FOR BHF USE

LL1

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.

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

I. IDPH License ID Number: 0028696

Facility Name: BIRCHWOOD PLAZA, INC

Address: 1426 W BIRCHWOOD (Number) CHICAGO (City) 60626 (Zip Code)

County: COOK

Telephone Number: (773) 274-4405 **Fax #** (847) 570-0112

HFS ID Number:

Date of Initial License for Current Owners: 06/17/84

Type of Ownership:

	VOLUNTARY,NON-PROFIT		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: BOB KAGDA **Telephone Number:** (847) 675-3585
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 01/01/2011 to 12/31/2011 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) CHARLOTTE KOHN
(Title) EXECUTIVE DIRECTOR

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) BOB KAGDA, VICE PRESIDENT
(Firm Name & Address) KRUPNICK, BOKOR, KAGDA & BROOKS, LTD, 3750 W DEVON, LINCOLNWOOD, IL 60712-1124
(Telephone) (847) 675-3585 Fax # (847) 675-5777

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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 _____

	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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	48,818	10,512	4,319	63,649	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,818	10,512	4,319	63,649	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.19%

D. How many bed-hold days during this year were paid by the Department?
0 (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 [X]

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 6/17/84

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/17/84 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 200 and days of care provided 4,319

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: 12/31/2011 Fiscal Year: 12/31/2011

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	256,981	38,218	10,447	305,646		305,646		305,646			1
2	Food Purchase		336,369		336,369	(23,798)	312,571	(1,433)	311,138			2
3	Housekeeping	213,610	50,450		264,060		264,060		264,060			3
4	Laundry	72,480	16,631	2,587	91,698		91,698		91,698			4
5	Heat and Other Utilities			120,289	120,289		120,289		120,289			5
6	Maintenance	106,221	18,359	49,869	174,449		174,449		174,449			6
7	Other (specify):*			12,562	12,562		12,562		12,562			7
8	**TOTAL General Services**	649,292	460,027	195,754	1,305,073	(23,798)	1,281,275	(1,433)	1,279,842			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,492,858	192,990	4,512	2,690,360		2,690,360		2,690,360			10
10a	Therapy	153,672	2,628		156,300		156,300		156,300			10a
11	Activities	155,957	9,775	3,560	169,292		169,292		169,292			11
12	Social Services	16,335		11,565	27,900		27,900		27,900			12
13	CNA Training											13
14	Program Transportation			50	50		50		50			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,818,822	205,393	25,687	3,049,902		3,049,902		3,049,902			16
	C. General Administration											
17	Administrative	264,138		1,368,490	1,632,628		1,632,628		1,632,628			17
18	Directors Fees											18
19	Professional Services			57,849	57,849		57,849		57,849			19
20	Dues, Fees, Subscriptions & Promotions			83,117	83,117		83,117	(64,208)	18,909			20
21	Clerical & General Office Expenses	240,334	21,341	34,406	296,081		296,081		296,081			21
22	Employee Benefits & Payroll Taxes			671,225	671,225	23,798	695,023		695,023			22
23	Inservice Training & Education			1,717	1,717		1,717		1,717			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			11,440	11,440		11,440		11,440			25
26	Insurance-Prop.Liab.Malpractice			292,426	292,426		292,426		292,426			26
27	Other (specify):*											27
28	**TOTAL General Administration**	504,472	21,341	2,520,670	3,046,483	23,798	3,070,281	(64,208)	3,006,073			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,972,586	686,761	2,742,111	7,401,458		7,401,458	(65,641)	7,335,817			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#: BIRCHWOOD PLAZA, INC **#0028696** **Report Period Beginning: 01/01/2011** **Ending: 12/31/2011**

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	10,447	
	REPAIRS & MAINTENANCE			
			0	10,447
3	**HOUSEKEEPING**			
			0	
			0	0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		2,587	
			0	2,587
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		37,352	
	ELECTRICITY		58,031	
	WATER		21,044	
	CABLE TV - LOBBY		3,862	
			0	120,289
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		7,401	
	PAINTING & DECORATING		3,957	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		14,785	
	ELEVATOR MAINTENANCE & REPAIR		12,642	
	OUTSIDE LABOR		1,253	
	EXTERMINATING SERVICE		4,955	
	FIRE SERVICE		4,876	
			0	
			0	
			0	
			0	49,869
7	**OTHER**			
	SCAVENGER		12,562	
	SECURITY SERVICE		0	
			0	
			0	12,562
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	6,000	6,000

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2		
	LABORATORY & XRAY EXPENSE		0	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	0	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	4,512	
	PHARMACY CONSULTANT	XVIII B 39-2	0	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	0	
			0	
			0	4,512
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES			
	SPEECH THERAPY SERVICES		0	
	OCCUPATIONAL THERAPY SERVICES		0	
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	0	
	OCCUPATIONAL THERAPY CONSULTA	XVIII B 41-2	0	
	RESPIRATORY THERAPY CONSULTAN	XVIII B 42-2	0	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	0	
				0
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	1,360	
	CLERGY		2,200	3,560
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTAN	XVIII B 45-2	0	
	SOCIAL WORKER	XVIII B 45-2	11,565	
				11,565
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number BIRCHWOOD PLAZA, INC **#0028696** **Report Period Beginning: 01/01/2011** **Ending: 12/31/2011**

V.COST CENTER EXPENSES **PAGE 3 COLUMN 3 OTHER**

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		50	50
			0	
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	1,368,490	1,368,490
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	6,887	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	50,962	
			0	57,849
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	28,917	
	EMPLOYEE RECRUITMENT/WANT ADS	XIX F	13,341	
	CONTRIBUTIONS	VI 20 XIX F	0	
	DUES & SUBSCRIPTIONS	XIX F	880	
	LICENSES & PERMITS	XIX F	2,400	
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0	
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	35,116	
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	175	
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	0	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	940	
	PATIENT BACKGROUND CHECKS	XIX F	1,348	
				83,117
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		75	
	EQUIPMENT REPAIR & MAINTENANCE		10,665	
	OUTSIDE CLERICAL SERVICES		432	
	PENALTIES / OVERDRAFT CHARGES	VI 18	0	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		23,234	
	MESSENGER SERVICE		0	
			0	34,406

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	298,114	
	UNEMPLOYMENT COMPENSATION	XIX D	22,375	
	WORKERS COMPENSATION INSURANC	XIX D	58,011	
	HOSPITALIZATION INSURANCE	XIX D	257,429	
	EMPLOYEE BENEFITS - OTHER	XIX D	2,663	
	EMPLOYEE PHYSICAL EXAMS	XIX D	1,407	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	501 PLAN EXPENSE	XIX D	(9,122)	
	CHICAGO HEAD TAX	XIX D	4,782	
	UNION PENSION	XIX D	35,566	671,225
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		1,717	
				1,717
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		11,440	
				11,440
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		292,426	
				292,426
27	**OTHER**			
	BAD DEBTS	VI 24	0	
				0

GRAND TOTAL COLUMN 3 OTHER **2,742,111**

BIRCHWOOD PLAZA, INC
SCHEDULES
12/31/2011

EMPLOYEE MEAL RECLASSIFICATION
PAGE 3 SCHEDULE V COLUMN 5 LINES 2 AND 22

TOTAL FOOD PURCHASE	336,369
LESS SALES TAX	(1,433)
NET FOOD	334,936
TOTAL PATIENT CENSUS	63,649
TIME 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	190,947
ADD # EMPLOYEE MEALS/DAY	40
TIME # DAYS	365
TOTAL EMPLOYEE MEALS	14,600
PATIENT MEALS	190,947
ADD EMPLOYEE MEALS	14,600
TOTAL MEALS/YEAR	205,547
NET FOOD	334,936
DIVIDE TOTAL MEALS/YEAR	205,547
COST PER MEAL	1.63
TIME EMPLOYEE MEALS	14,600
EMPLOYEE MEAL RECLASSIFICATION	**23,798**

PROFESSIONAL FEES
PAGE 21 XIX. C.

ALPHA DATA SERVICES	DATA PROCESSING	6,287
MUTUAL OF OMAHA-VISIONSHARE	DATA PROCESSING	600
RICHARD PEELO	MEDICARE COST REPORT	3,000
KRUPNICK, BOKOR, KAGDA & BROOKS	ACCOUNTING	18,950
MYRON TUSHBAI	ACCOUNTING	12,758
MYERS CARDEN & SAX	LEGAL	10,293
KEITH GOLDBERG	LEGAL	75
TODD GRENDON MD	ARBITRATION FEES	2,657
RECORD COPY SERVICES	RECORDING FEES	395
ADVANTAGE BENEFITS CONSULTANT	PENSION PLAN CONSULTANT	1,016
PERSONNEL PLANNING	UNEMPLOYMENT CONSULTANT	1,818
	PROFESSIONAL FEES	**57,849**

TRANSPORTATION - STAFF
PAGE 3 SCHEDULE V COLUMN 3 LINE 25

	NAME	PURPOSE	MISC	AUTO ALLOW J GRODETZ
JAN	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		484.62
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	416.32	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	62.53	
FEB	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	452.85	
	CESARS CORIA	Gasoline for facility banking, maintenance, marketing & activities	50.00	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	64.36	
	DELIA MIRANDA	Gasoline for facility banking, maintenance, marketing & activities	200.00	
	PETTY CASH	Gasoline for facility banking, maintenance, marketing & activities	83.15	
MAR	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	220.12	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	106.13	
	ALLYN ESPINO	Gasoline for facility banking, maintenance, marketing & activities	30.00	
APR	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	408.81	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	217.08	
MAY	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	559.09	
	CESARS CORIA	Gasoline for facility banking, maintenance, marketing & activities	50.00	
	SECRETARY OF STATE	License	199.00	
JUNE	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	374.63	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	303.65	
JULY	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		484.62
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	322.65	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	72.36	
AUG	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	590.02	
SEPT	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	367.28	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	193.51	
OCT	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	514.23	
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketing & activities	53.70	
	KAZIMIRAZ STACHOWICZ	Gasoline for facility banking, maintenance, marketing & activities	100.00	
NOV	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		323.08
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	467.15	
	PETTY CASH	Gasoline for facility banking, maintenance, marketing & activities	157.05	
	CESARS CORIA	Gasoline for facility banking, maintenance, marketing & activities	50.00	
DEC	JOYCE GRODETZ	MONTHLY AUTO REIMBURSEMENT		484.62
	CESARS CORIA	Gasoline for facility banking, maintenance, marketing & activities	243.29	
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketing & activities	149.33	
	TOTAL STAFF TRANSPORTATION		**7,078.29**	**4,361.58**

11,439.87

Facility Name & ID Number BIRCHWOOD PLAZA, INC #0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			2,850	2,850		2,850	156,510	159,360			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			9,466	9,466		9,466	269,290	278,756			32
33	Real Estate Taxes			169,583	169,583		169,583		169,583			33
34	Rent-Facility & Grounds			876,000	876,000		876,000	(876,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* STORAGE			3,776	3,776		3,776		3,776			36
37	**TOTAL Ownership**			1,061,675	1,061,675		1,061,675	(450,200)	611,475			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		220,091	176,708	396,799		396,799		396,799			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,500	109,500		109,500		109,500			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		220,091	286,208	506,299		506,299		506,299			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,972,586	906,852	4,089,994	8,969,432		8,969,432	(515,841)	8,453,591			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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	8,292	30		9
10	Interest and Other Investment Income	(17,574)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,433)	2		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	(175)	20		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(28,917)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(35,116)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (74,923)		$	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)	(440,918)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (440,918)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (515,841)		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.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

BIRCHWOOD PLAZA, INC

ID# 0028696

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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
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	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,433)	0	0	0	0	0	0	0	0	0	0	(1,433)	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	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,433)	0	0	0	0	0	0	0	0	0	0	(1,433)	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	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(64,208)	0	0	0	0	0	0	0	0	0	0	(64,208)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(64,208)	0	0	0	0	0	0	0	0	0	0	(64,208)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(65,641)	0	0	0	0	0	0	0	0	0	0	(65,641)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

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	8,292	148,218	0	0	0	0	0	0	0	0	0	156,510	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,574)	286,864	0	0	0	0	0	0	0	0	0	269,290	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(876,000)	0	0	0	0	0	0	0	0	0	(876,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(9,282)	(440,918)	0	0	0	0	0	0	0	0	0	(450,200)	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)	(74,923)	(440,918)	0	0	0	0	0	0	0	0	0	(515,841)	45

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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
		DOBSON PLAZA INC	EVANSTON, IL	BIRCHWOOD PLAZA ASSOCIATES		REAL ESTATE RENTAL
	SEE ATTACHED					

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)	
1	V	34	RENT	$ 876,000	BIRCHWOOD PLAZA ASSOCIATES		$	$ (876,000)	1
2	V	30	SL DEPRECIATION		" "		148,218	148,218	2
3	V	32	INTEREST		" "		286,864	286,864	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 876,000			$ 435,082	$ * (440,918)	14

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	CHARLOTTE KOHN	EXEC. DIRECTOR	MGMT CONSULT	0.00	185,756	27	45.00	MGMT FEES	$ 1,368,490	17-1	1
2	BARAK KOHN	DIR OF MAINT	SUPERVISION	0.00	41,096	40	64.00	SALARY	47,124	6-1	2
3	CYNTHIA KOHN	BKKP	BKKP	0.00	0	15	100.00	SALARY	44,800	21-1	3
4	REBECCA KOHN	ADMIN CONSULT	CONSULTANT	0.00	4,786	4	50.00	SALARY	4,000	17-1	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,464,414		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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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 [X]

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 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						$	$		$	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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	RELATED PARTY - BIRCHWOOD PLAZA ASSOCIATES: MORTGAGE						$	$			$	1
2	MB FINANCIAL		X	MORTGAGE	$43,274.00	3/1/2004	6,000,000	4,494,717	3/5/2014	6.0000	281,353	2
3	TITLE & LOAN FEES		X	AMORTIZED OVER 5 YRS		3/1/2009	27,555	12,400			5,511	3
4												4
5	LEXUS FINANCIAL		X	AUTO LOAN	$853.21	06/15/09	44,566	32,528	06/30/14	5.5000	1,573	5
	Working Capital											
6	ABRAHAM SCHIFFMAN	X		INSURANCE FINANCING		06/01/10	130,916		06/01/11	4.5000	2,817	6
7	MB FINANCIAL		X	LINE OF CREDIT	DEMAND			880,000		PRIME+	5,076	7
8												8
9	TOTAL Facility Related				$44,127.21		$ 6,203,037	$ 5,419,645			$ 296,330	9
	B. Non-Facility Related*											
10	IRS, IDR, ETC		X	LATE FEES								10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 6,203,037	$ 5,419,645			$ 296,330	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** N/A **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.)**

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 157,490	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.)		$ 162,723	2
3. Under or (over) accrual (line 2 minus line 1).		$ 5,233	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 164,350	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.		$ 169,583	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2006	174,865	8
2007	172,701	9
2008	174,434	10
2009	155,934	11
2010	162,723	12

THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 101% OF THE PRIOR YEAR REAL ESTATE TAX BILL

THE PAYMENT ON LINE 2 APPLIES TO THE 2010 TAX BILL.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BIRCHWOOD PLAZA, INC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0028696

CONTACT PERSON REGARDING THIS REPORT BOB KAGDA

TELEPHONE (847) 675-3585 FAX #: (847) 675-5777

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

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	11-29-302-011-0000	NURSING HOME	$ 3,325.07	$ 3,325.07
2.	11-29-302-012-0000	NURSING HOME	$ 70,530.02	$ 70,530.02
3.	11-29-302-020-0000	NURSING HOME	$ 88,867.57	$ 88,867.57
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 162,722.66	$ 162,722.66

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior BRICK Frame STEEL & CONCRETI Number of Stories 3 + BASEMENT

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? [ ] (a) Own the Equipment [X] (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).

N/A

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	RELATED PARTY: BIRCHWOOD PLAZA ASSOC			$	1
2	NURSING HOME		1984	80,569	2
3	TOTALS			$ 80,569	3

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	RELATED PARTY: BIRCHWOOD PLAZA ASSOC				$	$		$	$	$	4
5	192		1984		2,238,672		40	55,967	55,967	1,577,094	5
6											6
7											7
8											8
	Improvement Type**										
9	CONCRETE PAVING & RAILS			1984	13,495		20			13,495	9
10	SPRINKLER MODIFICATION			1984	2,752		25			2,752	10
11	LOBBY RENOVATION			1984	2,489		40	62	62	1,722	11
12	TERRACE RESURFACE			1984	7,600		15			7,600	12
13	FOYER RE-FLOORING			1984	1,835		20			1,835	13
14	BASEMENT RENOVATION			1985	18,061		40	452	452	12,615	14
15	NURSING STATION REMODELLING			1985	7,755		20			7,755	15
16	ASPHALT ROOF			1985	7,000		15			7,000	16
17	NURSE CALL SYSTEM REWIRE			1985	4,066		15			4,066	17
18	SPRINKLER MODIFICATION			1985	2,963		25	82	82	2,963	18
19	BASEMENT AWNINGS			1985	1,620		15			1,620	19
20	GRAVEL ROOF			1985	2,700		5			2,700	20
21	CEILING BASEMENT NURSING OFFICE			1985	1,200		20			1,200	21
22	ELEVATOR OVERHAUL			1985	12,800		20			12,800	22
23	VARIOUS (ELECTRIC & SPRINKLER)			1986	5,486		20			5,486	23
24	ELECTRIC PANEL			1988	6,000	190	20		(190)	6,000	24
25	ELECTRICAL IMPROVEMENTS			1990	1,200	38	20		(38)	1,200	25
26	ELEVATOR IMPROVEMENTS			1990	15,600	495	20		(495)	15,600	26
27	TUCKPOINTING & BRICKWORK			1990	12,300	390	20	173	(217)	12,300	27
28	LAUNDRY ROOM DUCTWORK			1990	3,000	95	20	30	(65)	3,000	28
29	BUILDING EXTENSION FOR OFFICE/ACT.ROOM/DR			1994	282,054	7,336	20	14,103	6,767	252,456	29
30	DRAPERY			1994	7,933		5			7,933	30
31	ROOF & PARKING LOT IMPROVEMENTS			1995	69,984	1,992	15		(1,992)	69,984	31
32	ENLARGE PATIENT ROOMS(TRANS TO XI-C 97 AUDIT)			1997		149	39		(149)		32
33	WINDOWS			1998	41,775	615	25	1,671	1,056	23,394	33
34	SIDING			1998	20,000	513	25	800	287	11,200	34
35	PATIENT ROOM EXHAUST SYSTEM			1998	9,720	486	20	486		6,399	35
36	ELEVATOR SAFETY DEVICES			1998	5,350	357	15	357		4,760	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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	
37	BUILDING EXTENSION (1994) ALLOWED FOR 1998	1998	$ 49,866	$	20	$ 2,493	$ 2,493	$ 34,902	37
38	ROOFTOP A/C	1999	58,870	1,509	39	1,509		18,862	38
39	LIGHTING/HAND RAILS/FLOORING/DRAPES	1999	27,264	699	39	699		8,738	39
40	CARPETING / DRAPERIES	2000	5,062		7			5,062	40
41	A/C SYSTEM	2000	6,395	233	27.5	233		2,708	41
42	WATER LINES, VENTING & HEATING IRON RAILING	2001	5,165	188	27.5	188		1,997	42
43	ELEVATOR UPGRADE / FRONT OUTDOOR WALL SYSTEM	2001	89,217	3,244	27.5	3,244		34,468	43
44	CARPETING	2001	8,264		7			8,264	44
45	DRAPERIES	2001	7,753		7			7,753	45
46	WALLPAPER / CARPETTING	2002	18,309		7			18,309	46
47	NURSES STATION	2002	15,101	549	27.5	549		5,284	47
48	WALLPAPER / ELEVATOR UPGRADE	2003	13,835	503	27.5	503		4,411	48
49	WALLPAPER / CARPENTRY	2004	46,774	1,701	27.5	1,701		12,186	49
50	WALLPAPER / CARPENTRY / REMODELING	2005	18,014	655	27.5	655		4,246	50
51	CIRCULATING PUMP	2005	4,139	151	27.5	151		962	51
52	PHONE SYST/WALLPAPER/FLOOR/CARPENTRY/REMODELING	2006	13,703	498	27.5	498		2,947	52
53	FIRE SUPPRESSION SYST/LIGHT FIXTURES	2006	5,719	208	27.5	208		1,170	53
54	ELEV DOOR RESTRICTOR/PUMP/SENSORS	2006	6,784	247	27.5	247		1,369	54
55	GREASE TRAP/PLUMBING/CONCRETE/THRU-WALL A/C'S	2006	12,014	437	27.5	437		2,385	55
56	NURSING STATION/KITCHEN TILE	2006	14,907	542	27.5	542		2,835	56
57	NURSING STATION/FLOORING/LIGHTING/THRU-WALL A/C'S	2007	11,968	435	27.5	435		2,096	57
58	FLOORING/CARPETING/WALLPAPER	2007	20,700	2,385	7	2,957	572	13,307	58
59	ACCOUSTICAL WALL TILE/FLOOR TILE	2007	5,315	193	27.5	193		847	59
60	LL OFFICE/BATHRMS/TILE/LOCKS/WIRING/THRU-WALL A/C	2008	45,488	1,654	27.5	1,654		5,676	60
61	CARPETING	2008	2,030	124	7	290	166	1,015	61
62	ROOF	2009	68,700	2,498	27.5	2,498		5,725	62
63	SECURITY SYST/WIRING/CABLE/ELECTRIC OUTLETS	2009	57,237	2,082	27.5	2,082		4,587	63
64	TILE/DRYWALL/TOILETS/SINKS/LIGHT FIXTURES/PAINTING/CARPENTRY/WINDOW FRAMES/FLOORING/COVE BASE/THRU-WALL A/C'S								64
65		2009	24,135	877	27.5	877		1,909	65
66	CARPENTRY/BUILT-INS/MOLDING/TILE/ELECTRIC/CEILING	2009	14,653	533	27.5	533		1,088	66
67	PAINTING/WALLCOVERING/CARPETING	2009	70,916	7,056	7	10,131	3,075	25,327	67
68	MIRRORS/CEILING/LIGHT FIXTURES/RAILS/BUMPERS	2010	13,883	505	27.5	505		989	68
69	ELEVATOR MOTOR/STARTER	2010	5,680	207	27.5	207		405	69
70	TOTAL (lines 4 thru 69)		$ 3,573,270	$ 42,569		$ 110,402	$ 67,833	$ 2,318,758	70

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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		$ 3,573,270	$ 42,569		$ 110,402	$ 67,833	$ 2,318,758	1
2	FIRE CODE-DAMPERS/DUCTS/SPRINKLERS/WALL EXT/DOOR	2010	45,802	1,665	27.5	1,665		2,706	2
3	BATHROOM TUB/TILES/FIXTURES/PAINTING	2010	18,773	683	27.5	683		1,053	3
4	BUILT-IN WARDROBES/CABINETS/DOORS/COUNTERTOP	2010	37,056	1,347	27.5	1,347		2,077	4
5	TREES/SHRUBS/PERENNIALS/HARDSCAPE/EPOXY STONE	2010	24,949	1,664	15	1,664		2,495	5
6	SUMP PUMPS & CONTROL PANEL	2010	12,061	439	27.5	439		677	6
7	WALLPAPER/PAINTING/CARPETING/DRAPERIES/CURTAINS	2010	84,560	27,059	7	12,080	(14,979)	18,120	7
8	LIGHT FIXTURES/CIRCUIT PANEL	2010	3,682	134	27.5	134		195	8
9	30 HP COMPRESSOR	2010	15,835	576	27.5	576		840	9
10	PAINTING/CARPETING/TILE/COVE BASE/DRAPERIES	2010	22,385	7,163	7	3,198	(3,965)	4,797	10
11	OUTSIDE BRICKWORK&WINDOW TRIM/CAULK/TUCKPOINT	2011	11,000	83	27.5	83		83	11
12	FIRE DAMPERS	2011	13,620	62	27.5	62		62	12
13	CLOSET PROJECT-CARPENTRY/DOORS/ACCESS PANELS	2011	11,094	50	27.5	50		50	13
14	PAINTING / 3RD FL DININGROOM CARPENTRY / CHAIR RAILS / WALLPAPER / VINYL FLOORING & GLUE-DOWN CARPETING / WINDOW TREATMENTS / WOOD BLINDS								14
15		2011	22,202	4,440	7	1,586	(2,854)	1,586	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	ADJUST TO SL			46,035			(46,035)		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)		$ 3,896,289	$ 133,969		$ 133,969	$	$ 2,353,499	34

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 165,126	$ 13,812	$ 13,812	$	5-15 YRS	$ 59,611	71
72	Current Year Purchases	8,731	437	437		10YRS	437	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 173,857	$ 14,249	$ 14,249	$		$ 60,048	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	BANKING,PURCHASING,	'10 LEXUS	2009	$ 44,566	$ 2,850	$ 11,142	$ 8,292	4 YRS	$ 27,855	76
77	ADMINISTRATIVE,ETC									77
78										78
79	FACILITY VAN			13,600				4 YRS	13,600	79
80	TOTALS			$ 58,166	$ 2,850	$ 11,142	$ 8,292		$ 41,455	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)	$ 4,208,881	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 151,068	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 159,360	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,292	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,455,002	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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - RELATED PARTY

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: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

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

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

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: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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.

   THE FACILITY HIRES ONLY CERTIFIED NURSES AIDES

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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	$		$ 104,105	$		$ 104,105	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			13,304			13,304	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			59,299			59,299	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				208,321		208,321	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/LAB/RADIOLOGY Other (specify):	39-2					11,770		11,770	13
14	TOTAL			$		$ 176,708	$ 220,091		$ 396,799	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 BIRCHWOOD PLAZA, INC # 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2011 (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	$ 3,419	$ 92,464	1
2	Cash-Patient Deposits	96,300	96,300	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,006,162	3,006,162	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	84,506	84,506	6
7	Other Prepaid Expenses	5,532	5,532	7
8	Accounts Receivable (owners or related parties)	487,519	819,840	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,683,438	$ 4,104,804	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		80,569	13
14	Buildings, at Historical Cost		2,232,597	14
15	Leasehold Improvements, at Historical Cost		1,739,881	15
16	Equipment, at Historical Cost	44,566	221,133	16
17	Accumulated Depreciation (book methods)	(18,610)	(3,092,611)	17
18	Deferred Charges		37,400	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): NY LIFE INSUR.CONTRACTS	475,403	475,403	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 501,359	$ 1,694,372	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,184,797	$ 5,799,176	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 598,745	$ 598,745	26
27	Officer's Accounts Payable	126,516	126,516	27
28	Accounts Payable-Patient Deposits	96,300	96,300	28
29	Short-Term Notes Payable	889,155	1,145,985	29
30	Accrued Salaries Payable	161,978	161,978	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,226	20,226	31
32	Accrued Real Estate Taxes(Sch.IX-B)		164,350	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DEFERRED INCOME	212,536	212,536	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,105,456	$ 2,526,636	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	14,707	14,707	39
40	Mortgage Payable		4,237,887	40
41	Bonds Payable			41
42	Deferred Compensation	331,023	331,023	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 345,730	$ 4,583,617	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,451,186	$ 7,110,253	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,733,611	$ (1,311,077)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,184,797	$ 5,799,176	48

***(See instructions.)**

Facility Name & ID Number BIRCHWOOD PLAZA, INC **#** 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,062,214	1
2	Restatements (describe):		2
3	2010 IL REPLACEMENT TAX	(17,819)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,044,395	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,139,216	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	(450,000)	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)**	$ 689,216	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)**	$ 1,733,611	24 *

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	$ 9,884,492	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,884,492	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	202,596	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 202,596	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	3,986	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)**	$ 3,986	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	17,574	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 17,574	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,108,648	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,305,073	31
32	Health Care	3,049,902	32
33	General Administration	3,046,483	33
	B. Capital Expense		
34	Ownership	1,061,675	34
	C. Ancillary Expense		
35	Special Cost Centers	396,799	35
36	Provider Participation Fee	109,500	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,969,432	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,139,216	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,139,216	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? YES 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 BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	4,167	4,586	$ 187,476	$ 40.88	1
2	Assistant Director of Nursing					2
3	Registered Nurses	25,030	26,271	857,685	32.65	3
4	Licensed Practical Nurses	11,003	11,483	293,780	25.58	4
5	CNAs & Orderlies	93,333	99,783	1,086,087	10.88	5
6	CNA Trainees					6
7	Licensed Therapist	5,089	5,675	153,672	27.08	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,034	13,756	155,957	11.34	10
11	Social Service Workers	618	698	16,335	23.40	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,089	2,313	54,081	23.38	14
15	Cook Helpers/Assistants	6,079	6,738	90,492	13.43	15
16	Dishwashers	10,161	11,154	112,408	10.08	16
17	Maintenance Workers	4,550	4,736	106,221	22.43	17
18	Housekeepers	16,189	17,871	213,610	11.95	18
19	Laundry	6,182	6,677	72,480	10.86	19
20	Administrator	2,083	2,083	199,771	95.91	20
21	Assistant Administrator	2,086	2,086	60,367	28.94	21
22	Other Administrative	180	180	4,000	22.22	22
23	Office Manager	3,450	3,608	115,462	32.00	23
24	Clerical	6,649	6,925	124,872	18.03	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					31
32	Other Health C: MDS	2,045	2,168	67,830	31.29	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	214,017	228,791	$ 3,972,586 *	$ 17.36	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	$ 10,447	1-3	35
36	Medical Director	O	6,000	9-3	36
37	Medical Records Consultant	N	4,512	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	0	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	1,360	11-3	44
45	Social Service Consultant	E	11,565	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 33,884		49

C. CONTRACT NURSES

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

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
ABRAHAM SCHIFFMAN	ADMINISTRATOR		$ 199,771
JOYCE GRODETZ	ASST ADMIN		60,367
REBECCA KOHN	OTHER ADMIN		4,000
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 264,138

B. Administrative - Other

Description		Amount
CHARLOTTE KOHN	MANAGEMENT FEES	$ 1,368,490
TOTAL (agree to Schedule V, line 17, col. 3)		$ 1,368,490
(Attach a copy of any management service agreement)		

C. Professional Services

Vendor/Payee	Type	Amount
		$
SEE SCHEDULE ATTACHED		57,849
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 57,849

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 58,011
Unemployment Compensation Insurance	22,375
FICA Taxes	298,114
Employee Health Insurance	257,429
Employee Meals	23,798
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	2,663
EMPLOYEE PHYSICAL EXAMS	1,407
PENSION/PROFIT SHARING PLANS	26,444
CHICAGO HEAD TAX	4,782
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 695,023

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	$
Advertising: Employee Recruitment	13,341
Health Care Worker Background Check	940
(Indicate # of checks performed 26)	
Patient Background Checks 86	1,348
TRUST/FRANCHISE/CONTRIB/ETC	175
MARKETING/ADV/PROMO	64,033
LICENSES/DUES/SUBSCRIPTIONS	3,280
TRUST/FRANCHISE/CONTRIB/ETC	(175)
Less: Public Relations Expense	(0)
Non-allowable advertising	(28,917)
Yellow page advertising	(35,116)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 18,909

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	0
Seminar Expense	
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BIRCHWOOD PLAZA, INC # 0028696 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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 BIRCHWOOD PLAZA, INC **#** 0028696 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

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? **NO**
If YES, give association name and amount.

(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?

(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?

(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 YR**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **33,325** Line **10-2**

(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.

(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. $ **109,500**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

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

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **23,798** Has any meal income been offset against related costs? **N/A** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **5%**
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:

(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.