	24	7
8	Building Co. - Professional Fees	(11,619)	19	8
9	Building Co. - Bank Fees	(280)	21	9
10	Building Co. - Amortization	(6,946)	36	10
11	Building Co. - Misc. Licenses & Taxes	(6,004)	20	11
12	Non-Allowable Fees	(222,595)	43	12
13	Medical Records Revenue	(998)	10	13
14	Misc Income	(587)	21	14
15	Marketing Salary	(7,381)	43	15
16	Guest Service Dir. Salary	(43,225)	43	16
17	Annual Reports	(175)	20	17
18	Non-Allowable Legal Fees	(52,860)	19	18
19	Capitalized R&M	(5,732)	06	19
20	Additional R&M	5,413	06	20
21	Non-reimbursable Salaries	(130,094)	43	21
22	COPE Dues	(7,284)	20	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	(559,469)		49

STATE OF ILLINOIS
Bronzeville Park Nursing & Living Center

ID# 0040592
Report Period Beginning: 01/01/11
Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32
82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98				49

Summary B

12/31/11

[illegible]

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-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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)	
1	V	34	Rent	\$ 2,161,445	Chevy Chase Associates	100.00%	\$	(2,161,445)	1
2	V	32	Interest	141	Chevy Chase Associates	100.00%	758,776	758,635	2
3	V	19	Professional Fees		Chevy Chase Associates	100.00%	11,619	11,619	3
4	V	21	Bank Fees		Chevy Chase Associates	100.00%	280	280	4
5	V	30	Depreciation		Chevy Chase Associates	100.00%	307,526	307,526	5
6	V	36	Amortization		Chevy Chase Associates	100.00%	6,946	6,946	6
7	V	33	Real Estate Taxes		Chevy Chase Associates	100.00%	475,505	475,505	7
8	V	26	Property & Libility Insurance		Chevy Chase Associates	100.00%	17,390	17,390	8
9	V	20	Misc. Licenses & Taxes		Chevy Chase Associates	100.00%	6,004	6,004	9
10	V	36	MIP Expense		Chevy Chase Associates	100.00%	74,095	74,095	10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,161,586			\$ 1,658,141	\$ * (503,445)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,109	\$	3,109 15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	12,359		12,359 16
17	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	19,478		19,478 17
18	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	33,986		33,986 18
19	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,459		1,459 19
20	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	206,916		206,916 20
21	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	372		372 21
22	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	867		867 22
23	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	968		968 23
24	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	65,537		65,537 24
25	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,176		11,176 25
26	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,346		3,346 26
27	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	10,435		10,435 27
28	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	550		550 28
29	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,308		4,308 29
30	V								30
31	V								31
32	V	17	Administrative Fees	990,031	NUCARE SERVICES CORP.	100.00%			(990,031) 32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 990,031			\$ 374,864	\$ *	(615,167) 39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	9,649	\$	9,649
16	V	17	ADMIN. - B. CARR		NUCARE SERVICES CORP.	100.00%			
17	V	17	ADMIN. - M. HARTMAN		NUCARE SERVICES CORP.	100.00%			
18	V								
19	V								
20	V	27	EMP. BEN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	477		477
21	V	27	EMP. BEN. - B. CARR		NUCARE SERVICES CORP.	100.00%			
22	V	27	EMP. BEN. - M. HARTMAN		NUCARE SERVICES CORP.	100.00%			
23	V								
24	V								
25	V								
26	V								
27	V								
28	V								
29	V								
30	V								
31	V								
32	V								
33	V								
34	V								
35	V								
36	V								
37	V								
38	V								
39	Total			\$			10,126	\$ *	10,126

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	MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 356	\$ 356	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	10,436	10,436	16
17	V	19	PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%			17
18	V	20	DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	43	43	18
19	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	20,225	20,225	19
20	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,363	1,363	20
21	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	277	277	21
22	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	394	394	22
23	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	105	105	23
24	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,217	1,217	24
25	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	163	163	25
26	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	186	186	26
27	V								27
28	V								28
29	V	17	Administrative Fees	81,532	CLINICAL CONSULTING SERVICES, LLC	100.00%		(81,532)	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			\$ 81,532			\$ 34,765	\$ * (46,767)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Workers Compensation	\$ 109,591	Diamond Insurance	100.00%	\$ 109,591	\$	15
16	V								16
17	V								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			\$ 109,591			\$ 109,591	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								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			\$			\$	\$ *	39

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			\$			\$	\$	15
16	V								16
17	V								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			\$			\$	\$ *	39

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			\$			\$	\$	15
16	V								16
17	V								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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								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			\$			\$	\$ *	39

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	BARRY & RANDY CARR	4.750%	CALIFORNIA GARDENS CORP.	CHICAGO	CHEVY ASSOCIATES	LINCOLNWOOD	BUILDING CO.	1
2	BERNARD HOLLANDER FAMILY TRUST	4.750%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	GARY HOKIN	25.000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	GERRY JENICH	5.000%	FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.	NILES	DBD REHABILITAION SERV.	CHICAGO	PSYCHIATRIC SERVICES	4
5	RAJCHENBACH FAMILY TRUST	4.750%	JACKSON CORP.	CHICAGO	JEM REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICES	5
6	ROBERT HARTMAN	55.750%	MONROE CORP.	CHICAGO	JLR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	6
7			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	7
8			THE RENAISSANCE AT HILLSIDE, INC.	HILLSIDE	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	8
9			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	9
10			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGEME	10
11			RENAISSANCE EAST	MESA, ARIZONA	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	11
12			RENAISSANCE PARK SOUTH,LLC	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	12
13			RENAISSANCE VILLAGE AL	MESA, ARIZONA				13
14			RENAISSANCE VILLAGE IL	MESA, ARIZONA				14
15			RENAISSANCE WEST	MESA, ARIZONA				15
16			CLAREMONT - HANOVER PARK	HANOVER PARK				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

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	David Hartman	Relative	Administrative	0%	See Attached	1.01	2.53%		\$		1
2	Gerry Jenich	Owner	Administrative	5%	See Attached	1.93	4.83%	Alloc. Salary	9,649	17-7	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 9,649		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒
- 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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization NUCARE SERVICES CORP.
Street Address 7257 N. LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (847) 933-2600
Fax Number (847) 933-2601

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,283,340	16	\$ 36,192	\$	110,230	\$ 3,109	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,283,340	16	143,887		110,230	12,359	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,283,340	16	226,766	211,441	110,230	19,478	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	16	395,673		110,230	33,986	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,283,340	16	16,986		110,230	1,459	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,283,340	16	2,408,992	(706,320)	110,230	206,916	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,283,340	16	4,332		110,230	372	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,283,340	16	10,088		110,230	867	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,283,340	16	11,273		110,230	968	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,283,340	16	763,008		110,230	65,537	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	16	130,120		110,230	11,176	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,283,340	16	38,953		110,230	3,346	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,283,340	16	121,491		110,230	10,435	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,283,340	16	6,400		110,230	550	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,283,340	16	50,154		110,230	4,308	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,364,315	\$		\$ 374,864	25

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization NUCARE SERVICES CORP.
Street Address 7257 N. LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (847) 933-2600
Fax Number (847) 933-2601

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	ADMIN. - G. JENICH	AVG. HOURS WORKED	10	5	50,000	50,000	2	9,649	1
2	17	ADMIN. - B. CARR	AVG. HOURS WORKED	10	4	40,000	40,000			2
3	17	ADMIN. - M. HARTMAN	AVG. HOURS WORKED	10	1	116,135	116,135			3
4										4
5										5
6	27	EMP. BEN. - G. JENICH	AVG. HOURS WORKED	10	5	2,471		2	477	6
7	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	10	4	1,977				7
8	27	EMP. BEN. - M. HARTMAN	AVG. HOURS WORKED	10	1	5,737				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					\$ 216,319	\$ 206,135		\$ 10,126	25

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization CLINICAL CONSULTING SERVICES, LLC
Street Address 7257 N. LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (847) 933-2600
Fax Number (847) 933-2601

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	6	MINOR EQUIPMENT	AVAIL. CENSUS DAYS	1,283,340	17	\$ 4,147	\$	110,230	\$ 356	1
2	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,283,340	17	121,500	121,500	110,230	10,436	2
3	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	17			110,230		3
4	20	DUES, LICENSE & INSPECTION	AVAIL. CENSUS DAYS	1,283,340	17	500		110,230	43	4
5	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,283,340	17	235,467	235,467	110,230	20,225	5
6	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	15,872		110,230	1,363	6
7	24	CONTINUING EDUCATION / SE	AVAIL. CENSUS DAYS	1,283,340	17	3,225		110,230	277	7
8	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	4,586		110,230	394	8
9	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,283,340	17	1,222		110,230	105	9
10	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,283,340	17	14,168		110,230	1,217	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	17	1,896		110,230	163	11
12	32	INTEREST	AVAIL. CENSUS DAYS	1,283,340	17	2,164		110,230	186	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					\$ 404,746	\$ 356,967		\$ 34,765	25

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Diamond Insurance
Street Address 40 Skokie Blvd., Suite 105
City / State / Zip Code Northbrook, IL 60062
Phone Number (847) 599-1002
Fax Number ()

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1	17	Workers Compensation	Direct Allocation		\$	\$		\$ 109,591	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				\$	\$		\$ 109,591	25

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- 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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- 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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

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

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	HUD Loan Payable		X	Mortgage			\$	14,712,084			\$	758,776	1
2													2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Bank of America		X	Working Capital				3,000,000				69,555	6
7													7
8	See Supplemental Schedule												8
9	TOTAL Facility Related						\$	17,712,084			\$	828,331	9
	B. Non-Facility Related*												
10	Interest Income		X									(95)	10
11	Interest Income - Bldg. Co		X									(141)	11
12	Allocated from NuCare		X									3,346	12
13	See Supplemental Schedule											186	13
14	TOTAL Non-Facility Related						\$				\$	3,296	14
15	TOTALS (line 9+line14)						\$	17,712,084			\$	831,627	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 74,095 Line # 36

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

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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							\$					\$	1
2													2
3													3
4													4
5													5
6													6
7	TOTAL Long-Term												7
	Working Capital												
8							\$		\$			\$	8
9													9
10													10
11													11
12													12
13													13
14	TOTAL Working Capital												14
	B. Non-Facility Related*												
15	Allocated from Clinical Conslt. Servcs.	X					\$		\$			\$	186
16													16
17													17
18													18
19													19
20	TOTAL Non-Facility Related											186	20

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

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.

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.)

3. Under or (over) accrual (line 2 minus line 1).

4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)

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.)

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 \$ 20,968 For 2007 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

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

\$ 452,420

1

\$ 462,057

2

\$ 9,637

3

\$ 476,303

4

\$ 5,708

5

\$

6

\$ 491,648

7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

2006

386,444

8

2007

382,318

9

2008

386,154

10

2009

432,781

11

2010

451,622

12

2011 Accrual - \$451,622 x 1.05 = \$476,303

Allocated from NuCare \$10,435

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 NAMEBronzeville Park Nursing & Living CenterCOUNTYCook

FACILITY IDPH LICENSE NUMBER0040592

CONTACT PERSON REGARDING THIS REPORTSteve Lavenda

TELEPHONE(847) 236-1111FAX #:(847) 236-1155

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)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. 17-34-119-049-0000	Long Term Care Property	\$ 302,013.89	\$ 302,013.89
2. 17-34-119-048-0000	Long Term Care Property	\$ 149,607.67	\$ 149,607.67
3. See Attached	Home Office Allocation	\$ 81,875.48	\$ 6,680.91
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 533,497.04	\$ 458,302.47

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.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Bronzeville Park Nursing & Living Center</u>	COUNTY	<u>Cook</u>
---------------	---	--------	-------------

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () FAX #: ()

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 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 2000.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,844

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

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

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

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

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

None

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln/Clinical Consultant</u>			<u>13,056</u>	<u>2</u>
3	TOTALS	80,457		\$ 253,056	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	302			1977	\$ 4,471,948	\$ 307,526	35	\$ 127,770	\$ (179,756)	\$ 3,411,755	4
5				1984	92,611		35	2,646	2,646	73,317	5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1980	8,303		20				9
10	Various			1981	1,872		20				10
11	Various			1982	5,523		20				11
12	Various			1983	1,550		20				12
13	Various			1984	5,062		20				13
14	Various			1985	24,500		20				14
15	Various			1986	8,802		20				15
16	Various			1987	5,151		20				16
17	Various			1988	14,372		20				17
18	Various			1989	55,710		20				18
19	Various			1990	4,899		20				19
20	Various			1991	9,582		20				20
21	Various			1992	4,834		20				21
22	Various			1993	13,785		20				22
23	Various			1994	23,773		20	897	897	15,382	23
24	Various			1995	20,890		20	1,045	1,045	17,280	24
25	Various			1996	87,605		20	4,380	4,380	67,412	25
26	Various			1997	40,122		20	1,976	1,976	29,734	26
27	Various			1998	132,735		20	6,637	6,637	88,580	27
28	Various			1999	419,788		20	20,989	20,989	257,814	28
29	Various			2000	90,604		20	4,530	4,530	51,954	29
30	Various			2001	75,436		20	3,772	3,772	39,415	30
31	Various			2002	39,859		20	4,333	4,333	38,032	31
32	Various			2003	55,783		20	4,127	4,127	40,038	32
33	Various			2004	70,089		20	7,009	7,009	53,367	33
34	Various			2005	356,449		20	22,010	22,010	215,425	34
35	Various			2006	75,373		20	5,275	5,275	30,511	35
36											36

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

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12F & 12G)	142,031			10,575	10,575	44,090	67
68	Related Party Allocations (Pages 12H & 12I)	248,789	8,232		7,085	(1,147)	45,917	68
69	Financial Statement Depreciation		261,687			(261,687)		69
70	TOTAL (lines 4 thru 69)	\$ 6,607,830	\$ 577,445		\$ 235,056	\$ (342,389)	\$ 4,520,023	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/11

Ending:

12/31/11**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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,607,830	\$ 577,445		\$ 235,056	\$ (342,389)	\$ 4,520,023	1
2	Laundry Panel Electric Wiring	2008	2,750		20	275	275	1,008	2
3	Wall Covering, Floor Work	2008	79,052		20	7,905	7,905	30,303	3
4	Wall Work, Painting, Flooring	2008	28,021		20	2,802	2,802	8,873	4
5	1St Floor Corridor Replacement Of Cove Base And Vct, Prep Floor	2008	38,109		20	3,811	3,811	12,385	5
6	1St Floor Corridor Extra Wall Covering	2008	2,567		20			2,567	6
7	Cornice, Roller Shades, Curtain	2008	23,418		20	2,342	2,342	7,221	7
8	8 Magnetic Door Holders	2009	3,610		20	516	516	1,418	8
9	Replacing Door In Laundry Room	2009	2,963		20	296	296	790	9
10	Repairing Lights On Westside Of Building	2009	3,560		20	356	356	920	10
11	Repairing Cracks In Windows And Foundation	2009	7,000		20	700	700	1,808	11
12	2Nd Floor Renovation-Chair Rails For Resident Rooms	2009	6,600		20	396	396	1,023	12
13	Dayroom & Nurses Station- New Walls, Paint/Wallcovering, Floor	2009	56,018		20	5,602	5,602	14,471	13
14	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	225	225	582	14
15	Ceramic Tiles	2009	4,000		20	267	267	667	15
16	1St Floor Renovation-Ceramic Tiles On Kitchen Floor	2009	5,400		20	334	334	834	16
17	Exhaust Fans On Roof	2009	3,513		20	351	351	878	17
18	Adhesive Vinyl Tile	2009	2,671		20	134	134	323	18
19	Electrical, Faucets, Flooring, Corner Guard- 4Th Floor	2009	20,913		20	1,100	1,100	2,566	19
20	Adhesive Vinyl Tile	2009	2,690		20	179	179	418	20
21	Out Door Patio Renovation-New Electronic Door	2009	4,590		20	230	230	516	21
22	Repair Of Broken Sewer	2009	6,015		20	602	602	1,353	22
23	Parts Of Air Conditioning Unit	2009	9,000		20	750	750	2,187	23
24	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	284	284	687	24
25	Elevator Repair	2009	2,800		20	140	140	397	25
26	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Floor	2010	4,400		20	293	293	587	26
27	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	626	27
28	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	291	291	558	28
29	Clean Wood Fence And Put Protective Coat	2010	8,800		20	880	880	1,540	29
30	Chiller Replacement Project	2010	126,400		20	18,057	18,057	31,600	30
31	4 Exhaust Fans #7-10	2010	7,078		20	1,416	1,416	2,241	31
32	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	977	977	1,546	32
33	8 Sets, 3-Position Assist Rails	2010	2,587		20	129	129	205	33
34	TOTAL (lines 1 thru 33)		\$ 7,089,495	\$ 577,445		\$ 287,008	\$ (290,438)	\$ 4,653,122	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/11

Ending:

12/31/11

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		\$ 7,089,495	\$ 577,445		\$ 287,008	\$ (290,438)	\$ 4,653,122	1
2	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sh	2010	3,650		20	243	243	365	2
3	4 Red Oak Architectural Grade Doors, 3 Machine Cylander Lock,	2010	5,796		20	290	290	435	3
4	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Sho	2010	9,158		20	916	916	1,297	4
5	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	580	580	822	5
6	Electrical Work	2010	6,540		20	654	654	927	6
7	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	462	462	654	7
8	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8,	2010	5,496		20	366	366	519	8
9	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Cor	2010	2,739		20	228	228	323	9
10	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, S	2010	5,980		20	598	598	797	10
11	Materials For 3Rd Floor Shower Room Project - Wraparound Bai	2010	9,159		20	916	916	1,221	11
12	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	607	607	759	12
13	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	365	365	456	13
14	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywa	2010	5,800		20	580	580	725	14
15	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floorin	2010	6,107		20	611	611	713	15
16	Cctv Installation Nursing Station, Elevator Area	2010	6,980		20	349	349	698	16
17	Bathroom 1St Flr S. & 2Nd Flr N. Side Tub/Shower/Faucet	2010	11,983		20	599	599	1,198	17
18	Vaudeville Laminate	2010	2,680		20	134	134	268	18
19	Shower Room Tile Flooring	2010	3,195		20	160	160	320	19
20	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	524	524	1,049	20
21	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	431	431	862	21
22	Shower Room Project - Shower Tile Flooring	2010	5,954		20	298	298	595	22
23	Power & Cable Outlets	2010	3,600		20	180	180	360	23
24	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	133	133	133	24
25	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	291	25
26	New Roof For Canopies And Repair Existing Roof Around The Bu	2011	3,800		20	317	317	317	26
27	Removal Of Old Concrete Pad And Construct New Concrete Pad	2011	71,000		20	1,667	1,667	1,667	27
28	Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat	2011	2,700		20	150	150	150	28
29	Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb	2011	3,240		20	189	189	189	29
30	Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up	2011	2,902		20	169	169	169	30
31	Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated Ul "B"	2011	2,611		20	114	114	114	31
32	Install New Storm Drain Pipe	2011	5,200		20	260	260	260	32
33	2Nd Floor Bathrooms - Toilets, Vanity, Hardware, Etc...	2011	7,163		20	49	49	49	33
34	TOTAL (lines 1 thru 33)		\$ 7,328,861	\$ 577,445		\$ 300,436	\$ (277,009)	\$ 4,671,823	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12C, Carried Forward		\$ 7,328,861	\$ 577,445		\$ 300,436	\$ (277,009)	\$ 4,671,823	1
2 1 Commercial Gas Water Heater	2011	6,067		20	455	455	455	2
3 Installation 16 Medium Duty Door Closers	2011	3,108		20	155	155	155	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)		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building 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		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	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)		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	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 Building Company Information								1
2 Buildings:								2
3								3
4								4
5								5
6								6
7								7
8 Leasehold Improvements:								8
9 Various	2004			20	619	619	4,470	9
10 Bar Cabinets	2007	4,500		20	450	450	2,250	10
11 New Flooring	2007	4,500		20	300	300	1,500	11
12 Door Circuitry And Wiring Components	2007	3,950		20	395	395	1,843	12
13 Fencing	2007	2,600		20	173	173	765	13
14 Lavatory Faucets	2007	2,849		20	190	190	807	14
15								15
16 Telephone System	2007	22,988		20	3,284	3,284	15,052	16
17 Perga Flooring	2008	2,800		20	140	140	350	17
18 Sliding Door	2008	5,346		20	400	400	1,599	18
19 Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	1,680	19
20 Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	1,828	20
21 Canopy Projector	2008	5,325		20	266	266	1,065	21
22 Kitchen Station	2008	2,500		20	125	125	500	22
23 Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	1,243	23
24 Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	1,476	24
25 Install & Furnish New Fire Doors	2009	7,980		20	399	399	1,197	25
26 5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	1,401	26
27 Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	899	27
28 New Pump for Suction Diffuser	2009	4,640		20	232	232	696	28
29 Roof Exhaust Fans	2009	5,990		20	300	300	899	29
30 Concrete Wall	2009	6,000		20	300	300	900	30
31 1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	750	31
32 Repair Radiator	2009	6,133		20	307	307	920	32
33								33
34								34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1Building Company Information Continued		\$	\$		\$	\$	\$	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
34TOTAL (12F & 12G lines 1 thru 33)		\$142,031	\$		\$10,575	\$10,575	\$44,090	34

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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln	2004	111,317	2,854	35	3,180	326	25,842	3
4	Allocated from Clinical Consulting	2004	6,184	159	35	177	18	1,436	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from Nucare	2003	1,006	44	20	50	6	409	9
10	Allocated from Nucare	2004	80,272	888	20	1,023	135	7,884	10
11	Allocated from Nucare	2005	1,211	53	20	61	8	415	11
12	Allocated from Nucare	2006	1,642	71	20	82	11	440	12
13	Allocated from Nucare	2008	1,731	75	20	86	11	282	13
14	Allocated from Nucare	2009	27,866	3,811	20	1,393	(2,418)	3,636	14
15	Allocated from Nucare	2010	4,282	186	20	214	28	323	15
16	Allocated from Nucare	2011	231	10	20	11	1	11	16
17									17
18									18
19	Allocated from 7257 N. Lincoln	2005	10,148	77	20	655	578	4,133	19
20	Allocated from 7257 N. Lincoln	2004	2,212		20	111	111	830	20
21									21
22	Allocated from Clinical Consulting	2005	564	4	20	36	32	230	22
23	Allocated from Clinical Consulting	2004	123		20	6	6	46	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1		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	Related Party Information Continued								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 (12H & 12I lines 1 thru 33)		\$248,789	\$8,232		\$7,085	\$(1,147)	\$45,917	34

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	\$1,040,331	\$2,752	\$100,850	\$98,098	10	\$588,178	71
72	Current Year Purchases	111,201	322	9,318	8,996	10	9,318	72
73	Fully Depreciated Assets	623,296		174	174	10	623,296	73
74								74
75	TOTALS	\$1,774,828	\$3,074	\$110,342	\$107,268		\$1,220,792	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		Allocated from NuCare	2011	\$761	\$33	\$152	\$119	5	\$215	76
77										77
78										78
79										79
80	TOTALS			\$761	\$33	\$152	\$119		\$215	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$9,366,681	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$580,552	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$411,541	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(169,011)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,893,441	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	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.

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	Storage				5,998			5
6	Allocated from Nucare				550			6
7	TOTAL				\$ 6,548			7

**

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

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

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

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: \$ 27,672
- Description: See Attached 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	Car Rental		\$	\$ 489	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 489	21

10. Effective dates of current rental agreement:

Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$
13.	/2013	\$
14.	/2014	\$

* 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.

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

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

		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)	\$			

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

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

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

		1	2	3	4	5	6	7	8	
	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	39 - 03	hrs	\$		\$ 440,695	\$		\$ 440,695	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			217,332			217,332	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			431,221			431,221	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				571,039		571,039	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental			6,062		129,369	99,371		234,802	13
14	TOTAL			\$ 6,062		\$ 1,218,617	\$ 670,410		\$ 1,895,089	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 17,433	\$ 355,148	1
2	Cash-Patient Deposits	8,253	8,253	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,920,295	5,920,295	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	19,000	19,000	5
6	Prepaid Insurance	222,778	290,869	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule	983,698	1,419,802	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,171,457	\$ 8,013,367	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	2,331,262	8,117,072	15
16	Equipment, at Historical Cost	1,548,920	2,184,037	16
17	Accumulated Depreciation (book methods)	(2,603,923)	(8,603,532)	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): See Attached Schedule		192,768	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,276,259	\$ 8,109,471	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,447,716	\$ 16,122,838	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,907,027	\$ 1,907,027	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	305,679	305,679	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,901	24,901	31
32	Accrued Real Estate Taxes(Sch.IX-B)		476,303	32
33	Accrued Interest Payable		62,772	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	1,927,936	1,976,643	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,194,303	\$ 7,782,085	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,712,084	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,712,084	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,194,303	\$ 22,494,169	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,253,413	\$ (6,371,331)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,447,716	\$ 16,122,838	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,057,749	1
2	Restatements (describe):		2
3	See Attached	(370,906)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,686,843	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(433,430)	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)	\$ (433,430)	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)	\$ 1,253,413	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,448,308	1
2	Discounts and Allowances for all Levels	(613,000)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,835,308	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,812,348	6
7	Oxygen	15,137	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,827,485	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		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,045,430	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	85,772	19
20	Radiology and X-Ray	28,632	20
21	Other Medical Services	218,895	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,378,729	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	95	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 95	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	22,622	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,622	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,064,239	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,478,642	31
32	Health Care	6,183,934	32
33	General Administration	4,470,308	33
	B. Capital Expense		
34	Ownership	2,522,537	34
	C. Ancillary Expense		
35	Special Cost Centers	2,298,384	35
36	Provider Participation Fee	543,864	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,497,669	40
41	Income before Income Taxes (line 30 minus line 40)**	(433,430)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (433,430)	43

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

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

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

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

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	1,401	2,181	\$ 120,250	\$ 55.14	1
2	Assistant Director of Nursing	1,533	1,778	74,370	41.83	2
3	Registered Nurses	45,992	49,613	1,322,864	26.66	3
4	Licensed Practical Nurses	35,139	38,770	931,167	24.02	4
5	CNAs & Orderlies	148,616	163,359	1,603,752	9.82	5
6	CNA Trainees					6
7	Licensed Therapist	160	160	6,062	37.89	7
8	Rehab/Therapy Aides	14,440	15,862	171,694	10.82	8
9	Activity Director	1,989	2,126	43,565	20.49	9
10	Activity Assistants	10,720	11,582	106,535	9.20	10
11	Social Service Workers	7,263	7,868	169,556	21.55	11
12	Dietician	1,878	2,110	51,766	24.53	12
13	Food Service Supervisor					13
14	Head Cook	5,295	6,003	73,206	12.19	14
15	Cook Helpers/Assistants	23,973	25,775	239,457	9.29	15
16	Dishwashers					16
17	Maintenance Workers	5,214	5,673	108,513	19.13	17
18	Housekeepers					18
19	Laundry	387	479	5,468	11.42	19
20	Administrator	971	1,048	63,428	60.52	20
21	Assistant Administrator	72	72	2,250	31.25	21
22	Other Administrative	160	160	14,522	90.76	22
23	Office Manager	376	416	12,686	30.50	23
24	Clerical	14,427	15,421	302,794	19.64	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	953	1,054	27,992	26.56	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	6,931	7,358	272,971	37.10	33
34	TOTAL (lines 1 - 33)	327,890	358,868	\$ 5,724,868 *	\$ 15.95	34

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	1,069	\$ 45,328	01-03	35
36	Medical Director	Monthly	117,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	385	7,618	10-03	38
39	Pharmacist Consultant	Monthly	16,722	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	29	1,625	11-03	44
45	Social Service Consultant	33	1,881	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	5,000	10-03	47
48					48
49	TOTAL (lines 35 - 48)	1,516	\$ 195,174		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,381	\$ 69,021	10-03	50
51	Licensed Practical Nurses	3,179	158,936	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,560	\$ 227,957		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number		Bronzeville Park Nursing & Living Center		# 0040592		Report Period Beginning: 01/01/11		Ending: 12/31/11	
XIX. SUPPORT SCHEDULES									
A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes		F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount		
William Prather	Administrator	0	\$ 47,810	Workers' Compensation Insurance	\$ 109,591	IDPH License Fee	\$		
John P. Stare	Administrator	0	15,617	Unemployment Compensation Insurance	103,779	Advertising: Employee Recruitment		16,796	
Donald-Jay J. Evans	Assist. Admin.	0	2,250	FICA Taxes	437,953	Health Care Worker Background Check			
Marilyn Flaherty	VP of MC Reimb	0	14,522	Employee Health Insurance	154,353	(Indicate # of checks performed 409)		7,418	
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Trade Assoc Dues		29,228	
				City Payroll Tax	7,556	Dues & Subscriptions		2,494	
				Pension Benefits	190,284	Licenses & Inspections		7,895	
				Dental Insurance	8,657	Advertising & Promotion		26,036	
TOTAL (agree to Schedule V, line 17, col. 1)				Other Employee Benefits	43,391	See Supplemental Schedule		1,502	
(List each licensed administrator separately.)			\$ 80,199	401K Matching Expense	3,945	Less: Public Relations Expense	(		
B. Administrative - Other				Vision Insurance	301	Non-allowable advertising		(26,036)	
						Yellow page advertising	(		
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,059,811	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 65,333
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**			
				Description	Line #	Amount	Description	Amount	
							Out-of-State Travel	\$	
							In-State Travel		
							Seminar Expense	20,533	
							Allocated from NuCare	372	
							Allocated from Clinical Consulting	277	
							Entertainment Expense	(	
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,160,163	TOTAL		\$	TOTAL		\$ 21,182
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
Frost, Ruttenberg & Rothblatt	Accounting	\$	28,375						
See Attached	Legal		74,815						
Personnel Planners	UC Tax Consultant		6,948						
CDW	Computer Expense		3,608						
Emdeon	Computer Expense		693						
Giftrap	Computer Expense		2,408						
HDSI	Computer Expense		3,922						
PSD Solutions	Computer Expense		10,360						
Optima HC Solutions	Computer Expense		803						
MDI Achieve	Computer Expense		25,046						
Transworld	Computer Expense		1,325						
See Supplemetal Schedule			9,044						
TOTAL (agree to Schedule V, line 19, column 3)									
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 167,346						
				* Attach copy of IMRF notifications					
				SEE ACCOUNTANTS' COMPILATION REPORT					
				**See instructions.					

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union?

Yes

(2) Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

ICLTC \$29,264; ILAssoc. of HC Fac. \$7,248

(3) Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

N/A

(5) Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$4,474

Line10

(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?

X

YES

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YESX

NO

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

Chevy Chase Nursing Center, #34892, 07/01/1994

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

\$543,864

This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

Has any meal income been offset against related costs?

No

Indicate the amount. \$

(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?

100% ln 14

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

Yes

Indicate the amount of income earned from providing such transportation during this reporting period.

\$Yes

(17) Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

N/A

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

Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT