FOR BHF USE

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

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: 0039966

Facility Name: Balmoral Home

Address: 2055 West Balmoral Avenue (Number) Chicago (City) 60625 (Zip Code)

County: Cook

Telephone Number: (773) 561-8661 **Fax #** (773) 561-9376

HFS ID Number:

Date of Initial License for Current Owners: 09/10/1993

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Sanford B. Alper **Telephone Number:** (847) 580-4100
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title) Sanford B. Alper, Principal
(Firm Name & Address) Kessler Orlean Silver & Copany, P.C., 1101 Lake Cook Road, Suite C, Deerfield IL 60015
(Telephone) (847) 580-4100 Fax # (847) 580-4199

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 213

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	213	Skilled (SNF)	213	77,745	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	213	TOTALS	213	77,745	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	67,537	444	5,667	73,648	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,537	444	5,667	73,648	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.73%

D. How many bed-hold days during this year were paid by the Department?
1,592 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 10/10/1993

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 34 and days of care provided 5,680

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	288,196	23,448	8,996	320,640		320,640	363,748	684,388			1
2	Food Purchase		308,954		308,954	(39,990)	268,964	(667)	268,297			2
3	Housekeeping	161,703	39,721		201,424		201,424		201,424			3
4	Laundry	88,275	11,618		99,893		99,893		99,893			4
5	Heat and Other Utilities			169,361	169,361		169,361	4,710	174,071			5
6	Maintenance		47,715	72,217	119,932		119,932	107,026	226,958			6
7	Other (specify):* Attached Schedule			20,352	20,352		20,352	178	20,530			7
8	TOTAL General Services	538,174	431,456	270,926	1,240,556	(39,990)	1,200,566	474,995	1,675,561			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	1,555,987	254,900	225,014	2,035,901		2,035,901		2,035,901			10
10a	Therapy	61,308			61,308		61,308		61,308			10a
11	Activities	99,818	2,446		102,264		102,264		102,264			11
12	Social Services	142,819		5,201	148,020		148,020		148,020			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,859,932	257,346	230,215	2,347,493		2,347,493		2,347,493			16
	C. General Administration											
17	Administrative			1,283,051	1,283,051		1,283,051	(678,107)	604,944			17
18	Directors Fees											18
19	Professional Services			62,375	62,375		62,375	223	62,598			19
20	Dues, Fees, Subscriptions & Promotions			43,749	43,749		43,749	(27,925)	15,824			20
21	Clerical & General Office Expenses	69,540		40,137	109,677		109,677	118,613	228,290			21
22	Employee Benefits & Payroll Taxes			462,076	462,076	39,990	502,066	61,930	563,996			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,455	3,455		3,455		3,455			24
25	Other Admin. Staff Transportation			4,908	4,908		4,908	(442)	4,466			25
26	Insurance-Prop.Liab.Malpractice			118,494	118,494		118,494	551	119,045			26
27	Other (specify):*											27
28	TOTAL General Administration	69,540		2,018,245	2,087,785	39,990	2,127,775	(525,157)	1,602,618			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,467,646	688,802	2,519,386	5,675,834		5,675,834	(50,162)	5,625,672			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Balmoral Home #0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			12,466	12,466		12,466	(1,906)	10,560			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes							272,770	272,770			33
34	Rent-Facility & Grounds			1,620,350	1,620,350		1,620,350	(1,620,350)				34
35	Rent-Equipment & Vehicles			9,577	9,577		9,577	652	10,229			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,642,393	1,642,393		1,642,393	(1,348,834)	293,559			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		7,109	352,357	359,466		359,466		359,466			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			116,618	116,618		116,618		116,618			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		7,109	468,975	476,084		476,084		476,084			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,467,646	695,911	4,630,754	7,794,311		7,794,311	(1,398,996)	6,395,315			45

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(2,776)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(667)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions	(788)	25		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(980)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(750)	22		21
22	Special Legal Fees & Legal Retainers	(700)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(16,238)	21		24
25	Fund Raising, Advertising and Promotional	(20,419)	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	(8,097)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (51,415)		$	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)			34
35	Other- Attach Schedule	(1,347,581)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (1,347,581)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,398,996)		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

Balmoral Home

ID# 0039966

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Trust Fee	$ (75)	21	1
2	Non Deductible Dues	(7,745)	20	2
3	Franchise Tax	(100)	21	3
4	Franchise Tax - Management Company	(34)	21	4
5	Sales Taxes - Management Company	(143)	2	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				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**	(8,097)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Balmoral Home # 0039966 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	363,748	0	0	0	0	0	0	0	0	363,748	1
2	Food Purchase	(810)	0	143	0	0	0	0	0	0	0	0	(667)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	4,710	0	0	0	0	0	0	0	0	0	4,710	5
6	Maintenance	0	2,553	104,473	0	0	0	0	0	0	0	0	107,026	6
7	Other (specify):*	0	0	178	0	0	0	0	0	0	0	0	178	7
8	**TOTAL General Services**	(810)	7,263	468,542	0	0	0	0	0	0	0	0	474,995	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	(678,107)	0	0	0	0	0	0	0	0	(678,107)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(700)	0	923	0	0	0	0	0	0	0	0	223	19
20	Fees, Subscriptions & Promotions	(28,164)	188	51	0	0	0	0	0	0	0	0	(27,925)	20
21	Clerical & General Office Expenses	(17,427)	3,280	132,760	0	0	0	0	0	0	0	0	118,613	21
22	Employee Benefits & Payroll Taxes	(750)	62,680	0	0	0	0	0	0	0	0	0	61,930	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(788)	259	87	0	0	0	0	0	0	0	0	(442)	25
26	Insurance-Prop.Liab.Malpractice	0	551	0	0	0	0	0	0	0	0	0	551	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(47,829)	66,958	(544,286)	0	0	0	0	0	0	0	0	(525,157)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(48,639)	74,221	(75,744)	0	0	0	0	0	0	0	0	(50,162)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Balmoral Home # 0039966 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(2,776)	0	870	0	0	0	0	0	0	0	0	(1,906)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	272,770	0	0	0	0	0	0	0	0	272,770	33
34	Rent-Facility & Grounds	0	0	(1,620,350)	0	0	0	0	0	0	0	0	(1,620,350)	34
35	Rent-Equipment & Vehicles	0	0	652	0	0	0	0	0	0	0	0	652	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(2,776)	0	(1,346,058)	0	0	0	0	0	0	0	0	(1,348,834)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(51,415)	74,221	(1,421,802)	0	0	0	0	0	0	0	0	(1,398,996)	45

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Marvin Mermelstein	50.00	Winston Manor Nursing Home	Chicago	Nivram Mngmt, Inc.	Lincolnwood	Management
Joseph Mermelstein Trust	50.00	Chicago Ridge Nursing & Rehab Center	Chicago Ridge			

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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	25	Auto Expense	$	Nivram Management, Inc.	50.00%	$ 259	$ 259	1
2	V	21	Bank Charges		Nivram Management, Inc.	50.00%	6	6	2
3	V	21	Delivery Expense		Nivram Management, Inc.	50.00%	275	275	3
4	V	21	Contributions		Nivram Management, Inc.	50.00%	17	17	4
5	V	21	Office Expense		Nivram Management, Inc.	50.00%	2,811	2,811	5
6	V	20	Dues & Subscriptions		Nivram Management, Inc.	50.00%	188	188	6
7	V	21	Meals & Entertainment		Nivram Management, Inc.	50.00%	137	137	7
8	V	21	Franchise Tax		Nivram Management, Inc.	50.00%	34	34	8
9	V	22	Payroll Taxes		Nivram Management, Inc.	50.00%	41,931	41,931	9
10	V	5	Utilities		Nivram Management, Inc.	50.00%	4,710	4,710	10
11	V	26	Insurance		Nivram Management, Inc.	50.00%	551	551	11
12	V	6	Repairs & Maintenance		Nivram Management, Inc.	50.00%	2,553	2,553	12
13	V	22	Health Insurance		Nivram Management, Inc.	50.00%	20,749	20,749	13
14	Total			$			$ 74,221	$ * 74,221	14

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	7	Scavenger	$	Nivram Management, Inc.	50.00%	$ 178	$ 178	15
16	V	35	Rental Equipment		Nivram Management, Inc.	50.00%	652	652	16
17	V	2	Sales Taxes		Nivram Management, Inc.	50.00%	143	143	17
18	V	21	Postage		Nivram Management, Inc.	50.00%	488	488	18
19	V	19	Legal & Accounting		Nivram Management, Inc.	50.00%	923	923	19
20	V	20	Licenses & Permits		Nivram Management, Inc.	50.00%	51	51	20
21	V	25	Travel		Nivram Management, Inc.	50.00%	87	87	21
22	V	30	Depreciation		Nivram Management, Inc.	50.00%	870	870	22
23	V	21	Data Processing		Nivram Management, Inc.	50.00%	483	483	23
24	V	21	Telephone		Nivram Management, Inc.	50.00%	3,300	3,300	24
25	V	6	Plant Supervisor Salary		Nivram Management, Inc.	50.00%	104,473	104,473	25
26	V	17	Asst. Administrator Salary		Nivram Management, Inc.	50.00%	215,555	215,555	26
27	V	21	Office Manager Salary		Nivram Management, Inc.	50.00%	38,187	38,187	27
28	V	1	Food Service Supervisor Salary		Nivram Management, Inc.	50.00%	363,748	363,748	28
29	V	17	Administrative Salaries		Nivram Management, Inc.	50.00%	89,389	89,389	29
30	V	17	Administrator Salary		Nivram Management, Inc.	50.00%	300,000	300,000	30
31	V	21	Clerical Salaries		Nivram Management, Inc.	50.00%	90,302	90,302	31
32	V	17	Management Fees	1,283,051	Nivram Management, Inc.	50.00%		(1,283,051)	32
33	V	33	Real Estate Taxes		Marvin Mermelstein		272,770	272,770	33
34	V	34	Rental Income	1,620,350	Marvin Mermelstein			(1,620,350)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 2,903,401			$ 1,481,599	$ * (1,421,802)	39

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Henry Mermelstein	Administrative Asst	Administrative	0.00	123,333	13	33.33	Salary	$ 61,667	17-7	1
2	Louise Mermelstein	Food Serv Supervr	Support	0.00	727,497	6	33.33	Salary	363,748	1-7	2
3	Marvin Mermelstein	Plant Supervisor	Support	50.00	201,588	6	34.13	Salary	104,473	6-7	3
4	Doreen Mermelstein	Office Manager	Administrative	0.00	76,373	13	33.33	Salary	38,187	21-7	4
5											5
6	Marvin Mermelstein	Administrative Asst	Administrative	See Above	302,382	9	34.13	Salary	156,709	17-7	6
7	Joseph Mermelstein	Owner	Administrative	50.00	53,491	4	34.13	Salary	27,722	17-7	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 752,506		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 Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Nivram Management, Inc.
Street Address: 6500 N. Hamlin Avenue
City / State / Zip Code: Lincolnwood, IL 60712
Phone Number: (847) 679-7484
Fax Number: (847) 679-7494

	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	25	Auto Expense	Resident Beds	624	3	$ 758	$	213	$ 259	1
2	21	Bank Charges	Resident Beds	624	3	19		213	6	2
3	21	Delivery Expense	Resident Beds	624	3	806		213	275	3
4	21	Contributions	Resident Beds	624	3	50		213	17	4
5	21	Office Expense	Resident Beds	624	3	8,235		213	2,811	5
6	20	Dues & Subscriptions	Resident Beds	624	3	552		213	188	6
7	21	Meals & Entertainments	Resident Beds	624	3	401		213	137	7
8	21	Franchise Tax	Resident Beds	624	3	100		213	34	8
9	22	Payroll Taxes	Resident Beds	624	3	122,839		213	41,931	9
10	5	Utilities	Resident Beds	624	3	13,801		213	4,711	10
11	26	Insurance	Resident Beds	624	3	7,479		213	2,553	11
12	6	Repairs & Maintenance	Resident Beds	624	3	60,786		213	20,749	12
13	7	Scavenger	Resident Beds	624	3	520		213	178	13
14	35	Rental Equipment	Resident Beds	624	3	1,911		213	652	14
15	2	Sales Taxes	Resident Beds	624	3	418		213	143	15
16	21	Postage	Resident Beds	624	3	1,430		213	488	16
17	19	Legal & Accounting	Resident Beds	624	3	2,703		213	923	17
18	20	Licenses & Permits	Resident Beds	624	3	150		213	51	18
19	21	Travel	Resident Beds	624	3	255		213	87	19
20	30	Depreciation	Resident Beds	624	3	2,550		213	870	20
21	21	Data Processing	Resident Beds	624	3	1,416		213	483	21
22	21	Telephone	Resident Beds	624	3	9,669		213	3,300	22
23	6	Plant Supervisor Salary	Direct Cost	1	1	104,473		1	104,473	23
24	17	Asst. Administrator Salaries	Direct Cost	1	1	215,555		1	215,555	24
25	TOTALS					$ 556,876	$		$ 400,874	25

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Nivram Management, Inc.
Street Address: 6500 N. Hamlin Avenue
City / State / Zip Code: Lincolnwood, IL 60712
Phone Number: (847) 679-7484
Fax Number: (847) 679-7494

	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	21	Office Manager Salary	Direct Cost	1	1	$ 38,187	$	1	$ 38,187	1
2	1	Food Service Supervisor Salary	Direct Cost	1	1	363,748		1	363,748	2
3	17	Administrative Salaries	Direct Cost	1	1	89,389		1	89,389	3
4	21	Administrator Salary	Direct Cost	1	1	300,000		1	300,000	4
5	21	Clerical Salaries	Direct Cost	1	1	90,302		1	90,302	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					$ 881,626	$		$ 881,626	25

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

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

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

Facility Name & ID Number Balmoral Home # 0039966 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	250,000	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.)	$	272,770	2
3. Under or (over) accrual (line 2 minus line 1).	$	22,770	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)	$	250,000	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.)**	$		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.	$	272,770	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2005	256,820	8
2006	238,200	9
2007	235,657	10
2008	238,021	11
2009	272,770	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2009	$	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.**

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Balmoral Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0039966

CONTACT PERSON REGARDING THIS REPORT Sanford B. Alper

TELEPHONE (847) 580-4100 FAX #: (847) 580-4199

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14-07-109-036-0000	Nursing Home	$ 272,770.00	$ 272,770.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 272,770.00	$ 272,770.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X 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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 54,360 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

1. Total Amount Incurred: 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	33,375	1993	$ 90,430	1
2					2
3	TOTALS	33,375		$ 90,430	3

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	213		1993	1968	$ 985,048	$		$	$	$ 985,048	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Leasehold Improvements			1994	8,500	218	39	218		3,715	9
10	Fence			1994	2,700	70	39	69	(1)	1,109	10
11	Leasehold Improvements			1995	4,813	123	39	124	1	1,875	11
12	Leasehold Improvements			1996	3,750		10			3,750	12
13	Fire Alarm			1996	8,750	225	39	224	(1)	3,354	13
14	Laundry Chute			1996	2,181	56	39	56		833	14
15	Concrete Ramp			1996	2,500	65	39	64	(1)	926	15
16	Phone System			1993	4,475		5			4,475	16
17	Time Clock System			1993	1,853		7			1,853	17
18	Carpet			1993	1,144		7			1,144	18
19	Phone System			1994	2,967		7			2,967	19
20	Hot Water System			1995	3,035		7			3,035	20
21	Awning and Sign			1996	5,923	152	39	152		2,133	21
22	Parking Lot			1997	6,600	272	20	330	58	4,950	22
23	Remodeling Laundry Area			1997	5,400	138	39	139	1	1,920	23
24	Remodeling Laundry Area			1997	19,779	507	39	507		6,994	24
25	Handrails			1997	5,750	147	39	147		1,994	25
26	Fire Alarm			1997	16,726	429	39	429		5,840	26
27	Light Fixtures			1997	6,552	38	39	38		5,574	27
28	Boiler			1997	925	23	39	24	1	319	28
29	Kitchen Improvements			1997	2,875	74	39	74		987	29
30	Elevator			1997	2,300	59	39	59		779	30
31	Bathroom Remodeling			1997	312	8	39	8		105	31
32	HVAC, Boiler			1998	14,915	383	39	382	(1)	4,794	32
33	Ward Doors			1998	2,803	72	39	72		884	33
34	Concrete Steps			1998	2,500	65	39	64	(1)	803	34
35	Fire Alarm			1998	16,000	411	39	410	(1)	4,768	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Boiler and Duckwork	1999	$ 18,500	$ 474	39	$ 474	$	$ 5,671	37
38	Windows	1999	1,498	38	39	39	1	453	38
39	Cooling Tower	2000	8,860	227	39	227		2,432	39
40	Heater	2000	3,000	77	39	77		785	40
41	Vestibule Remodeling	2001	4,200	107	39	108	1	1,083	41
42	Elevator	2002	1,500	38	39	39	1	342	42
43	Carpet	2002	1,500	38	39	39	1	342	43
44	A/C Unit	2003	24,800		5			24,800	44
45	Elevator Hydraulic Power Unit	2006	14,000	359	39	359		1,466	45
46	Water Heater	2006	3,900	100	39	100		400	46
47	Wet Che Suppression System	2006	2,225	57	39	57		228	47
48	Cooling Tower Slinger Assemble	2006	2,400	61	39	62	1	288	48
49	Motor Starter on Cooling Tower	2006	1,117	29	39	28	(1)	123	49
50	Pump Motor on Hot Water Heater	2006	1,406	36	39	36		177	50
51	Kitchen Exhaust Fan	2007	4,848	124	39	124		445	51
52	80 Ton Cooling Tower	2007	85,500	2,192	39	2,192		6,942	52
53	New Brick for Chimney	2007	5,500	141	39	141		447	53
54	Concret Stairs	2007	6,500	167	39	166	(1)	513	54
55	Sump Pump	2007	3,600	90	39	90		334	55
56	Water Heater	2008	5,200	134	39	133	(1)	277	56
57	Valves	2010	4,500	87	39	87		87	57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,345,630	$ 8,111		$ 8,168	$ 57	$ 1,104,563	70

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	$ 33,619	$ 3,116	$ 1,305	$ (1,811)	5-7	$ 33,619	71
72	Current Year Purchases	2,168	1,239	310	(929)	7	310	72
73	Fully Depreciated Assets	188,135		7	7	5-7	188,135	73
74	Management		870	770	(100)			74
75	TOTALS	$ 223,922	$ 5,225	$ 2,392	$ (2,833)		$ 222,064	75

D. Vehicle Depreciation (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	Administrative	1999 Infiniti I30 (Used)	2004	$ 13,795	$	$	$	5	$ 13,795	76
77										77
78										78
79										79
80	TOTALS			$ 13,795	$	$	$		$ 13,795	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 1,673,777	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 13,336	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 10,560	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (2,776)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,340,422	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.

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] 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 [X] NO Terms: *

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.	/2011	$
13.	/2012	$
14.	/2013	$

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: $ 3,392 Description: Copier - $1,840; Ice Maker - $900; Copier - Management Co. - $652
(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	Administrative	2008 Nissan Armada	$ 569.77	$ 6,837	17
18					18
19					19
20					20
21	TOTAL		$ 569.77	$ 6,837	21

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

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Balmoral Home

STATE OF ILLINOIS
0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			350,909			350,909	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): Attached Schedule					1,448	7,109		8,557	12
13	Other (specify):									13
14	TOTAL			$		$ 352,357	$ 7,109		$ 359,466	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.

STATE OF ILLINOIS

Facility Name & ID Number Balmoral Home **#** 0039966 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2010 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,074,666	$ 1,074,666	1
2	Cash-Patient Deposits	104,091	104,091	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	479,621	479,621	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	73,238	73,238	6
7	Other Prepaid Expenses	39,475	39,475	7
8	Accounts Receivable (owners or related parties)	49,120	49,120	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,820,211	$ 1,820,211	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		90,430	13
14	Buildings, at Historical Cost		985,048	14
15	Leasehold Improvements, at Historical Cost	313,506	313,506	15
16	Equipment, at Historical Cost	284,792	284,792	16
17	Accumulated Depreciation (book methods)	(352,284)	(1,337,332)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 246,014	$ 336,444	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,066,225	$ 2,156,655	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 69,441	$ 69,441	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	104,091	104,091	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	85,339	85,339	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,317	26,317	31
32	Accrued Real Estate Taxes(Sch.IX-B)	250,000	250,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Attached Schedule	2,584,718	2,584,718	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,119,906	$ 3,119,906	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,119,906	$ 3,119,906	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,053,681)	$ (963,251)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,066,225	$ 2,156,655	48

***(See instructions.)**

Facility Name & ID Number Balmoral Home **#** 0039966 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 564,431	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 564,431	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,651,088	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	(3,269,200)	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)**	$ (1,618,112)	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)**	$ (1,053,681)	24 *

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,333,417	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,333,417	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	81,437	6
7	Oxygen	15,963	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 97,400	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***	7,654	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 7,654	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Attached Schedule	34,377	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 34,377	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,472,848	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	7,794,311	31
32	Health Care		32
33	General Administration		33
	B. Capital Expense		
34	Ownership		34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,794,311	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,678,537	41
42	**Income Taxes**	(27,449)	42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,651,088	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**

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

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 99,000	$ 47.60	1
2	Assistant Director of Nursing	1,797	2,012	68,185	33.89	2
3	Registered Nurses	17,517	18,864	502,409	26.63	3
4	Licensed Practical Nurses	4,946	5,224	109,123	20.89	4
5	CNAs & Orderlies	74,056	77,610	737,139	9.50	5
6	CNA Trainees					6
7	Licensed Therapist	4,037	4,348	61,308	14.10	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,965	2,177	35,561	16.33	9
10	Activity Assistants	3,854	4,189	64,257	15.34	10
11	Social Service Workers	10,054	10,589	142,819	13.49	11
12	Dietician					12
13	Food Service Supervisor	1,963	2,158	40,943	18.97	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,254	24,332	247,253	10.16	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	14,359	15,767	161,703	10.26	18
19	Laundry	7,874	8,554	88,275	10.32	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,029	5,364	69,540	12.96	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	3,914	4,098	40,131	9.79	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	175,699	187,366	$ 2,467,646 *	$ 13.17	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	M	$ 8,996	1-3	35
36	Medical Director	O			36
37	Medical Records Consultant	N	2,864	10-3	37
38	Nurse Consultant	T			38
39	Pharmacist Consultant	H			39
40	Physical Therapy Consultant	L			40
41	Occupational Therapy Consultant	Y			41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	F			43
44	Activity Consultant	E			44
45	Social Service Consultant	E	5,201	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 17,061		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	9,067	$ 222,150	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	9,067	$ 222,150		53

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
Management Fees	$ 1,283,051
TOTAL (agree to Schedule V, line 17, col. 3)	$ 1,283,051
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
Attached Schedule		62,375
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 62,375

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 46,004
Unemployment Compensation Insurance	26,550
FICA Taxes	178,543
Employee Health Insurance	173,534
Employee Meals	39,990
Illinois Municipal Retirement Fund (IMRF)*	
Chicgo Head Tax	4,560
Union Pension	31,759
Employee Benefits	376
Allocation from Management Company	62,680
TOTAL (agree to Schedule V, line 22, col.8)	$ 563,996

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	59
Health Care Worker Background Check	
(Indicate # of checks performed 1)	10
Patient Background Checks 105	1,050
Yellow Pages Advertising	20,419
Attached Schedule	10,486
Allocation from Management Company	239
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	(20,419)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,824

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	3,455
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,455

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

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

Facility Name & ID Number Balmoral Home # 0039966 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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. **$17,638 - Attached Schedule**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **No** Line **N/A**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **116,618**
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? **Yes** 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. $ **39,990** Has any meal income been offset against related costs? **No** 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? **N/A**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
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 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