

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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

I. IDPH License ID Number: <u>0029975</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Wilson Care Inc.</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>4544 N. Hazel Street</u> <u>Chicago</u> <u>60640</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(773) 561-7241</u> Fax # <u>(773) 728-2606</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) _____</td></tr><tr><td>(Title) _____</td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Print Name and Title) <u>Cary Drazner, C.P.A.</u></td></tr><tr><td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td></tr><tr><td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td></tr><tr><td>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) _____	(Title) _____	(Signed) _____	Paid Preparer	(Print Name and Title) <u>Cary Drazner, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630												
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	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																								
Date of Initial License for Current Owners: <u>09/01/85</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☒ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other _____	
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☐ Charitable Corp.	☐ Individual	☐ State																							
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IRS Exemption Code _____	☐ Corporation	☐ Other _____																							
	☒ "Sub-S" Corp.																								
	☐ Limited Liability Co.																								
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:																									
Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236-1111</u>																									
Email Address: _____																									

SEE ACCOUNTANTS' COMPILATION REPORT

#	0029975	Report Period Beginning:	01/01/12	Ending:	12/31/12
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D. How many bed-hold days during this year were paid by the Department?

568 (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 09/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 09/01/88 NO ☐

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

Medicare Intermediary **N/A**

ACCRUAL	X	MODIFIED CASH*		CASH*	
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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.**

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.42%

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wilson Care Inc. # 0029975 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	222,964	25,008	33,468	281,440		281,440	(16,863)	264,577			1
2	Food Purchase		310,366		310,366		310,366	(32)	310,334			2
3	Housekeeping	203,223	41,198		244,421		244,421		244,421			3
4	Laundry		20,514	17,985	38,499		38,499		38,499			4
5	Heat and Other Utilities			133,645	133,645		133,645	(6,191)	127,454			5
6	Maintenance	48,243	40,527	129,690	218,460		218,460	39,456	257,916			6
7	Other (specify):*							6,524	6,524			7
8	TOTAL General Services	474,430	437,613	314,788	1,226,831		1,226,831	22,894	1,249,725			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	1,270,606	29,295	87,072	1,386,973		1,386,973	(24,604)	1,362,369			10
10a	Therapy			23,760	23,760		23,760	(12,327)	11,433			10a
11	Activities	142,045	5,209	2,448	149,702		149,702		149,702			11
12	Social Services	341,599	14,216		355,815		355,815		355,815			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							5,738	5,738			15
16	TOTAL Health Care and Programs	1,754,250	48,720	119,280	1,922,250		1,922,250	(31,193)	1,891,057			16
	C. General Administration											
17	Administrative	108,531		313,740	422,271		422,271	(114,357)	307,914			17
18	Directors Fees											18
19	Professional Services			198,608	198,608	(19,050)	179,558	(123,356)	56,202			19
20	Dues, Fees, Subscriptions & Promotions			48,039	48,039		48,039	(35,248)	12,791			20
21	Clerical & General Office Expenses	264,983	19,499	127,395	411,877		411,877	65,275	477,152			21
22	Employee Benefits & Payroll Taxes			513,733	513,733		513,733		513,733			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,260	3,260		3,260	129	3,389			24
25	Other Admin. Staff Transportation			4,357	4,357		4,357	9,459	13,816			25
26	Insurance-Prop.Liab.Malpractice			131,114	131,114		131,114	14,361	145,475			26
27	Other (specify):*							46,406	46,406			27
28	TOTAL General Administration	373,514	19,499	1,340,246	1,733,259	(19,050)	1,714,209	(137,331)	1,576,878			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,602,194	505,832	1,774,314	4,882,340	(19,050)	4,863,290	(145,630)	4,717,660			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			54,797	54,797		54,797	191,303	246,100			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,086	24,086		24,086	905,436	929,522			32
33	Real Estate Taxes					19,050	19,050	225,083	244,133			33
34	Rent-Facility & Grounds			1,596,000	1,596,000		1,596,000	(1,596,000)				34
35	Rent-Equipment & Vehicles			6,575	6,575		6,575	6,035	12,610			35
36	Other (specify):*							102,816	102,816			36
37	TOTAL Ownership			1,681,458	1,681,458	19,050	1,700,508	(165,327)	1,535,181			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			504,409	504,409		504,409		504,409			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			504,409	504,409		504,409		504,409			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,602,194	505,832	3,960,181	7,068,207		7,068,207	(310,957)	6,757,250			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	(8,520)	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	73,945	30		9
10	Interest and Other Investment Income	(21,479)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(32)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(14,000)	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	(27,331)	21		24
25	Fund Raising, Advertising and Promotional	(3,792)	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	(53,861)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (55,070)		\$	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)	(255,887)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (255,887)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (310,957)		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

Wilson Care Inc.

	ID#	0029975
Report Period Beginning:		01/01/12
Ending:		12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Collections	\$ (933)	19	1
2	Bank Fees	(6,313)	21	2
3	Lobbying	(433)	19	3
4	Theft & Damage	(293)	21	4
5	State Replacement Tax	(1,571)	21	5
6	State Replacement Tax - Prior	(8,000)	21	6
7	Filing Fees - Building Co.	(400)	20	7
8	Office Expense- Building Co.	(10)	21	8
9	Professional fees - Building Co.	(7,500)	19	9
10	Capitailized R&M	(2,917)	06	10
11	Alliance Dues	(17,916)	20	11
12	Use Tax	(460)	21	12
13	P.P. Other Professional Expense	(152)	19	13
14	Non-allowable Legal Fees	(6,463)	19	14
15	2013 Seminar Expense	(500)	24	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(53,861)		49

Wilson Care Inc.

Report Period Beginning:

Ending:

ID#

0029975

01/01/12

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 B

12/31/12

[illegible]

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See 6-Supplemental		See 6-Supplemental		See 6-Supplemental		
				Wilson Care, LLC		Building Co.

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	Rental Income	\$ 1,596,000	Wilson Care, LLC	100.00%	\$	\$(1,596,000)	1
2	V	36	Amort. of HUD Fees		Wilson Care, LLC	100.00%	6,057	6,057	2
3	V	30	Depreciation		Wilson Care, LLC	100.00%	108,465	108,465	3
4	V	20	Filing Fees		Wilson Care, LLC	100.00%	400	400	4
5	V	32	Interest - Mortgage		Wilson Care, LLC	100.00%	928,885	928,885	5
6	V	36	Mortgage Insurance		Wilson Care, LLC	100.00%	96,759	96,759	6
7	V	21	Office Expense		Wilson Care, LLC	100.00%	10	10	7
8	V	19	Professional Fees		Wilson Care, LLC	100.00%	7,500	7,500	8
9	V	26	Property Insurance		Wilson Care, LLC	100.00%	12,798	12,798	9
10	V	33	Real Estate Taxes - Current		Wilson Care, LLC	100.00%	234,000	234,000	10
11	V	33	Real Estate Taxes - Prior	12,435	Wilson Care, LLC	100.00%		(12,435)	11
12	V	06	Repairs & Maint.		Wilson Care, LLC	100.00%	55,396	55,396	12
13	V	32	Interest Income	627	Wilson Care, LLC	100.00%		(627)	13
14	Total			\$ 1,609,062			\$ 1,450,270	\$ * (158,792)	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	6	REPAIRS AND MAINT.	\$ 23,760	S.I.R. MANAGEMENT, INC.	100.00%	\$ 8,525	\$ (15,235)	15
16	V	7	EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	667	667	16
17	V	10	NURSING	47,520	S.I.R. MANAGEMENT, INC.	100.00%	15,293	(32,227)	17
18	V	15	EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	2,572	2,572	18
19	V	19	PROFESSIONAL FEES	142,920	S.I.R. MANAGEMENT, INC.	100.00%	12,491	(130,429)	19
20	V	20	FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	460	460	20
21	V	21	CLERICAL & GENERAL	47,520	S.I.R. MANAGEMENT, INC.	100.00%	58,330	10,810	21
22	V	24	EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	629	629	22
23	V	25	OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	9,459	9,459	23
24	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	1,440	1,440	24
25	V	27	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	10,321	10,321	25
26	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(7,912)	(7,912)	26
27	V	35	EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	6,035	6,035	27
28	V								28
29	V	17	ADMINISTRATIVE	217,740	S.I.R. MANAGEMENT, INC.	100.00%	26,057	(191,683)	29
30	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	215	215	30
31	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	98,362	98,362	31
32	V	27	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	19,224	19,224	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 479,460			\$ 262,168	\$ * (217,292)	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	1	DIETARY SALARIES	\$23,760	S.I.R. MANAGEMENT, INC.	100.00%	\$6,897	\$ (16,863)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,170	1,170	16
17	V	10	NURSING SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	7,623	7,623	17
18	V	15	EMP. BEN.-NURSING		S.I.R. MANAGEMENT, INC.	100.00%	1,283	1,283	18
19	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	77,326	77,326	19
20	V	19	FIN. CONSULT./REGL. DIR.		S.I.R. MANAGEMENT, INC.	100.00%	14,784	14,784	20
21	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	16,861	16,861	21
22	V								22
23	V								23
24	V	10A	DIRECTOR OF SPECIAL REHAB	23,760	S.I.R. MANAGEMENT, INC.	100.00%	11,433	(12,327)	24
25	V	15	EMPLOYEE BENFITS		S.I.R. MANAGEMENT, INC.	100.00%	1,883	1,883	25
26	V								26
27	V	6	MAINTENANCE SALARIES	24,104	S.I.R. MANAGEMENT, INC.	100.00%	25,775	1,671	27
28	V	7	EMPLOYEE BENEFITS		S.I.R. MANAGEMENT, INC.	100.00%	4,687	4,687	28
29	V								29
30	V	5	UTILITIES		S.I.R. MANAGEMENT, INC.	100.00%	2,329	2,329	30
31	V	6	REPAIRS AND MAINT.		S.I.R. MANAGEMENT, INC.	100.00%	541	541	31
32	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	55	55	32
33	V	21	CLERICAL & GENERAL		S.I.R. MANAGEMENT, INC.	100.00%	71	71	33
34	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	123	123	34
35	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	8,893	8,893	35
36	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	6,569	6,569	36
37	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	3,518	3,518	37
38	V								38
39	Total			\$71,624			\$191,821	\$ *120,197	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	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 93,212	\$ 93,212	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	93,212	CCS Employee Benefits Group	100.00%		(93,212)	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			\$ 93,212			\$ 93,212	\$ *	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 (continued)

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

☐ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

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

☐ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

☐ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

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	ARI WOLFF	2.222%	ALBANY CARE INC	EVANSTON	WILSON CARE, LLC	LINCOLNWOOD	BUILDING CO.	1
2	ASHLEY BARRISH	0.278%	APPLEWOOD REHABILITATION CENTER,LLC	MATTESON	SIR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	2
3	B. BART BARRISH	0.278%	BRYN MAWR CARE INC.	CHICAGO	SIR PROPERTIES	LINCOLNWOOD	BUILDING CO.	3
4	BETH ALTER	5.556%	COLUMBUS PARK NURSING & REHABILITATION CENTER, INC.	CHICAGO	C.C.S. VEBA	EVANSTON	HEALTH INSURANCE	4
5	BRYAN BARRISH TRUST DTD 09/01/04	11.111%	DECATUR MANOR HEALTHCARE,LLC	DECATUR				5
6	CHERYL MAGENCE	4.722%	ELMWOOD CARE, INC.	ELMWOOD PARK				6
7	DANIEL ROTHNER	0.972%	FAIRVIEW NURSING PLAZA, INC.	ROCKFORD				7
8	DARCEY BARRISH	0.278%	GREENWOOD CARE, INC.	EVANSTON				8
9	ERIC ROTHNER	20.000%	MAPLEWOOD CARE, INC.	ELGIN				9
10	HOWARD GELLER	4.444%	NEIGHBORS REHABILITATION CENTER,LLC	BYRON				10
11	JESSE REYNOLDS DESCENDANTS TRUST	0.556%	REGENCY REHABILITATION CENTER,LLC	NILES				11
12	KIRSTEN BARRISH	0.278%	ROCK ISLAND NURSING & REHAB CENTER,LLC	ROCK ISLAND				12
13	LAURI WOLFF POLEN	2.222%						13
14	LINDA VARDI	1.111%						14
15	MARC GELLER	5.556%						15
16	MARILYN WOLFF	5.556%						16
17	MARK STEINBERG	2.500%						17
18	MAYER MAGENCE	4.722%						18
19	MELISSA ROTHNER	0.972%						19
20	NOAH WOLFF	5.556%						20
21	RACHEL ROTHNER	0.972%						21
22	RANAN WOLFF	2.222%						22
23	RITA GELLER	5.000%						23
24	SANDRA KLIERS	1.111%						24
25	SARAH BARRISH	0.556%						25
26	SHIRLEY DRELICH	2.500%						26
27	STEVEN GELLER	5.556%						27
28	TZIONA ZEFFREN	2.222%						28
29	WILLIAM ROTHNER	0.972%						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	Bryan Barrish	Relative	Administrative	N/A	See Attached	3.07	7.68%	Alloc. Salary	\$ 15,364	17-7	1
2	Kirsten Barrish	Owner	Clerical	0.28	See Attached	3.07	7.68%	Alloc. Salary	3,579	21-7	2
3	Sarah Barrish	Owner	Administrative	0.56	See Attached	3.84	7.68%	Alloc. Salary	9,290	17-7	3
4	Howard Geller	Owner	Administrative	4.44	See Attached	8	16.00%	Consult. Fee	48,000	17-3	4
5	Nenita Guzman	Relative	Dietary	N/A	See Attached	3.84	7.68%	Alloc. Salary	6,897	1-7	5
6	Adam Vales	Relative	Clerical	N/A	See Attached	0.62	1.55%	Alloc. Salary	1,131	22-7	6
7	Noah Wolff	Owner	Administrative	5.56	See Attached	1	4.00%	Consult. Fee	48,000	17-3	7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 132,261		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

Ending: 12/31/12

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Ending: 12/31/12

(847) 675 -0555

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/12

(847) 675 -0555

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wilson Care Inc. # 0029975 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 CCS Employee Benefits Group, Inc.
Street Address 2201 Main Street
City / State / Zip Code Evanston, Illinois 60202
Phone Number (847)905-4000
Fax Number (847)905-4040

	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	22	Employee Health Insurance	Direct Allocation			\$	\$		\$ 93,212	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					\$	\$		\$ 93,212	25

Ending: 12/31/12

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/12

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/12

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wilson Care Inc. # 0029975 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 Wilson Care Inc. # 0029975 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 Wilson Care Inc. # 0029975 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	Private Bank		X	Mortgage Payable			\$	19,237,232			\$	928,885	1
2													2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Lake Forest Bank & Trust		X	Line of Credit				350,000				24,086	6
7	Alloc. S.I.R. Management	X										6,569	7
8	See Supplemental Schedule												8
9	TOTAL Facility Related						\$	19,587,232			\$	959,540	9
	B. Non-Facility Related*												
10	Interest Income		X									(21,479)	10
11	Interest Income - Bldg. Co.		X									(627)	11
12	Alloc. S.I.R. Management	X										(7,912)	12
13	See Supplemental Schedule												13
14	TOTAL Non-Facility Related						\$				\$	(30,018)	14
15	TOTALS (line 9+line14)						\$	19,587,232			\$	929,523	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 96,759 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.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	235,000	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.)		\$	226,083	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(8,917)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	234,000	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.		\$	19,050	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	244,133	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007	169,130	8	
		2008	171,205	9	
		2009	214,301	10	
		2010	223,625	11	
		2011	222,565	12	
Accrual = \$222,565 x 1.05 = \$234,000 (Rounded)					
Allocated S.I.R. Management = \$6,084					

		FOR BHF USE ONLY		
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.

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME	<u>Wilson Care Inc.</u>	COUNTY	<u>Cook</u>
---------------	-------------------------	--------	-------------

CONTACT PERSON REGARDING THIS REPORT

A. Summary of Real Estate Tax Cost

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u> <u>Nursing Home</u>

1.	<u>14-17-220-009-0000</u>	<u>Long Term Care Property</u>	\$ <u>222,565.17</u>	\$ <u>222,565.17</u>
2.	<u>Home Office Allocation</u>	<u>See Attached</u>	\$ <u>101,165.17</u>	\$ <u>6,084.06</u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS			\$ <u><u>323,730.34</u></u>	\$ <u><u>228,649.23</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? 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 NAME Wilson Care Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0029975

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE () FAX #: ()

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

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

B. Real Estate Tax Cost Allocations

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

42,020

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

5

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	Facility		1985	\$ 25,200	1
2					2
3	TOTALS			\$ 25,200	3

SEE ACCOUNTANTS' COMPILATION REPORT

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	198		1985	1967	\$ 1,539,800	\$ 96,450	35	\$ 43,994	\$ (52,456)	\$ 1,539,800
5										
6										
7										
8										
	Improvement Type**									
9	Various		1985		65,366		20			65,340
10	Various		1986		161,365		20			161,346
11	Various		1987		49,380		20			49,349
12	Various		1989		49,210		20			49,196
13	Various		1990		105,470		20			105,271
14	Various		1991		29,903		20			29,891
15	Various		1992		69,669		20	1,539	1,539	69,666
16	Various		1993		61,688		20	3,084	3,084	60,122
17	Various		1994		55,691		20	2,653	2,653	51,498
18	Various		1995		87,144		20	4,357	4,357	76,268
19	Various		1996		303,393		20	15,170	15,170	249,361
20	Various		1997		145,411		20	7,347	7,347	108,529
21	Various		1998		34,959		20	1,748	1,748	25,429
22	Various		1999		53,478		20	2,674	2,674	36,297
23	Various		2000		221,871		20	11,094	11,094	136,338
24	Various		2001		102,633		20	5,132	5,132	59,855
25	Various		2002		67,986		20	2,999	2,999	67,986
26	Various		2003		97,187		20	6,025	6,025	56,609
27	Various		2004		62,333		20	4,333	4,333	36,859
28	Various		2005		214,966		20	13,469	13,469	101,622
29	Various		2006		56,219		20	2,958	2,958	18,942
30	Various		2007		362,270		20	19,637	19,637	106,680
31	Various		2008		29,574		20	1,479	1,479	6,840
32										
33										
34										
35										
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

Facility Name & ID Number Wilson Care Inc.

0029975

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	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 12A, Carried Forward		\$ 5,502,464	\$ 155,928		\$ 223,139	\$ 67,211	\$ 3,515,946	1
2	Boiler Work	2009	4,297		20	215	215	806	2
3	Water Pump	2009	2,717		20	136	136	532	3
4	Plumbing Work	2009	2,840		20	142	142	568	4
5	Plumbing Work	2009	2,580		20	129	129	484	5
6	Fire Pump Check Valve	2009	2,860		20	143	143	572	6
7	Smoke Detector	2009	2,620		20	131	131	448	7
8	Water Pump	2009	4,650		20	465	465	1,395	8
9	Exhaust Fan	2010	4,997		20	500	500	1,499	9
10	Boiler Dampers	2010	3,912		20	391	391	1,174	10
11	Boiler Repair	2010	3,060		20	153	153	421	11
12	Security Camera System	2011	9,084		20	908	908	1,136	12
13	Concrete & Sewer Work	2011	2,650		20	133	133	199	13
14	Sprinkler System Repair	2011	5,250		20	263	263	284	14
15	Sprinkler Heads	2012	2,917		20	146	146	146	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	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	
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)	1,325,252			67,702	67,702	178,349	67
68	Related Party Allocations (Pages 12H & 12I)	150,246	4,681		5,745	1,064	68,501	68
69	Financial Statement Depreciation		54,797			(54,797)		69
70	TOTAL (lines 4 thru 69)	\$ 5,502,464	\$ 155,928		\$ 223,139	\$ 67,211	\$ 3,515,946	70

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 12B, Carried Forward		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	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		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,556,897	\$ 155,928		\$ 226,993	\$ 71,065	\$ 3,525,608	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wilson Care Inc.

0029975

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 Bathroom Remodel	2007	35,100		20	1,755	1,755	8,775	9
10 Flooring (4th)	2008	29,171		20	1,459	1,459	5,836	10
11 Flooring (5th)	2008	29,171		20	1,459	1,459	5,836	11
12 Bathroom Remodel	2008	135,720		20	6,786	6,786	27,144	12
13 Bathroom Remodel	2008	23,400		20	1,170	1,170	4,680	13
14 Painting	2008	146,700		20	7,335	7,335	29,340	14
15 Bathtub Liner	2008	16,250		20	813	813	3,251	15
16 Elevator Controller	2008	35,150		20	1,758	1,758	7,031	16
17 Handrails	2008	9,794		20	490	490	1,959	17
18 Phone System	2008	5,828		20	583	583	2,332	18
19 Hot Water Boilers	2008	29,247		20	1,462	1,462	5,849	19
20 Gas Line Piping	2008	4,979		20	249	249	996	20
21 Bathtub Liners	2009	12,200		20	610	610	1,830	21
22 Painting	2008	16,300		10	1,630	1,630	4,890	22
23 Terra Cotta Work	2010	154,950		20	7,748	7,748	15,496	23
24 HVAC Unit	2010	15,992		20	800	800	1,600	24
25 Dining Room Flooring	2010	47,092		20	2,355	2,355	4,710	25
26 Laundry Vent- Drain	2010	6,100		20	305	305	610	26
27 HVAC Electrical	2010	8,997		20	450	450	900	27
28 Flooring	2010	4,034		20	202	202	404	28
29 Concrete and Beams	2010	70,000		20	3,515	3,515	7,030	29
30 Oxygen Room Work- Installation of Exhaust Fan	2010	8,000		20	400	400	800	30
31 Fire Doors	2010	8,500		20	425	425	850	31
32 Nurse Station- Built in Custom Cabinets	2010	7,000		20	350	350	700	32
33 Fire Doors	2010	2,700		20	135	135	155	33
34								34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wilson Care Inc.

0029975

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	Building Company Information Continued		\$	\$		\$	\$	\$	1
2	Fire Doors	2010	27,610		20	1,381	1,381	2,762	2
3	Satellite- Cableing and Installation	2010	11,362		20	881	881	1,762	3
4	Fire Doors	2010	3,650		20	183	183	366	4
5	Fire Rated Doors	2011	18,500		20	925	925	925	5
6	Ceiling Grid and Lighting	2011	5,685		20	284	284	284	6
7	Lintels and Tuckpointing	2011	47,745		20	2,387	2,387	2,387	7
8	Fired Rated Doors	2011	13,600		20	680	680	680	8
9	Fire Rated Doors	2011	2,200		20	110	110	110	9
10	Fire Rated Doors	2011	2,425		20	121	121	121	10
11	Gate Work	2011	2,925		20	146	146	146	11
12	Stair Treads	2011	3,771		20	189	189	189	12
13	Doors, Frames, Closets	2011	7,171		20	359	359	359	13
14	Installed Surface Mount Wiremold Raceways	2012	28,600		20	1,430	1,430	1,430	14
15	Installed Freezer Evaporator Coil and Expansion Valve	2012	3,640		20	182	182	182	15
16	Replaces Defective Cloth Covered Wires	2012	21,456		20	1,073	1,073	1,073	16
17	Replaced 496 Sprinklers	2012	21,990		20	1,100	1,100	1,100	17
18	Removed Non-working Doors, Replaced Existing Locks	2012	6,950		20	348	348	348	18
19	Replaced Pipe From 2nd to 3rd Floor, Plastered Drywall	2012	3,500		20	175	175	175	19
20	Installed New Window Screens	2012	2,524		20	126	126	126	20
21	Repaired walls & flooring for smoke room, office, & kitchen	2012	7,336		20	367	367	367	21
22	Replaced 51 exit signs & fuses & installed electric heaters	2012	17,075		20	854	854	854	22
23	Replaced A/C Units	2012	6,837		20	342	342	342	23
24	Repaired and Installed Railing With Round Pipe, Primed & Finish Col	2012	3,935		20	197	197	197	24
25	Replaced Fire Exit Door Hardware	2012	3,598		20	180	180	180	25
26	Modernization of Two Traction Elevators	2011	185,400		20	9,270	9,270	18,540	26
27	Penthouse Elevator Project	2011	3,392		20	170	170	340	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$ 1,325,252	\$		\$ 67,702	\$ 67,702	\$ 178,349	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Wilson Care Inc.

0029975

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 - S.I.R. Management</u>	2009	19,198		39	492	492	1,497	3
4	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1993	34,761	1,104	35	993	(111)	19,366	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated - S.I.R. Management</u>	1993	8,813	245	20	437	192	8,738	9
10	<u>Allocated - S.I.R. Management</u>	1994	27		20			27	10
11	<u>Allocated - S.I.R. Management</u>	1995	201		20	10	10	175	11
12	<u>Allocated - S.I.R. Management</u>	1997	13,542	303	20	664	361	10,678	12
13	<u>Allocated - S.I.R. Management</u>	1999	1,065		20	53	53	705	13
14	<u>Allocated - S.I.R. Management</u>	1999	11,079		20			11,079	14
15	<u>Allocated - S.I.R. Management</u>	2000	1,257		20	63	63	788	15
16	<u>Allocated - S.I.R. Management</u>	2007	4,039	276	20	202	(74)	1,049	16
17	<u>Allocated - S.I.R. Management</u>	2008	11,132	1,063	20	702	(361)	3,399	17
18	<u>Allocated - S.I.R. Management</u>	2009	27,661	253	20	1,383	1,130	4,487	18
19	<u>Allocated - S.I.R. Management</u>	2011	684	68	20	68		97	19
20	<u>Allocated - S.I.R. Management</u>	2012	2,190	46	20	46		46	20
21									21
22	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	2012	2,129	1,133	20	9	(1,124)	9	22
23	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	2010	2,098		20	105	105	245	23
24	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	2009	2,087	130	20	104	(26)	397	24
25	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	2007	609	49	20	30	(19)	183	25
26	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	2002	138		20	7	7	73	26
27	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1999	4,405		20	220	220	2,973	27
28	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1998	2,105		20	105	105	1,526	28
29	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1997	131		20	7	7	108	29
30	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1994	331	8	20	17	9	306	30
31	<u>Allocated - S.I.R. Properties - S.I.R. Management</u>	1993	564	3	20	28	25	550	31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information Continued								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$150,246	\$4,681		\$5,745	\$1,064	\$68,501	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$706,524	\$15,690	\$18,359	\$2,669	10	\$427,054	71
72	Current Year Purchases	28,387	155	340	185	10	2,298	72
73	Fully Depreciated Assets	597,625				10	597,625	73
74								74
75	TOTALS	\$1,332,536	\$15,845	\$18,699	\$2,854		\$1,026,977	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		Alloc. SIR Managemnet	2011	\$2,699	\$382	\$409	\$27	5	\$944	76
77										77
78										78
79										79
80	TOTALS			\$2,699	\$382	\$409	\$27		\$944	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)	\$6,917,332	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$172,155	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$246,100	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$73,945	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,553,529	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	HUD-Cambridge Realty	\$72,941	92
93			93
94			94
95		\$72,941	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

**

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

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

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: \$12,610
- 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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	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)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

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	N/A	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							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									13
14	TOTAL			\$		\$	\$		\$	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	\$ 36,754	\$ 42,655	1
2	Cash-Patient Deposits	30,359	30,359	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,365,890	1,365,890	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,961	26,036	6
7	Other Prepaid Expenses	4,370	4,370	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule		936,020	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,462,334	\$ 2,405,330	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		25,200	13
14	Buildings, at Historical Cost		1,539,800	14
15	Leasehold Improvements, at Historical Cost	1,715,302	2,674,749	15
16	Equipment, at Historical Cost	1,413,139	2,150,222	16
17	Accumulated Depreciation (book methods)	(2,152,639)	(4,046,210)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	72,941	265,749	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,048,743	\$ 2,609,510	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,511,077	\$ 5,014,840	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,869	\$ 133,866	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	30,442	30,442	28
29	Short-Term Notes Payable	350,000	350,000	29
30	Accrued Salaries Payable	235,209	235,209	30
31	Accrued Taxes Payable (excluding real estate taxes)	16,415	16,415	31
32	Accrued Real Estate Taxes(Sch.IX-B)		234,000	32
33	Accrued Interest Payable		76,949	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	212,016	221,119	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 977,951	\$ 1,298,000	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,237,232	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)	\$	\$ 19,237,232	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 977,951	\$ 20,535,232	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,533,126	\$ (15,520,392)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,511,077	\$ 5,014,840	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,615,652	1
2	Restatements (describe):		2
3	Rounding	(4)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,615,648	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	484,478	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	(567,000)	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)	\$ (82,522)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,533,126	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	\$ 7,530,006	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,530,006	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	21,479	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 21,479	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	1,200	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,200	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,552,685	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,226,831	31
32	Health Care	1,922,250	32
33	General Administration	1,733,259	33
	B. Capital Expense		
34	Ownership	1,681,458	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	504,409	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,068,207	40
41	Income before Income Taxes (line 30 minus line 40)**	484,478	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 484,478	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,444,426	44
45	Private Pay - Net Inpatient Revenue	85,580	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,530,006	49

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis 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	2,010	2,091	\$ 100,981	\$ 48.29	1
2	Assistant Director of Nursing	1,802	2,091	75,735	36.22	2
3	Registered Nurses	4,492	4,771	135,537	28.41	3
4	Licensed Practical Nurses	9,301	10,071	236,513	23.48	4
5	CNAs & Orderlies	60,496	64,136	638,939	9.96	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,912	2,091	43,073	20.60	9
10	Activity Assistants	7,999	8,748	87,083	9.95	10
11	Social Service Workers	17,921	19,913	341,599	17.15	11
12	Dietician					12
13	Food Service Supervisor	1,842	2,091	36,833	17.62	13
14	Head Cook	5,767	6,043	59,822	9.90	14
15	Cook Helpers/Assistants	12,202	13,220	126,309	9.55	15
16	Dishwashers					16
17	Maintenance Workers	3,787	4,043	48,243	11.93	17
18	Housekeepers	18,566	20,147	203,223	10.09	18
19	Laundry					19
20	Administrator	1,880	2,091	108,531	51.90	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	20,276	21,986	264,983	12.05	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	3,886	4,097	82,901	20.23	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	2,822	2,882	11,889	4.13	33
34	TOTAL (lines 1 - 33)	176,961	190,512	\$ 2,602,194 *	\$ 13.66	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	Monthly	\$ 33,468	01-03	35
36	Medical Director	Monthly	6,000	09-03	36
37	Medical Records Consultant	Monthly	4,512	10-03	37
38	Nurse Consultant	Monthly	47,520	10-03	38
39	Pharmacist Consultant	Monthly	11,756	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	Monthly	2,448	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Specialized Rehab Consultant	Monthly	23,760	10a-03	47
48	Psychiatric Director Consultant	Monthly	8,100	10-03	48
49	TOTAL (lines 35 - 48)		\$ 137,564		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	437	15,184	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	437	\$ 15,184		53

SEE ACCOUNTANTS' COMPILATION REPORT

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

** See instructions.

Facility Name & ID Number				STATE OF ILLINOIS		Page 21					
Wilson Care Inc.				#	0029975	Report Period Beginning:	01/01/12	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	
Augusto Beley		Administrator	0.00%	\$ 108,531	Workers' Compensation Insurance		\$ 38,825	IDPH License Fee		\$ 1,988	
					Unemployment Compensation Insurance		54,200	Advertising: Employee Recruitment		660	
					FICA Taxes		192,851	Health Care Worker Background Check		7,179	
					Employee Health Insurance		103,488	(Indicate # of checks performed 718)			
					Employee Meals			Patient Background Checks			
					Illinois Municipal Retirement Fund (IMRF)*			Advertising & Promotions		3,792	
					City Head Tax		2,782	Licenses & Permits		2,138	
					Union Pension		26,128	Dues & Subscriptions		366	
					Union Health & Welfare		84,920	Allocated from S.I.R. Management		460	
					401K Contributions		2,190				
					Other Employee Benefits		8,349				
								Less: Public Relations Expense		()	
								Non-allowable advertising		(3,792)	
								Yellow page advertising		()	
TOTAL (agree to Schedule V, line 17, col. 1)								TOTAL (agree to Sch. V, line 20, col. 8)			
(List each licensed administrator separately.)				\$ 108,531							
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
Consulting Fees - SIR Management				\$ 120,000					Out-of-State Travel		\$
SIR- Direcotr of Admin. Services				47,520							
SIR Management - Admin Charges				50,220							
See Supplemetal Schedule				96,000					In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 313,740							
(Attach a copy of any management service agreement)											
C. Professional Services											
Vendor/Payee		Type		Amount							
SIR Management		Dir. Of Regulatory Service		\$ 23,760							
SIR Management		Accounting		36,000							
SIR Management		Bookkeeping		83,160							
FR&R		Accounting		16,037							
Plante Moran		Consulting		1,081							
Personnel Planners		Unemployment Consulting		2,171							
Lobbying		ADJ PG5A		433							
Collections		ADJ PG5A		933					Seminar Expense		2,760
Pinnacle Consulting		Customer Satisfaction		996							629
HK Payroll Services		WOTC Consulting		430							
Legat Architects		Consulting		7,333							
See Supplemetal Schedule				26,275					Entertainment Expense		()
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL			\$	(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 198,609					TOTAL		\$ 3,389
* Attach copy of IMRF notifications										**See instructions.	
SEE ACCOUNTANTS' COMPILATION REPORT											

* 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.

Alliance for Living \$18,282

(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.

\$8,981

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?

YESXNO

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

YESNOX

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

N/A

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

\$504,409

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

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

No

If YES, attach an explanation of the allocation.

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

N/A

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

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.

\$None

Has any meal income been offset against related costs?

N/A

Indicate the amount. \$N/A

(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?

None

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?

Yes

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

No

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?

N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT