

Facility Name & ID Number Bronzeville Park Nursing & Living Center

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

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>110,532</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>110,532</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>12,433</u>	<u>12,433</u>	8
9	SNF/PED					9
10	ICF	<u>73,112</u>	<u>3,616</u>	<u>7,372</u>	<u>84,100</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>73,112</u>	<u>3,616</u>	<u>19,805</u>	<u>96,533</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.33%

SEE ACCOUNTANTS' COMPILATION REPORT

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 11,697

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

* 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:		01/01/12	Ending: 12/31/12	
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	396,868	112,953	20,727	530,548		530,548		530,548			1
2	Food Purchase		466,669		466,669		466,669	(175)	466,494			2
3	Housekeeping		14,289	332,792	347,081		347,081		347,081			3
4	Laundry	35,230	68,122	210,601	313,953		313,953		313,953			4
5	Heat and Other Utilities			261,603	261,603		261,603	(6,865)	254,738			5
6	Maintenance	61,150	107,338	256,988	425,476		425,476	18,985	444,461			6
7	Other (specify):*											7
8	TOTAL General Services	493,248	769,371	1,082,711	2,345,330		2,345,330	11,945	2,357,275			8
	B. Health Care and Programs											
9	Medical Director			112,200	112,200		112,200		112,200			9
10	Nursing and Medical Records	4,732,658	990,024	81,813	5,804,495		5,804,495	(21,393)	5,783,102			10
10a	Therapy	109,889			109,889		109,889		109,889			10a
11	Activities	160,159	44,305		204,464		204,464	670	205,134			11
12	Social Services	220,370		1,363	221,733		221,733		221,733			12
13	CNA Training											13
14	Program Transportation			5,766	5,766		5,766		5,766			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,223,076	1,034,329	201,142	6,458,547		6,458,547	(20,722)	6,437,825			16
	C. General Administration											
17	Administrative	242,303		969,638	1,211,941		1,211,941	(917,304)	294,637			17
18	Directors Fees											18
19	Professional Services			180,796	180,796	(5,787)	175,009	(50,126)	124,883			19
20	Dues, Fees, Subscriptions & Promotions			119,646	119,646		119,646	(75,931)	43,715			20
21	Clerical & General Office Expenses	193,244	65,499	773,066	1,031,809		1,031,809	(507,858)	523,951			21
22	Employee Benefits & Payroll Taxes			1,249,738	1,249,738		1,249,738		1,249,738			22
23	Inservice Training & Education											23
24	Travel and Seminar			24,957	24,957		24,957	(5,608)	19,349			24
25	Other Admin. Staff Transportation			4,605	4,605		4,605	2,109	6,714			25
26	Insurance-Prop.Liab.Malpractice			1,382,301	1,382,301		1,382,301	17,814	1,400,115			26
27	Other (specify):*							56,210	56,210			27
28	TOTAL General Administration	435,547	65,499	4,704,747	5,205,793	(5,787)	5,200,006	(1,480,695)	3,719,312			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,151,871	1,869,199	5,988,600	14,009,670	(5,787)	14,003,883	(1,489,471)	12,514,412			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			278,303	278,303		278,303	161,622	439,925			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			112,872	112,872		112,872	743,542	856,414			32
33	Real Estate Taxes					5,787	5,787	439,782	445,569			33
34	Rent-Facility & Grounds			2,070,261	2,070,261		2,070,261	(2,065,704)	4,557			34
35	Rent-Equipment & Vehicles			23,657	23,657		23,657	7,212	30,869			35
36	Other (specify):*							72,897	72,897			36
37	TOTAL Ownership			2,485,093	2,485,093	5,787	2,490,880	(640,649)	1,850,230			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		682,257	1,341,173	2,023,430		2,023,430	(24,308)	1,999,122			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			549,161	549,161		549,161		549,161			42
43	Other (specify):*	185,027		201,422	386,449		386,449	(386,449)	(0)			43
44	TOTAL Special Cost Centers	185,027	682,257	2,091,756	2,959,040		2,959,040	(410,757)	2,548,283			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,336,898	2,551,456	10,565,449	19,453,803		19,453,803	(2,540,878)	16,912,925			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	(10,214)	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	(153,300)	30		9
10	Interest and Other Investment Income	(5,134)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(175)	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	(33,098)	21		18
19	Entertainment	(6,140)	24		19
20	Contributions	(24,925)	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	(646,845)	21		24
25	Fund Raising, Advertising and Promotional	(44,366)	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	(602,942)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,527,139)		\$	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)	(1,013,739)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,013,739)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,540,878)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS
Bronzeville Park Nursing & Living Center

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Payroll-Community Related	\$ (44,513)	21	1
2	Patients Needs	(18,447)	10	2
3	Patients Clothing	(6,110)	10	3
4	Veterans-Pharmacy	(20,995)	10	4
5	Veterans-X-Ray	(519)	10	5
6	Veterans-Liquid Oxygen	(33)	10	6
7	Veterans-Bed Rental	(122)	10	7
8	Veterans-Speech Therapy	(374)	10	8
9	Veterans-Occupational Therapy	(641)	10	9
10	Veterans-Physical Therapy	(623)	10	10
11	Bank Charges	(22,745)	21	11
12	Jury Duty Income	(138)	10	12
13	Medical Records Revenue	(566)	10	13
14	Non-Allowable Fees	(201,422)	43	14
15	Annual Reports	(175)	20	15
16	Capitalized R&M	(11,333)	06	16
17	Additional R&M	21,619	06	17
18	Collection Expense	(14,637)	21	18
19	Building Co. - Bank Fees	(759)	21	19
20	Building Co - License and Inspection	(100)	20	20
21	Building Co. - Legal Fees	(741)	19	21
22	Building Co. - Accounting and Audit Fees	(10,611)	19	22
23	Building Co. - Professional Fees	(6,500)	19	23
24	Building Co. - IL Replacement Tax	(8,581)	21	24
25	Building Co. - Amortization	(6,946)	36	25
26	Non-reimbursable Salaries	(140,515)	43	26
27	Guest Service Dir. Salary	(30,156)	43	27
28	Non-Allowable Legal Fees	(54,728)	19	28
29	COPE Dues	(7,176)	20	29
30	Community Relations Salary	(14,356)	43	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	(602,942)		49

ID#

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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 A

12/31/12

[illegible]

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(153,300)	303,050	11,701	170								161,622	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,134)	746,310	2,242	125								743,542	32
33	Real Estate Taxes		430,178	9,604									439,782	33
34	Rent-Facility & Grounds		(2,066,292)	588									(2,065,704)	34
35	Rent-Equipment & Vehicles			6,740	472								7,212	35
36	Other (specify):*	(6,946)	79,843										72,897	36
37	TOTAL Ownership	(165,380)	(506,911)	30,875	766								(640,649)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(24,308)						(24,308)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(386,449)											(386,449)	43
44	TOTAL Special Cost Centers	(386,449)					(24,308)						(410,757)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,527,139)	(462,107)	(505,102)	(22,223)		(24,308)						(2,540,878)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-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	\$ 2,066,292	Chevy Chase Associates	100.00%	\$	(2,066,292)	1
2	V	32	Interest	202	Chevy Chase Associates	100.00%	746,512	746,310	2
3	V	21	Bank Fees		Chevy Chase Associates	100.00%	759	759	3
4	V	26	Hazard Insurance		Chevy Chase Associates	100.00%	17,512	17,512	4
5	V	20	License and Inspection		Chevy Chase Associates	100.00%	100	100	5
6	V	19	Legal Fees		Chevy Chase Associates	100.00%	741	741	6
7	V	19	Accounting and Audit Fees		Chevy Chase Associates	100.00%	10,611	10,611	7
8	V	19	Professional Fees		Chevy Chase Associates	100.00%	6,500	6,500	8
9	V	21	IL Replacement Tax		Chevy Chase Associates	100.00%	8,581	8,581	9
10	V	33	Real Estate Taxes		Chevy Chase Associates	100.00%	430,178	430,178	10
11	V	30	Depreciation		Chevy Chase Associates	100.00%	303,050	303,050	11
12	V	36	Amortization of Loan Fees		Chevy Chase Associates	100.00%	6,946	6,946	12
13	V	36	MIP Expense		Chevy Chase Associates	100.00%	72,897	72,897	13
14	Total			\$ 2,066,494			\$ 1,604,387	\$ * (462,107)	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%	\$ 3,349	\$	3,349 15
16	V	6	REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,616		8,616 16
17	V	10	CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	10,562		10,562 17
18	V	17	ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	42,685		42,685 18
19	V	19	PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	4,602		4,602 19
20	V	20	FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	596		596 20
21	V	21	CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	223,659		223,659 21
22	V	24	SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	156		156 22
23	V	25	ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,620		1,620 23
24	V	26	INSURANCE		NUCARE SERVICES CORP.	100.00%	172		172 24
25	V	27	EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	53,573		53,573 25
26	V	30	DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,701		11,701 26
27	V	32	INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,242		2,242 27
28	V	33	REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,604		9,604 28
29	V	34	PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	588		588 29
30	V	35	EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	6,740		6,740 30
31	V	17	ADMIN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	9,649		9,649 31
32	V	27	EMP. BEN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	644		644 32
33	V								33
34	V	17	BOOKKEEPING FEE	895,861					(895,861) 34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 895,861			\$ 390,759	\$ *	(505,102) 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	6	REPAIRS / MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 83	\$ 83	15
16	V	10	CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	16,612	16,612	16
17	V	11	ACTIVITY CONSULTANT		CLINICAL CONSULTING SERVICES, LLC	100.00%	670	670	17
18	V	19	PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%			18
19	V	20	DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	114	114	19
20	V	21	OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	28,825	28,825	20
21	V	21	OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,496	1,496	21
22	V	24	CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	376	376	22
23	V	25	AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	489	489	23
24	V	26	AUTO INSURANCE		CLINICAL CONSULTING SERVICES, LLC	100.00%	130	130	24
25	V	27	PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	2,001	2,001	25
26	V	27	OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	(8)	(8)	26
27	V	30	DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	170	170	27
28	V	32	INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	125	125	28
29	V	34	RENT		CLINICAL CONSULTING SERVICES, LLC	100.00%			29
30	V	35	AUTO LEASE		CLINICAL CONSULTING SERVICES, LLC	100.00%	472	472	30
31	V								31
32	V	17	ADMINISTRATIVE FEE	73,777				(73,777)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 73,777			\$ 51,554	\$ * (22,223)	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	22	Workers Compensation	\$ 287,585	DIAMOND INSURANCE	100.00%	\$ 287,585	\$	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			\$ 287,585			\$ 287,585	\$ *	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	39	DME and Medical Supplies	132,320	Integra Healthcare Equipment	100.00%	108,012	\$ (24,308)	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			\$ 132,320			\$ 108,012	\$ * (24,308)	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

* 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 (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

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	GARY HOKIN	25.000%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	GERRY JENICH	5.000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	RAJCHENBACH FAMILY TRUST	4.750%	JACKSON CORP.	CHICAGO	JLR FINANCIAL SERVICES	LINCOLNWOOD	MANAGEMENT CO.	4
5	ROBERT HARTMAN	55.750%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	5
6	SHARON HOLLANDER DISCRETIONARY TRUST	1.583%	RENAISSANCE EAST	MESA, ARIZONA	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	6
7	MARK HOLLANDER DISCRETIONARY TRUST	1.583%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	7
8	FEIGE KNOBEL DISCRETIONARY TRUST	1.583%	RENAISSANCE VILLAGE IL	MESA, ARIZONA	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	8
9			RENAISSANCE WEST	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE	LINCOLNWOOD	MANAGEMENT CO.	9
10			RENAISSANCE PARK SOUTH	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	10
11			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	INTERGRA HEALTHCARE EQU	ELMHURST	DME & MEDICAL SUPPL	11
12			ARIA POST ACUTE CARE	HILLSIDE	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	12
13			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO				13
14			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO				14
15			SEVEN OAKS	GLENDALE, WISC.				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

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								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

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	Gerry Jenich	Owner	Administrative	5.00%	See Attached	1.93	4.83%	Alloc. Salary	\$ 9,649	17-7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 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

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

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: 01/01/12 Ending: 12/31/12

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	1,228,556	15	\$ 37,226	\$	110,532	\$ 3,349	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,228,556	15	95,768		110,532	8,616	2
3	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,228,556	15	117,394	117,394	110,532	10,562	3
4	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,228,556	15	474,443	462,325	110,532	42,685	4
5	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,228,556	15	51,153		110,532	4,602	5
6	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,228,556	15	6,629		110,532	596	6
7	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,228,556	15	2,485,957	1,190,733	110,532	223,659	7
8	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,228,556	15	1,734		110,532	156	8
9	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,228,556	15	18,004		110,532	1,620	9
10	26	INSURANCE	AVAIL. CENSUS DAYS	1,228,556	15	1,913		110,532	172	10
11	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,228,556	15	595,462		110,532	53,573	11
12	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,228,556	15	130,061		110,532	11,701	12
13	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,228,556	15	24,917		110,532	2,242	13
14	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,228,556	15	106,750		110,532	9,604	14
15	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,228,556	15	6,532		110,532	588	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,228,556	15	74,917		110,532	6,740	16
17	17	ADMIN. - G. JENICH	AVG. HOURS WORKED	10	5	50,000	50,000	2	9,649	17
18	27	EMP. BEN. - G. JENICH	AVG. HOURS WORKED	10	5	3,340		2	644	18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 4,282,199	\$ 1,820,453		\$ 390,759	25

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

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	REPAIRS / MINOR EQUIPMEN	BED DAYS AVAILABLE	1,228,556	15	\$ 920	\$	110,532	\$ 83	1
2	10	CLINICAL SALARIES	BED DAYS AVAILABLE	1,228,556	15	184,643	184,643	110,532	16,612	2
3	11	ACTIVITY CONSULTANT	BED DAYS AVAILABLE	1,228,556	15	7,452	7,452	110,532	670	3
4	19	PROFESSIONAL FEES	BED DAYS AVAILABLE	1,228,556	15			110,532		4
5	20	DUES, LICENSE & INSPECTION	BED DAYS AVAILABLE	1,228,556	15	1,272		110,532	114	5
6	21	OFFICE WAGES	BED DAYS AVAILABLE	1,228,556	15	320,385	320,385	110,532	28,825	6
7	21	OFFICE EXPENSE	BED DAYS AVAILABLE	1,228,556	15	16,624		110,532	1,496	7
8	24	CONTINUING EDUCATION / S	BED DAYS AVAILABLE	1,228,556	15	4,175		110,532	376	8
9	25	AUTO EXPENSE	BED DAYS AVAILABLE	1,228,556	15	5,436		110,532	489	9
10	26	AUTO INSURANCE	BED DAYS AVAILABLE	1,228,556	15	1,447		110,532	130	10
11	27	PAYROLL TAXES	BED DAYS AVAILABLE	1,228,556	15	22,241		110,532	2,001	11
12	27	OTHER EMPLOYEE BENEFITS	BED DAYS AVAILABLE	1,228,556	15	(91)		110,532	(8)	12
13	30	DEPRECIATION	BED DAYS AVAILABLE	1,228,556	15	1,892		110,532	170	13
14	32	INTEREST	BED DAYS AVAILABLE	1,228,556	15	1,384		110,532	125	14
15	34	RENT	BED DAYS AVAILABLE	1,228,556	15			110,532		15
16	35	AUTO LEASE	BED DAYS AVAILABLE	1,228,556	15	5,242		110,532	472	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 573,023	\$ 512,480		\$ 51,554	25

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

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			\$	\$		\$ 287,585	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					\$	\$		\$ 287,585	25

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

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 Integra Healthcare Equipment, LLC
Street Address 747 Church Road
City / State / Zip Code Elmhurst, IL
Phone Number (630) 834-3700
Fax Number (630) 834-1500

	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	39	DME and Medical Supplies	Direct Allocation					108,012	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				\$	\$		\$ 108,012	25

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

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: 01/01/12 Ending: 12/31/12

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: 01/01/12 Ending: 12/31/12

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: 01/01/12 Ending: 12/31/12

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: 01/01/12 Ending: 12/31/12

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			\$	14,466,916			\$	746,512	1
2													2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Bank of America		X	Working Capital				3,000,000				112,872	6
7													7
8	See Supplemental Schedule											2,367	8
9	TOTAL Facility Related						\$	17,466,916			\$	861,751	9
	B. Non-Facility Related*												
10	Interest Income		X									(5,134)	10
11	Interest Income-Bldg. Co.		X									(202)	11
12													12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$				\$	(5,336)	14
15	TOTALS (line 9+line14)						\$	17,466,916			\$	856,415	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 72,897 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	Allocated from Nucare						\$					\$	2,242	8
9	Alloc.from Clinical Conslt. Svc												125	9
10														10
11														11
12														12
13														13
14	TOTAL Working Capital												2,367	14
	B. Non-Facility Related*													
15							\$					\$		15
16														16
17														17
18														18
19														19
20	TOTAL Non-Facility Related													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		
Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2011 report.	\$ 478,303	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$ 459,347	2
3. Under or (over) accrual (line 2 minus line 1).	\$ (18,956)	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	\$ 458,738	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.	\$ 5,787	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 21,872 For 2008 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$ 445,569	7
Real Estate Tax History:		
Real Estate Tax Bill for Calendar Year:	2007	382,318 8
	2008	386,154 9
	2009	432,781 10
	2010	451,622 11
	2011	449,743 12
Beginning Accrual Adjusted	FOR BHF USE ONLY	
2012 Accrual - \$449,743 x 1.02 = \$458,738		
Allocated from NuCare \$9,604		
	13	FROM R. E. TAX STATEMENT FOR 2011 \$ 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.

2011 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 2011 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 2011.

(A)		(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>148,985.49</u>	\$ <u>148,985.49</u>
2.	<u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>300,757.82</u>	\$ <u>300,757.82</u>
3.	<u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>84,353.24</u>	\$ <u>7,209.72</u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS			\$ <u>534,096.55</u>	\$ <u>456,953.03</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEBronzeville Park Nursing & Living CenterCOUNTYCook

FACILITY IDPH LICENSE NUMBER0040592

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)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
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? YES NO

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</u>			<u>13,676</u>	<u>2</u>
3	TOTALS	80,457		\$ 253,676	3

SEE ACCOUNTANTS' COMPILATION REPORT

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

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	\$ 303,050	35	\$ 127,770	\$ (175,280)	\$ 3,539,525	4	
5				1984	92,611		35	2,646	2,646	75,963	5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Various			1980	8,303		20	149	149	7,125	9	
10	Various			1981	1,872		20			1,872	10	
11	Various			1982	5,523		20			5,523	11	
12	Various			1983	1,550		20			1,550	12	
13	Various			1984	5,062		20			5,062	13	
14	Various			1985	24,500		20			24,500	14	
15	Various			1986	8,802		20			8,802	15	
16	Various			1987	5,151		20	163	163	4,095	16	
17	Various			1988	14,372		20	456	456	10,969	17	
18	Various			1989	55,710		20	1,768	1,768	40,751	18	
19	Various			1990	4,899		20	156	156	3,428	19	
20	Various			1991	9,582		20	304	304	6,401	20	
21	Various			1992	4,834		20	153	153	3,076	21	
22	Various			1993	13,785		20	353	353	6,730	22	
23	Various			1994	23,773		20	1,047	1,047	18,978	23	
24	Various			1995	20,890		20	1,045	1,045	18,325	24	
25	Various			1996	87,605		20	4,380	4,380	71,792	25	
26	Various			1997	40,122		20	1,976	1,976	31,710	26	
27	Various			1998	132,735		20	6,637	6,637	95,216	27	
28	Various			1999	419,788		20	20,989	20,989	278,803	28	
29	Various			2000	90,604		20	4,530	4,530	56,484	29	
30	Various			2001	75,436		20	3,772	3,772	43,187	30	
31	Various			2002	39,859		20	1,827	1,827	39,859	31	
32	Various			2003	55,783		20	4,127	4,127	44,165	32	
33	Various			2004	70,089		20	7,009	7,009	60,376	33	
34	Various			2005	356,449		20	21,719	21,719	237,144	34	
35	Various			2006	75,373		20	5,275	5,275	35,787	35	
36	Various			2008	173,917		20	17,135		79,493	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			9,958	9,958	49,578	67
68	Related Party Allocations (Pages 12H & 12I)	198,179	6,743		7,432	689	55,527	68
69	Financial Statement Depreciation		278,303			(278,303)		69
70	TOTAL (lines 4 thru 69)	\$ 6,731,137	\$ 588,096		\$ 252,777	\$ (352,454)	\$ 4,961,796	70

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

Report Period Beginning:

01/01/12

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,731,137	\$ 588,096		\$ 252,777	\$ (335,319)	\$ 4,961,796	1
2	8 Magnetic Door Holders	2009	3,610		20	516	516	1,934	2
3	Replacing Door In Laundry Room	2009	2,963		20	296	296	1,086	3
4	Repairing Lights On Westside Of Building	2009	3,560		20	356	356	1,276	4
5	Repairing Cracks In Windows And Foundation	2009	7,000		20	700	700	2,508	5
6	2Nd Floor Renovation-Chair Rails For Resident Rooms	2009	6,600		20	330	330	1,183	6
7	Dayroom & Nurses Station- New Walls, Paint/Wallcovering, Floor	2009	56,018		20	5,602	5,602	20,073	7
8	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	225	225	807	8
9	Ceramic Tiles	2009	4,000		20	267	267	933	9
10	1St Floor Renovation-Ceramic Tiles On Kitchen Floor	2009	5,400		20	270	270	945	10
11	Exhaust Fans On Roof	2009	3,513		20	351	351	1,230	11
12	Adhesive Vinyl Tile	2009	2,671		20	134	134	456	12
13	Electrical, Faucets, Flooring, Corner Guard- 4Th Floor	2009	20,913		20	1,046	1,046	3,486	13
14	Adhesive Vinyl Tile	2009	2,690		20	179	179	598	14
15	Out Door Patio Renovation-New Electronic Door	2009	4,590		20	230	230	746	15
16	Repair Of Broken Sewer	2009	6,015		20	602	602	1,955	16
17	Parts Of Air Conditioning Unit	2009	9,000		20	750	750	2,937	17
18	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	284	284	971	18
19	Elevator Repair	2009	2,800		20	140	140	537	19
20	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Fl	2010	4,400		20	293	293	880	20
21	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	939	21
22	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	291	291	848	22
23	Clean Wood Fence And Put Protective Coat	2010	8,800		20	880	880	2,420	23
24	Chiller Replacement Project	2010	126,400		20	18,057	18,057	49,657	24
25	4 Exhaust Fans #7-10	2010	7,078		20	1,416	1,416	3,657	25
26	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	977	977	2,523	26
27	8 Sets, 3-Position Assist Rails	2010	2,587		20	129	129	334	27
28	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sh	2010	3,650		20	243	243	608	28
29	4 Red Oak Architectural Grade Doors, 3 Machine Cylender Lock,	2010	5,796		20	290	290	725	29
30	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Sho	2010	9,158		20	916	916	2,213	30
31	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	580	580	1,402	31
32	Electrical Work	2010	6,540		20	654	654	1,581	32
33	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	462	462	1,116	33
34	TOTAL (lines 1 thru 33)		\$ 7,074,448	\$ 588,096		\$ 290,555	\$ (297,541)	\$ 5,074,359	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:

01/01/12

Ending:

12/31/12**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		\$ 7,074,448	\$ 588,096		\$ 290,555	\$ (297,541)	\$ 5,074,359	1
2	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8,	2010	5,496		20	366	366	885	2
3	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Con	2010	2,739		20	228	228	552	3
4	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, S	2010	5,980		20	598	598	1,395	4
5	Materials For 3Rd Floor Shower Room Project - Wraparound Bar	2010	9,159		20	916	916	2,137	5
6	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	607	607	1,366	6
7	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	365	365	821	7
8	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywa	2010	5,800		20	580	580	1,305	8
9	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floori	2010	6,107		20	611	611	1,323	9
10	Cctv Installation Nursing Station, Elevator Area	2010	6,980		20	698	698	1,629	10
11	Bathroom 1St Flr S. & 2Nd Flr N. Side Tub/Shower/Faucet	2010	11,983		20	1,198	1,198	2,996	11
12	Vaudeville Laminate	2010	2,680		20	268	268	715	12
13	Shower Room Tile Flooring	2010	3,195		20	320	320	825	13
14	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	1,049	1,049	2,709	14
15	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	862	862	2,084	15
16	Shower Room Project - Shower Tile Flooring	2010	5,954		20	595	595	1,489	16
17	Power & Cable Outlets	2010	3,600		20	360	360	750	17
18	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	378	378	757	18
19	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	581	19
20	New Roof For Canopies And Repair Existing Roof Around The Bu	2011	3,800		20	380	380	697	20
21	Removal Of Old Concrete Pad And Construct New Concrete Pad I	2011	71,000		20	7,100	7,100	13,017	21
22	Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat	2011	2,700		20	180	180	330	22
23	Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb	2011	3,240		20	324	324	513	23
24	Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up	2011	2,902		20	290	290	459	24
25	Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated UI "B"	2011	2,611		20	261	261	392	25
26	Install New Storm Drain Pipe	2011	5,200		20	520	520	780	26
27	2Nd Floor Bathrms - Toilets, Vanity, Hardware	2011	7,163		20	478	478	676	27
28	1 Commercial Gas Water Heater	2011	6,067		20	607	607	1,062	28
29	Installation 16 Medium Duty Door Closers	2011	3,108		20	311	311	570	29
30	Fluorescent Lighting	2012	4,400		20	440	440	440	30
31	Remove Wallpaper And Baseboards; Replace Drywall; Paint; New	2012	4,400		20	440	440	440	31
32	Piping	2012	3,000		20	250	250	250	32
33	Data Cable For Wi-Fi	2012	6,026		20	201	201	201	33
34	TOTAL (lines 1 thru 33)		\$ 7,305,252	\$ 588,096		\$ 312,626	\$ (275,470)	\$ 5,118,503	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 12C, Carried Forward		\$ 7,305,252	\$ 588,096		\$ 312,626	\$ (275,470)	\$ 5,118,503	1
2	Remove Drop Ceiling, Tile Floor & Base Board, Tub, Toilet, Sink	2012	5,850		20	98	98	98	2
3	Protective Pipe Cover	2012	4,843		20	81	81	81	3
4	Door Lever Passage	2012	5,465		20	46	46	46	4
5	2 Commercial Steel Doors	2012	2,669		20	22	22	22	5
6	Sprinkler System Devices	2012	13,595		20	162	162	162	6
7	Epoxy-Lined Water Tank	2012	3,942		20	66	66	66	7
8	Elevator Work - Replaced Obsolete Intermittent Relays With New	2012	5,892		20	295	295	295	8
9	Replaced Smoke Detector Bases	2012	2,801		20	140	140	140	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,350,309	\$ 588,096		\$ 313,534	\$ (274,562)	\$ 5,119,411	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 12D, Carried Forward		\$7,350,309	\$588,096		\$313,534	\$(274,562)	\$5,119,411	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$7,350,309	\$588,096		\$313,534	\$(274,562)	\$5,119,411	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:

01/01/12

Ending:

12/31/12**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 Bar Cabinets	2007	4,500		20	450	450	2,700	9
10 New Flooring	2007	4,500		20	300	300	1,800	10
11 Door Circuitry And Wiring Components	2007	3,950		20	395	395	2,238	11
12 Fencing	2007	2,600		20	173	173	938	12
13 Lavatory Faucets	2007	2,849		20	190	190	997	13
14 Telephone System	2007	22,988		20	3,284	3,284	18,336	14
15 Perga Flooring	2008	2,800		20	140	140	490	15
16 Sliding Door	2008	5,346		20	400	400	1,999	16
17 Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	2,100	17
18 Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	2,285	18
19 Canopy Projector	2008	5,325		20	266	266	1,331	19
20 Kitchen Station	2008	2,500		20	125	125	625	20
21 Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	1,554	21
22 Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	1,968	22
23 Install & Furnish New Fire Doors	2009	7,980		20	399	399	1,596	23
24 5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	1,868	24
25 Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	1,199	25
26 New Pump for Suction Diffuser	2009	4,640		20	232	232	928	26
27 Roof Exhaust Fans	2009	5,990		20	300	300	1,199	27
28 Concrete Wall	2009	6,000		20	300	300	1,200	28
29 1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	1,000	29
30 Repair Radiator	2009	6,133		20	307	307	1,227	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 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	Building 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
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 142,031	\$		\$ 9,958	\$ 9,958	\$ 49,578	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:

01/01/12

Ending:

12/31/12**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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln Avenue</u>	2004	116,600	2,990	35	3,331	341	30,399	3
4	<u>Allocated from Clinical Consulting Services</u>	2004	6,478	166	35	185	19	1,689	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from NuCare Services</u>	2003	1,054	60	20	53	(7)	481	9
10	<u>Allocated from NuCare Services</u>	2004	21,395	1,222	20	1,071	(151)	9,329	10
11	<u>Allocated from NuCare Services</u>	2005	1,268	72	20	64	(8)	498	11
12	<u>Allocated from NuCare Services</u>	2006	1,720	98	20	86	(12)	547	12
13	<u>Allocated from NuCare Services</u>	2008	1,813	104	20	91	(13)	386	13
14	<u>Allocated from NuCare Services</u>	2009	29,188	1,667	20	1,459	(208)	5,269	14
15	<u>Allocated from NuCare Services</u>	2010	4,485	256	20	224	(32)	562	15
16	<u>Allocated from NuCare Services</u>	2011	242	14	20	12	(2)	23	16
17	<u>Allocated from NuCare Services</u>	2012	270	15	20	10	(5)	10	17
18									18
19	<u>Allocated from 7257 N. Lincoln Avenue</u>	2004	2,317		20	116	116	985	19
20	<u>Allocated from 7257 N. Lincoln Avenue</u>	2005	10,629	75	20	686	611	5,015	20
21									21
22	<u>Allocated from Clinical Consulting Services</u>	2004	129		20	6	6	55	22
23	<u>Allocated from Clinical Consulting Services</u>	2005	591	4	20	38	34	279	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
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$198,179	\$6,743		\$7,432	\$689	\$55,527	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	\$1,089,848	\$4,224	\$112,048	\$107,824	10	\$645,796	71
72	Current Year Purchases	210,104	859	14,174	13,315	10	14,174	72
73	Fully Depreciated Assets	690,419		10	10	10	690,416	73
74								74
75	TOTALS	\$1,990,371	\$5,083	\$126,232	\$121,149		\$1,350,386	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	2012	\$797	\$46	\$159	\$113	5	\$385	76
77										77
78										78
79										79
80	TOTALS			\$797	\$46	\$159	\$113		\$385	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)	\$9,595,153	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$593,225	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$439,925	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(153,300)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,470,182	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.

		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				3,969			5
6	Allocated from Nucare				588			6
7	TOTAL				\$ 4,557			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: \$ 30,396
- 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	Allocated from CCS		\$	\$ 472	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 472	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.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* 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)

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

		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)	\$			

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	\$		\$ 482,689	\$		\$ 482,689	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			277,003			277,003	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			512,945			512,945	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				480,610		480,610	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					68,536	201,647		270,183	13
14	TOTAL			\$		\$ 1,341,173	\$ 682,257		\$ 2,023,430	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

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 23,139	\$ 390,822	1
2	Cash-Patient Deposits	22,352	22,352	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,320,004	5,320,004	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	19,000	19,000	5
6	Prepaid Insurance	197,389	264,656	6
7	Other Prepaid Expenses	13,565	13,565	7
8	Accounts Receivable (owners or related parties)	761,486	761,486	8
9	Other(specify): See Attached Schedule	4,075,650	4,564,869	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,432,585	\$ 11,356,754	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	2,389,793	2,389,793	15
16	Equipment, at Historical Cost	1,761,981	8,182,908	16
17	Accumulated Depreciation (book methods)	(2,882,417)	(9,185,076)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(57,304)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule		269,023	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,269,357	\$ 7,818,470	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,701,942	\$ 19,175,224	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,741,978	\$ 2,741,977	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,945	13,945	28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	548,375	548,375	30
31	Accrued Taxes Payable (excluding real estate taxes)	48,014	48,014	31
32	Accrued Real Estate Taxes(Sch.IX-B)		458,738	32
33	Accrued Interest Payable		61,726	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
	Other Current Liabilities(specify):			
36	See Attached Schedule	5,175,761	5,271,626	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,556,833	\$ 12,173,161	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,466,916	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)	\$	\$ 14,466,916	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,556,833	\$ 26,640,077	46
47	TOTAL EQUITY(page 18, line 24)	\$ 145,109	\$ (7,464,853)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,701,942	\$ 19,175,224	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,253,413	1
2	Restatements (describe):		2
3	Hazard Insurance Restatement	(143,214)	3
4	Payroll Restatement	(169,113)	4
5	Rounding	(2)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 941,084	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(795,975)	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)	\$ (795,975)	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)	\$ 145,109	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			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,107,426	1
2	Discounts and Allowances for all Levels	(701,499)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,405,927	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,366,817	6
7	Oxygen	15,715	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,382,532	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	569,837	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	72,015	19
20	Radiology and X-Ray	20,276	20
21	Other Medical Services	179,521	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 841,649	23
	D. Non-Operating Revenue		
24	Contributions	10	24
25	Interest and Other Investment Income***	5,134	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,144	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	22,576	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,576	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,657,828	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,345,330	31
32	Health Care	6,458,547	32
33	General Administration	5,205,793	33
	B. Capital Expense		
34	Ownership	2,485,093	34
	C. Ancillary Expense		
35	Special Cost Centers	2,409,879	35
36	Provider Participation Fee	549,161	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,453,803	40
41	Income before Income Taxes (line 30 minus line 40)**	(795,975)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (795,975)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,001,122	44
45	Private Pay - Net Inpatient Revenue	495,256	45
46	Medicare - Net Inpatient Revenue	2,709,089	46
47	Other-(specify) CCHHS	303,941	47
48	Other-(specify) Managed Care, Hospice, Veterans	896,519	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,405,927	49

* 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.

****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	1,415	2,203	\$ 121,486	\$ 55.15	1
2	Assistant Director of Nursing	2,704	2,911	129,734	44.57	2
3	Registered Nurses	40,144	44,237	1,159,636	26.21	3
4	Licensed Practical Nurses	50,664	55,348	1,449,764	26.19	4
5	CNAs & Orderlies	157,238	173,298	1,804,876	10.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,181	10,085	109,889	10.90	8
9	Activity Director	2,073	2,171	45,994	21.19	9
10	Activity Assistants	9,905	10,872	114,165	10.50	10
11	Social Service Workers	6,105	6,449	185,140	28.71	11
12	Dietician	2,457	2,615	64,345	24.61	12
13	Food Service Supervisor					13
14	Head Cook	6,058	6,831	87,914	12.87	14
15	Cook Helpers/Assistants	22,776	25,576	244,609	9.56	15
16	Dishwashers					16
17	Maintenance Workers	2,210	2,466	61,150	24.80	17
18	Housekeepers					18
19	Laundry	2,060	2,295	35,230	15.35	19
20	Administrator	3,784	3,867	223,353	57.76	20
21	Assistant Administrator	336	344	10,750	31.25	21
22	Other Administrative	281	281	8,200	29.18	22
23	Office Manager	1,477	1,635	36,532	22.34	23
24	Clerical	8,934	10,133	156,712	15.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,434	1,567	38,125	24.33	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	8,549	8,959	249,294	27.82	33
34	TOTAL (lines 1 - 33)	339,785	374,143	\$ 6,336,898 *	\$ 16.94	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	437	\$ 20,727	01-03	35
36	Medical Director	Monthly	112,200	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	540	10,692	10-03	38
39	Pharmacist Consultant	Monthly	17,514	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				44
45	Social Service Consultant	24	1,363	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	25,500	10-03	47
48					48
49	TOTAL (lines 35 - 48)	1,000	\$ 187,996		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	57	\$ 2,844	10-03	50
51	Licensed Practical Nurses	505	25,263	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	562	\$ 28,107		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		STATE OF ILLINOIS		Report Period Beginning:		01/01/12		Page 21	
				# 0040592				Ending:		12/31/12	
XIX. SUPPORT SCHEDULES											
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount		Description		Amount	
William Prather	Administrator	0	\$ 96,874	Workers' Compensation Insurance		\$ 287,585		IDPH License Fee		\$	
John P. Stare	Administrator	0	101,065	Unemployment Compensation Insurance		148,992		Advertising: Employee Recruitment		1,334	
Joshua Legum	Administrator	0	25,415	FICA Taxes		481,675		Health Care Worker Background Check			
Donald-Jay J. Evans	Assist. Admin	0	10,750	Employee Health Insurance		222,545		(Indicate # of checks performed)			
Tony Prather	Reg. Dir. Of Operat.	0	8,200	Employee Meals				Patient Background Checks	678	11,005	
				Illinois Municipal Retirement Fund (IMRF)*				Trade Assoc Dues		24,927	
				City Payroll Tax		3,690		Dues & Subscriptions		1,462	
				Pension Benefits		49,669		Licenses & Inspections		4,276	
				Dental Insurance		3,203		Advertising & Promotion		44,366	
				Other Employee Benefits		50,062		See Supplemental Schedule		710	
				401K Matching Expense		2,316		Less: Public Relations Expense	(		)
								Non-allowable advertising		(44,366)	
								Yellow page advertising	(		)
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,249,737	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 43,714
(List each licensed administrator separately.)			\$ 242,303								
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**			
Description			Amount	Description	Line #	Amount		Description		Amount	
NuCare Services Corp. - Bookkeeping Fees			\$ 895,861					Out-of-State Travel		\$	
Clinical Consulting - Administrative Fees			73,777								
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 969,638					In-State Travel			
(Attach a copy of any management service agreement)											
C. Professional Services											
Vendor/Payee	Type		Amount								
Frost, Ruttenberg & Rothblatt	Accounting		\$ 21,376								
See Attached	Legal		76,246								
Terrence Kennedy JR	RE Valuation		5,637								
Personnel Planners	UC Tax Consultant		7,689								
CDW	Computer Expense		273								
HDSI	Computer Expense		4,714								
Health Data Solutions	Computer Expense		2,052								
PSD Solutions	Computer Expense		11,895								
Optima HC Solutions	Computer Expense		693								
MDI Achieve	Computer Expense		25,880								
Achieve Accreditation IGP	Joint Commission Accred		12,079								
See Supplemetal Schedule			12,261								
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$		Seminar Expense		18,817
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 180,796						Allocated from Nucare		156
									Allocated from Clinical Consulting		376
									Entertainment Expense	(	
									(agree to Sch. V, line 24, col. 8)		
									TOTAL	\$	19,349
* 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 \$28,403.10

(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.

\$2,392

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.

\$549,161

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?

No

Indicate the amount of income earned from providing such transportation during this reporting period. \$N/A

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

No

Firm Name: N/A

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