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: 0043398

Facility Name: BURNHAM HEALTHCARE PROPERTIES, LLC

Address: 14500 S. MANISTEE (Number) BURNHAM (City) 60633 (Zip Code)

County: COOK

Telephone Number: (847) 674-5795 **Fax #** (847) 674-5794

HFS ID Number:

Date of Initial License for Current Owners: 03/01/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	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) MORRIS ESFORMES
(Title) MEMBER

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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	103	Skilled (SNF)	103	37,595	1
2		Skilled Pediatric (SNF/PED)			2
3	206	Intermediate (ICF)	206	75,190	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	309	TOTALS	309	112,785	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	27,610	136	15,384	43,130	8
9	SNF/PED					9
10	ICF	66,967	329	14	67,310	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	94,577	465	15,398	110,440	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.92%

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 3/01/98

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/01/98 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 30 and days of care provided 15,319

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 BURNHAM HEALTHCARE PROPERTIES, # 0043398 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	427,494	61,347	17,074	505,915		505,915		505,915			1
2	Food Purchase		558,716		558,716	(13,169)	545,547	(945)	544,602			2
3	Housekeeping	471,549	84,335		555,884		555,884		555,884			3
4	Laundry	138,231	24,023	14,514	176,768		176,768		176,768			4
5	Heat and Other Utilities			227,738	227,738		227,738	648	228,386			5
6	Maintenance	248,337	45,746	103,169	397,252		397,252	12,006	409,258			6
7	Other (specify):* security	189,925		130,414	320,339		320,339	127	320,466			7
8	TOTAL General Services	1,475,536	774,167	492,909	2,742,612	(13,169)	2,729,443	11,836	2,741,279			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	3,868,843	204,586	25,437	4,098,866		4,098,866		4,098,866			10
10a	Therapy	169,364		72,669	242,033		242,033		242,033			10a
11	Activities	156,673	31,452	4,174	192,299		192,299		192,299			11
12	Social Services	296,060		3,440	299,500		299,500		299,500			12
13	CNA Training											13
14	Program Transportation			17,241	17,241		17,241		17,241			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,490,940	236,038	128,961	4,855,939		4,855,939		4,855,939			16
	C. General Administration											
17	Administrative	135,140		799,000	934,140		934,140	(732,427)	201,713			17
18	Directors Fees											18
19	Professional Services			111,652	111,652		111,652	116,680	228,332			19
20	Dues, Fees, Subscriptions & Promotions			56,517	56,517		56,517	(7,364)	49,153			20
21	Clerical & General Office Expenses	216,491	44,206	80,740	341,437		341,437	(18,828)	322,609			21
22	Employee Benefits & Payroll Taxes			1,103,718	1,103,718	13,169	1,116,887		1,116,887			22
23	Inservice Training & Education			2,065	2,065		2,065	15	2,080			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			34,418	34,418		34,418	2,041	36,459			25
26	Insurance-Prop.Liab.Malpractice			164,311	164,311		164,311	27,546	191,857			26
27	Other (specify):*			691,527	691,527		691,527	(671,413)	20,114			27
28	TOTAL General Administration	351,631	44,206	3,043,948	3,439,785	13,169	3,452,954	(1,283,750)	2,169,204			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,318,107	1,054,411	3,665,818	11,038,336		11,038,336	(1,271,914)	9,766,422			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#: BURNHAM HEALTHCARE PROPERTIES, LLC #0043398 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	17,074	
	REPAIRS & MAINTENANCE		0	
			0	17,074
3	**HOUSEKEEPING**			
			0	
			0	0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		14,514	
			0	14,514
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		65,127	
	ELECTRICITY		93,571	
	WATER		66,753	
	CABLE TV - LOBBY		2,287	
			0	227,738
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		7,512	
	PAINTING & DECORATING		1,881	
	BUILDING REPAIRS		10,617	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		53,578	
	ELEVATOR MAINTENANCE & REPAIR		12,853	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		6,343	
	FIRE SERVICE		10,385	
			0	
			0	
			0	
			0	103,169
7	**OTHER**			
	SCAVENGER		24,653	
	SECURITY SERVICE		105,761	
			0	
			0	130,414
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 CONSULTAN	XVIII B 38-2	0	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	0	
	PHARMACY CONSULTANT	XVIII B 39-2	14,832	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	6,000	
	PSYCHIATRIC	XVIII B __-2	705	
	RN CONSULTANT	XVIII B 38-2	0	
	DENTAL		3,900	
				25,437
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES		639	
	SPEECH THERAPY SERVICES		0	
	OCCUPATIONAL THERAPY SERVICES		0	
	REHABILITATION CONSULTANT	XVIII B __-2	0	
	PHYSICAL THERAPY CONSULTANT	XVIII B 40-2	48	
	OCCUPATIONAL THERAPY CONSULTA	XVIII B 41-2	982	
	RESPIRATORY THERAPY CONSULTAN	XVIII B 42-2	71,000	
	SPEECH THERAPY CONSULTANT	XVIII B 43-2	0	
				72,669
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	4,174	
			0	4,174
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTAN	XVIII B 45-2	3,440	
	SOCIAL WORKER	XVIII B 45-2	0	
				3,440
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC #0043398 **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		17,241	17,241
			0	
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	799,000	799,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	18,626	
	ADMINISTRATIVE CONSULTANTS	XIX C	19,260	
	PROFESSIONAL FEES	XIX C	73,766	
			0	111,652
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	2,702	
	EMPLOYEE WANT ADS	XIX F	0	
	CONTRIBUTIONS	VI 20 XIX F	1,500	
	DUES & SUBSCRIPTIONS	XIX F	22,366	
	LICENSES & PERMITS	XIX F	6,761	
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0	
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	0	
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	0	
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	7,788	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	0	
	PATIENT BACKGROUND CHECKS	XIX F	15,400	
				56,517
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		985	
	EQUIPMENT REPAIR & MAINTENANCE		6,963	
	OUTSIDE CLERICAL SERVICES		54,000	
	PENALTIES / OVERDRAFT CHARGES	VI 18	1,311	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		17,481	
	MESSENGER SERVICE		0	
			0	80,740

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	477,349	
	UNEMPLOYMENT COMPENSATION	XIX D	130,388	
	WORKERS COMPENSATION INSURANC	XIX D	159,392	
	HOSPITALIZATION INSURANCE	XIX D	268,816	
	EMPLOYEE BENEFITS - OTHER	XIX D	2,307	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	65,466	
	CHICAGO HEAD TAX	XIX D	0	
			0	1,103,718
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		2,065	
				2,065
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		34,418	
				34,418
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		164,311	
				164,311
27	**OTHER**			
	BAD DEBTS	VI 24	691,527	
				691,527

GRAND TOTAL COLUMN 3 OTHER **3,665,818**

BURNHAM HEALTHCARE PROPERTIES, LLC
SCHEDULES
12/31/2011

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

TOTAL FOOD PURCHASE	558,716
LESS SALES TAX	(945)
NET FOOD	557,771
TOTAL PATIENT CENSUS	110,440
TIME 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	331,320
ADD # EMPLOYEE MEALS/DAY	22
TIME # DAYS	365
TOTAL EMPLOYEE MEALS	8,030
PATIENT MEALS	331,320
ADD EMPLOYEE MEALS	8,030
TOTAL MEALS/YEAR	339,350
NET FOOD	557,771
DIVIDE TOTAL MEALS/YEAR	339,350
COST PER MEAL	1.64
TIME EMPLOYEE MEALS	8,030
EMPLOYEE MEAL RECLASSIFICATION	**13,169**
	========

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC #0043398 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			17,082	17,082		17,082	392,200	409,282			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			7,094	7,094		7,094	784,526	791,620			32
33	Real Estate Taxes							575,011	575,011			33
34	Rent-Facility & Grounds			1,860,000	1,860,000		1,860,000	(1,860,000)				34
35	Rent-Equipment & Vehicles			75,529	75,529		75,529	5,411	80,940			35
36	Other (specify):* IME			24,702	24,702		24,702	47,829	72,531			36
37	**TOTAL Ownership**			1,984,407	1,984,407		1,984,407	(55,023)	1,929,384			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		546,032	591,587	1,137,619		1,137,619		1,137,619			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			169,178	169,178		169,178		169,178			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		546,032	760,765	1,306,797		1,306,797		1,306,797			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,318,107	1,600,443	6,410,990	14,329,540		14,329,540	(1,326,937)	13,002,603			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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	8,936	30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(945)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees		20		17
18	Fines and Penalties	(1,311)	21		18
19	Entertainment		20		19
20	Contributions	(9,288)	20		20
21	Owner or Key-Man Insurance		22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(691,527)	27		24
25	Fund Raising, Advertising and Promotional	(2,702)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule	(34,012)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (730,849)		$	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)	(596,088)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (596,088)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,326,937)		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

STATE OF ILLINOIS

BURNHAM HEALTHCARE PROPERTIES, LLC

ID# 0043398

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	DEFERRED MAINTENANCE	$	6	1
2	MARKETING SALARIES	(24,066)	21	2
3	MARKETING AUTO LEASES	(1,165)	35	3
4	LAWSUIT SETTLEMENT	(8,000)	19	4
5	RELATED PARTY INTEREST INCOME	(781)	32	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**	(34,012)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 **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	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	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(945)	0	0	0	0	0	0	0	0	0	0	(945)	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	648	0	0	0	0	0	0	0	648	5
6	Maintenance	0	5,271	5,072	1,663	0	0	0	0	0	0	0	12,006	6
7	Other (specify):*	0	0	127	0	0	0	0	0	0	0	0	127	7
8	**TOTAL General Services**	(945)	5,271	5,199	2,311	0	0	0	0	0	0	0	11,836	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	(747,406)	14,979	0	0	0	0	0	0	0	0	(732,427)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,000)	844	11,463	123	112,250	0	0	0	0	0	0	116,680	19
20	Fees, Subscriptions & Promotions	(11,990)	0	4,560	66	0	0	0	0	0	0	0	(7,364)	20
21	Clerical & General Office Expenses	(25,377)	11,354	(4,805)	0	0	0	0	0	0	0	0	(18,828)	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	15	0	0	0	0	0	0	0	0	15	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	306	1,735	0	0	0	0	0	0	0	0	2,041	25
26	Insurance-Prop.Liab.Malpractice	0	1,673	326	158	25,389	0	0	0	0	0	0	27,546	26
27	Other (specify):*	(691,527)	12,275	7,839	0	0	0	0	0	0	0	0	(671,413)	27
28	**TOTAL General Administration**	(736,894)	(720,954)	36,112	347	137,639	0	0	0	0	0	0	(1,283,750)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(737,839)	(715,683)	41,311	2,658	137,639	0	0	0	0	0	0	(1,271,914)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 **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	8,936	0	200	2,140	380,924	0	0	0	0	0	0	392,200	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(781)	0	0	3,621	781,686	0	0	0	0	0	0	784,526	32
33	Real Estate Taxes	0	0	0	3,500	571,511	0	0	0	0	0	0	575,011	33
34	Rent-Facility & Grounds	0	0	0	0	(1,860,000)	0	0	0	0	0	0	(1,860,000)	34
35	Rent-Equipment & Vehicles	(1,165)	707	4,801	1,068	0	0	0	0	0	0	0	5,411	35
36	Other (specify):*	0	0	0	(24,702)	72,531	0	0	0	0	0	0	47,829	36
37	TOTAL Ownership	6,990	707	5,001	(14,373)	(53,348)	0	0	0	0	0	0	(55,023)	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)	(730,849)	(714,976)	46,312	(11,715)	84,291	0	0	0	0	0	0	(1,326,937)	45

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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
				EKS MNGT	LINCOLNWOOD	MANAGEMENT
SEE ATTACHED SCHEDULE		SEE ATTACHED SCHEDULE		EMI ENTERPRISE	LINCOLNWOOD	CONSULTING
				IME REALTY CORP	LINCOLNWOOD	HOME OFFICE
				BURNHAM		
				HEALTHCARE		
				REALTY	LINCOLNWOOD	REAL ESTATE

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	17	MANAGEMENT FEE	$ 799,000	EMI ENTERPRISES, INC		$	$ (799,000)	1
2	V	6	DRIVERS SALARY		EMI ENTERPRISES, INC		5,271	5,271	2
3	V	17	OFFICER SALARY		EMI ENTERPRISES, INC		25,406	25,406	3
4	V	17	REGIONAL DIRECTOR		EMI ENTERPRISES, INC		782	782	4
5	V	17	MGT CONSULTANT		EMI ENTERPRISES, INC		25,406	25,406	5
6	V	19	ACCOUNTING FEES		EMI ENTERPRISES, INC		844	844	6
7	V	21	OFFICE		EMI ENTERPRISES, INC		11,354	11,354	7
8	V	25	TRANSPORTATION		EMI ENTERPRISES, INC		306	306	8
9	V	26	INSURANCE		EMI ENTERPRISES, INC		1,673	1,673	9
10	V	27	EMPLOYEE BENEFITS		EMI ENTERPRISES, INC		12,275	12,275	10
11	V	35	AUTO LEASE		EMI ENTERPRISES, INC		707	707	11
12	V								12
13	V								13
14	Total			$ 799,000			$ 84,024	$ * (714,976)	14

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	21	OUTSIDE CLERICAL	$ 54,000	EKS MANAGEMENT		$	$ (54,000)	15
16	V	6	PAINTERS SALARY		EKS MANAGEMENT		5,072	5,072	16
17	V	7	SCAVENGER		EKS MANAGEMENT		127	127	17
18	V	17	CFO - SALARY		EKS MANAGEMENT		14,979	14,979	18
19	V	19	PROFESSIONAL FEES		EKS MANAGEMENT		11,463	11,463	19
20	V	20	WANT ADS/ BACK GRD CKS		EKS MANAGEMENT		4,560	4,560	20
21	V	21	OFFICE / CLERICAL		EKS MANAGEMENT		49,195	49,195	21
22	V	23	SEMINARS		EKS MANAGEMENT		15	15	22
23	V	25	TRANSPORTATION		EKS MANAGEMENT		1,735	1,735	23
24	V	26	INSURANCE		EKS MANAGEMENT		326	326	24
25	V	27	EMPLOYEE BENEFITS		EKS MANAGEMENT		7,839	7,839	25
26	V	30	SL DEPRECIATION		EKS MANAGEMENT		200	200	26
27	V	35	EQUIPMENT RENTAL		EKS MANAGEMENT		4,801	4,801	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 54,000			$ 100,312	$ * 46,312	39

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	36	OFFICE RENT	$ 24,702	IME REALTY CORP		$	$ (24,702)	15
16	V	5	UTILITIES		IME REALTY CORP		648	648	16
17	V	6	REPAIRS / MAINTENCE		IME REALTY CORP		1,663	1,663	17
18	V	19	ACCOUNTING FEES		IME REALTY CORP		123	123	18
19	V	20	LICENSE & PERMITS		IME REALTY CORP		66	66	19
20	V	26	INSURANCE		IME REALTY CORP		158	158	20
21	V	30	SL DEPRECIATION		IME REALTY CORP		2,140	2,140	21
22	V	32	INTEREST		IME REALTY CORP		3,621	3,621	22
23	V	33	REAL ESTATE TAX		IME REALTY CORP		3,500	3,500	23
24	V	35	STORAGE FEES		IME REALTY CORP		1,068	1,068	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 24,702			$ 12,987	$ * (11,715)	39

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	34	RENT	$ 1,860,000	BURNHAM HEALTH CARE REALTY		$	$ (1,860,000)	15
16	V	19	PROFESSIONAL FEES		BURNHAM HEALTH CARE REALTY		112,250	112,250	16
17	V	26	INSURANCE		BURNHAM HEALTH CARE REALTY		25,389	25,389	17
18	V	30	DEPRECIATION		BURNHAM HEALTH CARE REALTY		380,924	380,924	18
19	V	32	INTEREST		BURNHAM HEALTH CARE REALTY		773,178	773,178	19
20	V	32	AMORT LOAN COST		BURNHAM HEALTH CARE REALTY		8,508	8,508	20
21	V	33	REAL ESTATE TAXES		BURNHAM HEALTH CARE REALTY		571,511	571,511	21
22	V	36	M.I.P. INSURANCE		BURNHAM HEALTH CARE REALTY		72,531	72,531	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,860,000			$ 1,944,291	$ * 84,291	39

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 BURNHAM HEALTHCARE PROPERTIES # 0043398 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	Alloc from Emi Entertprises:								$		1
2	MORRIS ESFORMES	PRESIDENT	MGMT	57.00		6	7.25	Salary	25,406	17-7	2
3	MICHAEL ROSEN	Regional Director	Administrative	5.00	SEE			Salary	782	17-7	3
4	PHILIP ESFORMES	Admin Consultant	Administrative	0.00		5	7.58	Consult Fee	25,406	17-7	4
5					ATTACHED						5
6	Alloc from Eks Management:										6
7	AVRUM WEINFELD	CFO	CFO	0.00	SCHEDULE	3	4.62	Salary	14,979	17-7	7
8	FLORA WEISS	o/s consulting	Bookkeeping	0.00		0.5	0.89	Consult Fee	2,160	21-7	8
9											9
10											10
11											11
12											12
13								TOTAL	$ 68,733		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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 [X] NO [ ]

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

Name of Related Organization: EMI ENTERPRISES, INC
Street Address: 6865 N . LINCOLN AVE
City / State / Zip Code: LINCOLNWOOD ,IL.60712
Phone Number: (847) 674-1946
Fax Number: (847) 674-1962

	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	6	DRIVERS SALARY	PATIENT DAYS	847,662	14	$ 40,460	$ 40,460	110,440	$ 5,271	1
2	17	OFFICER SALARY	PATIENT DAYS	847,662	14	195,000	195,000	110,440	25,406	2
3	17	REGIONAL DIRECTOR	PATIENT DAYS	847,662	14	6,000	6,000	110,440	782	3
4	17	MGT CONSULTANT	PATIENT DAYS	847,662	14	195,000		110,440	25,406	4
5	19	ACCUNTING FEES	PATIENT DAYS	847,662	14	6,480		110,440	844	5
6	21	OFFICE / CLERICAL	PATIENT DAYS	847,662	14	87,144	58,016	110,440	11,354	6
7	25	TRANSPORTATION	PATIENT DAYS	847,662	14	2,349		110,440	306	7
8	26	INSURANCE	PATIENT DAYS	847,662	14	12,837		110,440	1,673	8
9	27	EMPLOYEE BENEFITS	PATIENT DAYS	847,662	14	94,218		110,440	12,275	9
10	35	AUTO LEASE	PATIENT DAYS	847,662	14	5,453		110,440	707	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					$ 644,941	$ 299,476		$ 84,024	25

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 [X] NO [ ]

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

Name of Related Organization: EKS MANAGEMENT, INC.
Street Address: 6865 N . LINCOLN AVE
City / State / Zip Code: LINCOLNWOOD ,IL.60712
Phone Number: (847) 674-1946
Fax Number: (847) 674-1962

	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	6	PAINTERS SALARY	PATIENT DAYS	847,662	14	$ 38,929	$ 38,929	110,440	$ 5,072	1
2	7	SACVENGER	PATIENT DAYS	847,662	14	971		110,440	127	2
3	17	CFO - SALARY	PATIENT DAYS	847,662	14	114,971	114,971	110,440	14,979	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	847,662	14	87,982	76,534	110,440	11,463	4
5	20	WANT ADS/ BACK GRD CKS	PATIENT DAYS	847,662	14	35,000		110,440	4,560	5
6	21	OFFICE / CLERICAL	PATIENT DAYS	847,662	14	377,586	282,348	110,440	49,195	6
7	23	SEMINARS	PATIENT DAYS	847,662	14	115		110,440	15	7
8	25	TRANSPORTATION	PATIENT DAYS	847,662	14	13,315		110,440	1,735	8
9	26	INSURANCE	PATIENT DAYS	847,662	14	2,501		110,440	326	9
10	27	EMPLOYEE BENEFITS	PATIENT DAYS	847,662	14	60,163		110,440	7,839	10
11	30	SL DEPRECIATION	PATIENT DAYS	847,662	14	1,536		110,440	200	11
12	35	EQUIPMENT RENTAL	PATIENT DAYS	847,662	14	36,848		110,440	4,801	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					$ 769,917	$ 512,782		$ 100,312	25

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 [X] NO [ ]

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

Name of Related Organization: IME REALTY CORP.
Street Address: 6865 N. LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 674-5795
Fax Number: (847) 675-5794

	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	5	UTILITIES	RENTAL INCOME	195,459	14	$ 5,131	$	24,702	$ 648	1
2	6	REPAIRS / MAINTENCE	RENTAL INCOME	195,459	14	13,157		24,702	1,663	2
3	19	ACCOUNTING FEES	RENTAL INCOME	195,459	14	973		24,702	123	3
4	20	LICENSE & PERMITS	RENTAL INCOME	195,459	14	526		24,702	66	4
5	26	INSURANCE	RENTAL INCOME	195,459	14	1,254		24,702	158	5
6	30	SL DEPRECIATION	RENTAL INCOME	195,459	14	16,930		24,702	2,140	6
7	32	INTEREST	RENTAL INCOME	195,459	14	28,650		24,702	3,621	7
8	33	REAL ESTATE TAX	RENTAL INCOME	195,459	14	27,693		24,702	3,500	8
9	35	STORAGE FEES	RENTAL INCOME	195,459	14	8,451		24,702	1,068	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					$ 102,765	$		$ 12,987	25

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 [X] NO [ ]

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

Name of Related Organization: BURNHAM HEALTH CARE REALTY
Street Address: 6865 N. LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 674-5795
Fax Number: (847) 675-5794

	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	19	PROFESSIONAL FEES	DIRECT COST	1	1	$ 112,250	$	1	$ 112,250	1
2	26	INSURANCE	DIRECT COST	1	1	25,389		1	25,389	2
3	30	DEPRECIATION	DIRECT COST	1	1	380,924		1	380,924	3
4	32	INTEREST	DIRECT COST	1	1	773,178		1	773,178	4
5	32	AMORT LOAN COST	DIRECT COST	1	1	8,508		1	8,508	5
6	33	REAL ESTATE TAXES	DIRECT COST	1	1	571,511		1	571,511	6
7	36	M.I.P. INSURANCE	DIRECT COST	1	1	72,531		1	72,531	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					$ 1,944,291	$		$ 1,944,291	25

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, # 0043398 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	BURNHAM HEALTH CARE REALTY						$	$			$	1
2	CAMBRIDGE REALTY		X	MORTGAGE	$85,698.11	11/21/03	16,088,500	14,388,592	9/1/37	0.0533	773,178	2
3	LOAN COSTS		X	AMORTIZE OVER LIFE OF LOAN							8,508	3
4												4
5												5
	Working Capital											
6	PRIVATE BANK		X	WORKING CAPITAL	INTEREST	REVOLV		2,175,000		PRIME+	7,094	6
7												7
8	RELATED PARTY ALLOC										1,068	8
9	TOTAL Facility Related				$85,698.11		$ 16,088,500	$ 16,563,592			$ 789,848	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 16,088,500	$ 16,563,592			$ 789,848	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 **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.**	$ 555,991	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.)		$ 556,776	2
3. Under or (over) accrual (line 2 minus line 1).		$ 785	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 570,726	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.		$ 571,511	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	628,952	8
	2007	658,187	9
	2008	683,099	10
	2009	542,430	11
	2010	556,776	12

THE CURRENT YEAR REAL ESTATE TAX ACCRUAL IS BASED ON ~ 102.5% 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 BURNHAM HEALTHCARE PROPERTIES, LLC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0043398

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.	30-06-313-040-0000	NURSING HOME	$ 451,128.86	$ 451,128.86
2.	30-06-313-045-0000	NURSING HOME	$ 2,965.21	$ 2,965.21
3.	30-06-313-051-000	NURSING HOME	$ 22,211.60	$ 22,211.60
4.	30-06-313-052-000	NURSING HOME	$ 5,608.37	$ 5,608.37
5.	30-06-313-053-000	NURSING HOME	$ 6,278.04	$ 6,278.04
6.	30-06-313-054-000	NURSING HOME	$ 68,583.44	$ 68,583.44
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 556,775.52	$ 556,775.52

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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,554 B. General Construction Type: Exterior 3 STORY Frame BRICK 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? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

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

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

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	LAND		1998	$ 1,500,000	1
2					2
3	TOTALS			$ 1,500,000	3

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	309		1998		$ 12,649,700	$ 324,351	39	$ 324,351	$	$ 4,463,936	4
5											5
6											6
7	RELATED PARTY				71,100	2,056	39	2,056			7
8	HOME OFFICE										8
	Improvement Type**										
9	ROOF - REALTY			1998	74,000	1,897	39	1,897		25,321	9
10	WALLCOVERINGS - REALTY			1998	39,379	1,010	39	1,010		13,477	10
11	PAINTING - REALTY			1998	12,962	332	39	332		4,434	11
12	WINDOW TREATMENTS - REALTY			1998	38,112	977	39	977		13,041	12
13	FENCE - REALTY			1998	650	17	39	17		224	13
14	NEW WINDOWS - REALTY			1998	20,445	524	39	524		6,995	14
15	PAINTERS SALARIES - REALTY			1998	64,064	1,643	39	1,643		21,925	15
16	NURSE STATION - REALTY			1998	23,100	592	39	592		7,903	16
17	TILING - REALTY			1998	635	17	39	17		221	17
18	BUILT IN CABINETRY - REALTY			1998	64,700	1,659	39	1,659		22,141	18
19	NEW COILS FOR AHV - REALTY			1999	6,000	154	39	154		1,927	19
20	NEW BOILER - REALTY			1999	20,328	521	39	521		6,519	20
21	HOT WATER TANK - REALTY			1999	2,750	71	39	71		888	21
22	ROOF - REALTY			1999	29,500	756	39	756		9,459	22
23	PATIO - REALTY			1999	5,080	339	15	339		4,240	23
24	AWNING - REALTY			1999	3,000	200	15	200		2,503	24
25	LIGHTS - REALTY			1999	7,603	195	39	195		2,440	25
26	NURSE CALL STATION - REALTY			1999	1,957	50	39	50		626	26
27	WINDOW TREATMENTS - REALTY			1999	11,207	287	39	287		3,592	27
28	CORRIDOR BORDERS - REALTY			1999	6,154	158	39	158		1,977	28
29	SCREENS - REALTY			2000	3,543	129	27.5	129		1,486	29
30	AIR CONDITIONER REPLACEMENT - REALTY			2001	14,540	529	27.5	529		5,560	30
31	DOOR DETECTOR - REALTY			2001	1,800	65	27.5	65		684	31
32	A/C COMPRESSOR & REBUILT AIR HANDLER - REALTY			2001	22,621	823	27.5	823		8,652	32
33	ROOF VENTILATORS - REALTY			2001	6,898	251	27.5	251		2,639	33
34	BOILER - REALTY			2001	63,746	2,318	27.5	2,318		24,368	34
35	WALK IN FREEZER - REALTY			2001	3,750	136	27.5	136		1,430	35
36	DOOR - REALTY			2001	2,970	108	27.5	108		1,135	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	DRYER EXHAUST FAN - REALTY	2001	$ 4,050	$ 147	27.5	$ 147	$	$ 1,546	37
38	DOORS - REALTY	2001	1,995	72	27.5	72		757	38
39	DOORS - REALTY	2001	1,723	63	27.5	63		662	39
40	FLOOR TILING & CARPETING	2001	4,497		5			4,497	40
41	DRAPERIES	2001	12,722		5			12,722	41
42	HOT WATER HEATER & PIPING - REALTY	2002	19,857	722	27.5	722		6,868	42
43	ROOF - REALTY	2002	6,150	224	27.5	224		2,130	43
44	ELECTRIC DOOR LOCKING SYSTEM - REALTY	2002	2,326	84	27.5	84		800	44
45	DOORS - REALTY	2002	10,098	367	27.5	367		3,491	45
46	TILING - REALTY	2002	17,815	648	27.5	648		6,164	46
47	SAFETY LOCK SYSTEM - REALTY	2002	5,854	213	27.5	213		2,026	47
48	ELEVATOR REPAIR - REALTY	2002	39,650	1,442	27.5	1,442		13,717	48
49	BOILER - REALTY	2002	9,550	347	27.5	347		3,301	49
50	ELEVATOR - REALTY	2003	100,632	3,659	27.5	3,659		31,336	50
51	PATIO DOORS - REALTY	2003	2,300	84	27.5	84		719	51
52	FLOORING IN ELEVATORS - REALTY	2003	1,155	42	27.5	42		359	52
53	NURSES STATION - REALTY	2003	6,806	247	27.5	247		2,116	53
54	KITCHEN CABINETS - REALTY	2003	2,836	103	27.5	103		883	54
55	KITCHEN FLOORING - REALTY	2003	2,673	97	27.5	97		831	55
56	PATIO TILING & LIGHTING - REALTY	2003	4,688	170	27.5	170		1,456	56
57	COVE BASE IN ANNEX CORRIDOR - REALTY	2003	824	30	27.5	30		256	57
58	HANDRAILS & BUMPER GUARDS - REALTY	2003	8,565	311	27.5	311		2,664	58
59	LIGHTING FOR CORRIDORS - REALTY	2003	1,410	51	27.5	51		437	59
60	KICKPLATES - REALTY	2003	5,300	193	27.5	193		1,652	60
61	FREIGHT & SALES TAX ON ABOVE IMP. - REALTY	2003	816	30	27.5	30		256	61
62	DOOR ALARM SYSTEM	2004	3,076	112	27.5	112		845	62
63	NEW FLOORING	2004	39,141	1,423	27.5	1,423		10,732	63
64	AIR CONDITIONING CHILLER UNIT	2004	14,876	541	27.5	541		4,080	64
65	TILE FLOORING	2004	4,031	147	27.5	147		1,108	65
66	FIRE SUPPRESSION SYSTEMS	2004	5,001	182	27.5	182		1,372	66
67	SHOWER, BATH & TUB ROOMS AND KITCHEN	2004	72,837	2,649	27.5	2,649		19,978	67
68	AIR CONDITIONING UNIT	2004	5,484	199	27.5	199		1,501	68
69	POWER ROOF EXHAUST UNITS	2005	3,972	145	27.5	145		900	69
70	TOTAL (lines 4 thru 69)		$ 13,695,004	$ 356,909		$ 356,909	$	$ 4,801,905	70

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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		$ 13,695,004	$ 356,909		$ 356,909	$	$ 4,801,905	1
2	RECLAIM PUMPS	2005	1,770	64	27.5	64		398	2
3	POWER ROOF EXHAUST FANS	2005	3,545	129	27.5	129		801	3
4	GREASE BASIN	2005	11,800	429	27.5	429		2,663	4
5	CUBICAL CURTAINS	2005	3,784		5	(379)	(379)	3,784	5
6	WALL MOUNTED WATER COOLER	2006	1,808	66	27.5	66		354	6
7	FIRE SUPPRESSION SYSTEM	2006	5,200	189	27.5	189		1,017	7
8	DOORS	2006	2,150	78	27.5	78		465	8
9	CARPETING	2006	2,690	155	5	538	383	3,009	9
10	ROOF REPAIR - REALTY	2007	4,900	178	27.5	178		719	10
11	BUILDING IMPROVEMENT- REALTY	2006	41,151	1,496	27.5	1,496		7,979	11
12	BUILDING IMPROVEMENT	2007	(41,151)	(1,496)	27.5	(1,496)		(7,418)	12
13	BOILER- REALTY	2008	24,300	884	27.5	884		3,536	13
14	SPRINKLERS- REALTY	2008	12,879	468	27.5	468		1,677	14
15	ROOF TOP VENTILATOR	2010	5,345	194	27.5	194		348	15
16	NURSE CALL PANEL ANNUNCIATOR	2010	2,354	86	27.5	86		154	16
17	FURNISH AND INSTALL DOORS-"B" FIRE LABEL	2010	5,102	186	27.5	186		302	17
18	ROOFTOP CHILLER AND CRANKCASE HEATER	2010	11,350	413	27.5	413		671	18
19	NURSE CALL PANEL ANNUNCIATOR	2010	17,440	634	27.5	634		1,047	19
20	ROOFTOP EXHAUST	2010	13,183	479	27.5	479		699	20
21	FIX ROOF TOPS	2010	2,724	99	27.5	99		136	21
22	BOOSTER HEATER, UNITAIRE FAN COIL UNIT	2010	4,530	165	27.5	165		234	22
23	DURO-LAST ROOF SYSTEM	2010	90,500	3,291	27.5	3,291		3,702	23
24	REPLACEMENT OF THE BOILERS	2010	19,310	702	27.5	702		848	24
25	INSTALL FIRE ALARM PANEL	2010	7,746	282	27.5	282		294	25
26	SEC 754 BASIS ADJUSTMENT	2010		14,109			(14,109)		26
27	FIRE DOOR	2011	3,420	36	27.5	36		36	27
28	A/C REPAIR	2011	6,603	90	27.5	90		90	28
29	WINDOWS & DOORS	2011	4,050	43	27.5	43		43	29
30	FIRE WALLS,NURSES STATION -SINKS	2011	8,330	63	27.5	63		63	30
31	CABINETS	2011	12,089	92	27.5	92		92	31
32	AUDIO DEVICE	2011	2,870	100	27.5	100		100	32
33	CANOPY F E MORAN	2011	5,220	182	27.5	182		182	33
34	TOTAL (lines 1 thru 33)		$ 13,991,996	$ 380,795		$ 366,690	$ (14,105)	$ 4,829,930	34

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 12B, Carried Forward		$ 13,991,996	$ 380,795		$ 366,690	$ (14,105)	$ 4,829,930	1
2									2
3	TUCKPOINTING	2011	15,900	409	27.5	409		409	3
4	HVAC WALL UNITS	2011	5,000	144	27.5	144		144	4
5	FLOOR REPLACEMENT	2011	24,000	618	27.5	618		618	5
6	BOILER	2011	21,555	751	27.5	751		751	6
7	CHILLER	2011	59,700	1,538	27.5	1,538		1,538	7
8	FOOD PROCESSOR	2011	1,080	24	27.5	24		24	8
9									9
10									10
11									11
12									12
13									13
14									14
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 14,119,231	$ 384,279		$ 370,174	$ (14,105)	$ 4,833,414	34

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	$ 242,016	$ (2,039)	$ 21,002	$ 23,041	10 YRS	$ 205,168	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	1,433,927					1,433,927	73
74	RELATED PARTY		18,106	18,106				74
75	TOTALS	$ 1,675,943	$ 16,067	$ 39,108	$ 23,041		$ 1,639,095	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				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	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)	$ 17,295,174	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 400,346	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 409,282	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,936	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,472,509	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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: $ 23,657 Description: SEE SCHEDULE ATTACHED
(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	SEE ATTACHED			51,872	18
19					19
20					20
21	TOTAL		$	$ 51,872	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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 BURNHAM HEALTHCARE PROPERTIES, LLC STATE OF ILLINOIS # 0043398 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	$		$ 288,171	$		$ 288,171	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			8,385			8,385	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			275,029			275,029	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				546,032		546,032	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): lab.					20,002			20,002	13
14	TOTAL			$		$ 591,587	$ 546,032		$ 1,137,619	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	$ 678,400	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (600,000))	4,180,694		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	175,956		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	464,920		8
9	Other(specify): Employee Loans & Wage Assgn	2,404		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,502,374	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	133,540		15
16	Equipment, at Historical Cost	1,699,636		16
17	Accumulated Depreciation (book methods)	(1,742,463)		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): SEC 754 BASIS ADJ	373,293		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 464,006	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,966,380	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 958,359	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,175,000		29
30	Accrued Salaries Payable	321,358		30
31	Accrued Taxes Payable (excluding real estate taxes)	51,069		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,505,786	$	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)**	$ 3,505,786	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,460,594	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,966,380	$	48

*(See instructions.)

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 **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**	$ 1,683,954	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,683,954	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,325,857	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	(1,549,217)	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)**	$ 776,640	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)**	$ 2,460,594	24 *

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	$ 16,591,171	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 16,591,171	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	9,375	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 9,375	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***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	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)**	$ 16,600,546	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,742,612	31
32	Health Care	4,855,939	32
33	General Administration	3,439,785	33
	B. Capital Expense		
34	Ownership	1,984,407	34
	C. Ancillary Expense		
35	Special Cost Centers	1,137,619	35
36	Provider Participation Fee	169,178	36
	D. Other Expenses (specify):		
37	OUT-OF-PERIOD EXPENSES	(54,851)	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 14,274,689	40
41	**Income before Income Taxes (line 30 minus line 40)****	2,325,857	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 2,325,857	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 BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	2,022	2,086	$ 90,249	$ 43.26	1
2	Assistant Director of Nursing	2,061	2,089	65,287	31.25	2
3	Registered Nurses	17,157	17,765	527,722	29.71	3
4	Licensed Practical Nurses	54,662	56,014	1,299,708	23.20	4
5	CNAs & Orderlies	124,210	136,957	1,474,248	10.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,921	11,823	169,364	14.32	8
9	Activity Director					9
10	Activity Assistants	14,760	16,023	156,673	9.78	10
11	Social Service Workers	20,882	22,236	296,060	13.31	11
12	Dietician					12
13	Food Service Supervisor	2,038	2,086	47,129	22.59	13
14	Head Cook	36,038	39,454	380,365	9.64	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers	12,598	13,371	181,762	13.59	17
18	Housekeepers	40,634	44,263	471,549	10.65	18
19	Laundry	14,164	15,230	138,231	9.08	19
20	Administrator	3,564	3,629	135,140	37.24	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	14,007	15,039	216,491	14.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,797	1,908	23,268	12.19	31
32	Other Health C: See Attached	20,023	21,399	388,361	18.15	32
33	Other(specify) See Attached	25,705	27,330	256,500	9.39	33
34	TOTAL (lines 1 - 33)	417,243	448,702	$ 6,318,107 *	$ 14.08	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	$ 17,074	1-3	35
36	Medical Director	O	6,000	9-3	36
37	Medical Records Consultant	N	0	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	14,832	10-3	39
40	Physical Therapy Consultant	L	48	10a-3	40
41	Occupational Therapy Consultant	Y	982	10a-3	41
42	Respiratory Therapy Consultant		71,000	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	4,174	11-3	44
45	Social Service Consultant	E	3,440	12-3	45
46	Other(specify) Physicians	S	6,000	10-3	46
47	Psychiatric		705	10-3	47
48	Dental		3,900	10-3	48
49	TOTAL (lines 35 - 48)		$ 128,155		49

C. CONTRACT NURSES

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

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
FRED BERKOVITS	ADMINISTRATOR		$ 79,985
NANCY GIVEN	ADMINISTRATOR		55,155
			0
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 135,140

B. Administrative - Other

Description	Amount
EMI ENTERPRISES MANAGEMENT FEES	$ 799,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 799,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
SEE SCHEDULE ATTACHED		111,652
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 111,652

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 159,392
Unemployment Compensation Insurance	130,388
FICA Taxes	477,349
Employee Health Insurance	268,816
Employee Meals	13,169
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	2,307
EMPLOYEE PHYSICAL EXAMS	0
PENSION/PROFIT SHARING PLANS	65,466
CHICAGO HEAD TAX	0
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,116,887

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

Description	Line #	Amount
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	0
Health Care Worker Background Check	0
(Indicate # of checks performed)	
Patient Background Checks 308	15,400
TRUST/FRANCHISE/CONTRIB/ETC	9,288
MARKETING/ADV/PROMO	2,702
LICENSES/DUES/SUBSCRIPTIONS	29,127
MGMT CO ALLOC	4,626
TRUST/FRANCHISE/CONTRIB/ETC	(9,288)
Less: Public Relations Expense	(0)
Non-allowable advertising	(2,702)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 49,153

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)	$

**See instructions.

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 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	PAINT/DECORATING		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number BURNHAM HEALTHCARE PROPERTIES, LLC # 0043398 **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? **YES**
If YES, give association name and amount. **IL COUNCIL LONG TERM CARE $22,191**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

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

(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. $ 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 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. $ **169,178**
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. $ **13,169** 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 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.