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: 0045526

Facility Name: PRESIDENTIAL PAVILION, LLC

Address: 8001 S. WESTERN AVE. (Number) CHICAGO (City) 60620 (Zip Code)

County: COOK

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

HFS ID Number:

Date of Initial License for Current Owners: 10/01/01

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 PRESIDENTIAL PAVILION, LLC # 0045526 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	218	Skilled (SNF)	218	79,570	1
2		Skilled Pediatric (SNF/PED)			2
3	110	Intermediate (ICF)	110	40,150	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	328	TOTALS	328	119,720	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	29,811	348	10,185	40,344	8
9	SNF/PED					9
10	ICF	71,805	31		71,836	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	101,616	379	10,185	112,180	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.70%

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 10/01/01

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 53 and days of care provided 10,185

Medicare Intermediary BLUE CROSS-BLUE SHELD

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 PRESIDENTIAL PAVILION, LLC # 0045526 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	383,227	56,454	14,946	454,627		454,627		454,627			1
2	Food Purchase		530,230		530,230	(11,242)	518,988	(1,054)	517,934			2
3	Housekeeping	438,120	59,465		497,585		497,585		497,585			3
4	Laundry	178,268	42,490	13,936	234,694		234,694		234,694			4
5	Heat and Other Utilities			292,803	292,803		292,803	687	293,490			5
6	Maintenance	141,205	44,400	84,503	270,108		270,108	12,269	282,377			6
7	Other (specify):* Security	237,303		43,606	280,909		280,909	129	281,038			7
8	TOTAL General Services	1,378,123	733,039	449,794	2,560,956	(11,242)	2,549,714	12,031	2,561,745			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	3,753,364	172,607	37,806	3,963,777		3,963,777		3,963,777			10
10a	Therapy	132,053			132,053		132,053		132,053			10a
11	Activities	212,346	46,199	6,358	264,903		264,903		264,903			11
12	Social Services	246,225		1,796	248,021		248,021		248,021			12
13	CNA Training											13
14	Program Transportation			19,317	19,317		19,317		19,317			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,343,988	218,806	71,277	4,634,071		4,634,071		4,634,071			16
	C. General Administration											
17	Administrative	88,564		475,000	563,564		563,564	(357,379)	206,185			17
18	Directors Fees											18
19	Professional Services			147,079	147,079		147,079	28,882	175,961			19
20	Dues, Fees, Subscriptions & Promotions			67,385	67,385		67,385	(16,986)	50,399			20
21	Clerical & General Office Expenses	397,976	39,742	86,862	524,580		524,580	(122,577)	402,003			21
22	Employee Benefits & Payroll Taxes			1,073,394	1,073,394	11,242	1,084,636		1,084,636			22
23	Inservice Training & Education			1,939	1,939		1,939	15	1,954			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			31,651	31,651		31,651	(10,945)	20,706			25
26	Insurance-Prop.Liab.Malpractice			286,433	286,433		286,433	27,914	314,347			26
27	Other (specify):*			530,400	530,400		530,400	(509,969)	20,431			27
28	TOTAL General Administration	486,540	39,742	2,700,143	3,226,425	11,242	3,237,667	(961,045)	2,276,622			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,208,651	991,587	3,221,214	10,421,452		10,421,452	(949,014)	9,472,438			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#: PRESIDENTIAL PAVILION, LLC **#0045526** **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	14,946	
	REPAIRS & MAINTENANCE		0	
			0	14,946
3	**HOUSEKEEPING**			
			0	
			0	0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		13,936	
			0	13,936
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		95,252	
	ELECTRICITY		139,791	
	WATER		55,685	
	CABLE TV - LOBBY		2,075	
			0	292,803
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		5,398	
	PAINTING & DECORATING		1,950	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		31,826	
	ELEVATOR MAINTENANCE & REPAIR		24,246	
	OUTSIDE LABOR		0	
	EXTERMINATING SERVICE		8,300	
	FIRE SERVICE		12,783	
			0	
			0	
			0	
			0	84,503
7	**OTHER**			
	SCAVENGER		38,614	
	SECURITY SERVICE		4,992	
			0	
			0	43,606
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		13,414	
	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	15,592	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	4,000	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	0	
	DENTAL		4,800	
			0	37,806
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	6,358	
			0	6,358
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTAN	XVIII B 45-2	1,796	
	SOCIAL WORKER	XVIII B 45-2	0	
				1,796
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC **#0045526** **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		19,317	19,317
			0	
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	475,000	475,000
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	22,914	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	124,165	
			0	147,079
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	12,952	
	EMPLOYEE WANT ADS	XIX F	0	
	CONTRIBUTIONS	VI 20 XIX F	500	
	DUES & SUBSCRIPTIONS	XIX F	20,737	
	LICENSES & PERMITS	XIX F	4,410	
	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	8,236	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	0	
	PATIENT BACKGROUND CHECKS	XIX F	20,550	
				67,385
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		150	
	EQUIPMENT REPAIR & MAINTENANCE		9,148	
	OUTSIDE CLERICAL SERVICES		53,000	
	PENALTIES / OVERDRAFT CHARGES	VI 18	54	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		24,510	
	MESSENGER SERVICE		0	
			0	86,862

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	460,268	
	UNEMPLOYMENT COMPENSATION	XIX D	81,430	
	WORKERS COMPENSATION INSURANC	XIX D	156,932	
	HOSPITALIZATION INSURANCE	XIX D	291,470	
	EMPLOYEE BENEFITS - OTHER	XIX D	7,606	
	EMPLOYEE PHYSICAL EXAMS	XIX D	0	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	PENSION/PROFIT SHARING PLANS	XIX D	66,628	
	CHICAGO HEAD TAX	XIX D	9,060	
			0	1,073,394
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		1,939	
				1,939
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		31,651	
				31,651
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		286,433	
				286,433
27	**OTHER**			
	BAD DEBTS	VI 24	530,400	
				530,400

GRAND TOTAL COLUMN 3 OTHER **3,221,214**

PRESIDENTIAL PAVILION, LLC
SCHEDULES
12/31/2011

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

TOTAL FOOD PURCHASE	530,230
LESS SALES TAX	(1,054)
NET FOOD	529,176
TOTAL PATIENT CENSUS	112,180
TIME 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	336,540
ADD # EMPLOYEE MEALS/DAY	20
TIME # DAYS	365
TOTAL EMPLOYEE MEALS	7,300
PATIENT MEALS	336,540
ADD EMPLOYEE MEALS	7,300
TOTAL MEALS/YEAR	343,840
NET FOOD	529,176
DIVIDE TOTAL MEALS/YEAR	343,840
COST PER MEAL	1.54
TIME EMPLOYEE MEALS	7,300
EMPLOYEE MEAL RECLASSIFICATION	**11,242**
	========

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC #0045526 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			93,919	93,919		93,919	732,696	826,615			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			933,662	933,662		933,662	972,508	1,906,170			32
33	Real Estate Taxes							618,999	618,999			33
34	Rent-Facility & Grounds			2,040,000	2,040,000		2,040,000	(2,040,000)				34
35	Rent-Equipment & Vehicles			40,950	40,950		40,950	5,561	46,511			35
36	Other (specify):* IME			26,184	26,184		26,184	59,930	86,114			36
37	**TOTAL Ownership**			3,134,715	3,134,715		3,134,715	349,694	3,484,409			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		123,210	570,052	693,262		693,262		693,262			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			179,580	179,580		179,580		179,580			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		123,210	749,632	872,842		872,842		872,842			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,208,651	1,114,797	7,105,561	14,429,009		14,429,009	(599,320)	13,829,689			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 PRESIDENTIAL PAVILION, LLC # 0045526 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 Reference	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	(839)	30		9
10	Interest and Other Investment Income	(38)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,054)	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	(54)	21		18
19	Entertainment		20		19
20	Contributions	(8,736)	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	(530,400)	27		24
25	Fund Raising, Advertising and Promotional	(12,952)	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	(145,209)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (699,282)		$	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)	99,962		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 99,962		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (599,320)		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

PRESIDENTIAL PAVILION, LLC

ID# 0045526

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	(130,876)	21	2
3	BANK CHARGE	(150)	21	3
4	NONALLOWABLE TRAVEL	(13,018)	25	4
5	MARKETING AUTO LEASE	(1,165)	35	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**	(145,209)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 **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	(1,054)	0	0	0	0	0	0	0	0	0	0	(1,054)	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	687	0	0	0	0	0	0	0	687	5
6	Maintenance	0	5,354	5,152	1,763	0	0	0	0	0	0	0	12,269	6
7	Other (specify):*	0	0	129	0	0	0	0	0	0	0	0	129	7
8	**TOTAL General Services**	(1,054)	5,354	5,281	2,450	0	0	0	0	0	0	0	12,031	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	(372,594)	15,215	0	0	0	0	0	0	0	0	(357,379)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	858	11,644	130	16,250	0	0	0	0	0	0	28,882	19
20	Fees, Subscriptions & Promotions	(21,688)	0	4,632	70	0	0	0	0	0	0	0	(16,986)	20
21	Clerical & General Office Expenses	(131,080)	11,533	(3,030)	0	0	0	0	0	0	0	0	(122,577)	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	(13,018)	311	1,762	0	0	0	0	0	0	0	0	(10,945)	25
26	Insurance-Prop.Liab.Malpractice	0	1,699	331	168	25,716	0	0	0	0	0	0	27,914	26
27	Other (specify):*	(530,400)	12,469	7,962	0	0	0	0	0	0	0	0	(509,969)	27
28	**TOTAL General Administration**	(696,186)	(345,724)	38,531	368	41,966	0	0	0	0	0	0	(961,045)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(697,240)	(340,370)	43,812	2,818	41,966	0	0	0	0	0	0	(949,014)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 **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	(839)	0	203	2,268	731,064	0	0	0	0	0	0	732,696	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(38)	0	0	3,838	968,708	0	0	0	0	0	0	972,508	32
33	Real Estate Taxes	0	0	0	3,710	615,289	0	0	0	0	0	0	618,999	33
34	Rent-Facility & Grounds	0	0	0	0	(2,040,000)	0	0	0	0	0	0	(2,040,000)	34
35	Rent-Equipment & Vehicles	(1,165)	718	4,876	1,132	0	0	0	0	0	0	0	5,561	35
36	Other (specify):*	0	0	0	(26,184)	86,114	0	0	0	0	0	0	59,930	36
37	TOTAL Ownership	(2,042)	718	5,079	(15,236)	361,175	0	0	0	0	0	0	349,694	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)	(699,282)	(339,652)	48,891	(12,418)	403,141	0	0	0	0	0	0	(599,320)	45

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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
				EMI ENTERPRISES	LINCOLNWOOD	MGMT
SEE ATTACHED SCHEDULE		SEE ATTACHED SCHEDULE		EKS MGMT	LINCOLNWOOD	BOOKKEEPING
				IME REALTY	LINCOLNWOOD	HOME OFFICE
				BEVERLY		
				PAVILION , LLC	LINCOLNWOOD	LANDLORD

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 - EMI	$ 425,000	EMI ENTERPRISES,INC.		$	$ (425,000)	1
2	V	6	DRIVERS' SALARY				5,354	5,354	2
3	V	17	OFFICER SALARY				25,806	25,806	3
4	V	17	REGIONAL DIRECTOR				794	794	4
5	V	17	MGT - CONSULTANT				25,806	25,806	5
6	V	19	ACCOUNTING FEES				858	858	6
7	V	21	OFFICE / CLERICAL				11,533	11,533	7
8	V	25	TRANSPORTATION				311	311	8
9	V	26	INSURANCE				1,699	1,699	9
10	V	27	EMPLOYEE BENEFITS				12,469	12,469	10
11	V	35	AUTO LEASE				718	718	11
12	V								12
13	V								13
14	Total			$ 425,000			$ 85,348	$ * (339,652)	14

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 53,000	EKS MANAGEMENT		$	$ (53,000)	15
16	V	6	PAINTERS SALARY				5,152	5,152	16
17	V	7	SCAVENGER				129	129	17
18	V	17	CFO - SALARY				15,215	15,215	18
19	V	19	PROFESSIONAL FEES				11,644	11,644	19
20	V	20	WANT ADS / BACKGR CKS				4,632	4,632	20
21	V	21	OFFICE / CLERICAL				49,970	49,970	21
22	V	23	SEMINARS				15	15	22
23	V	25	TRANSPORTATION				1,762	1,762	23
24	V	26	INSURANCE				331	331	24
25	V	27	EMPLOYEE BENEFITS				7,962	7,962	25
26	V	30	DEPRECIATION				203	203	26
27	V	35	EQUIPMENT RENT				4,876	4,876	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			$ 53,000			$ 101,891	$ * 48,891	39

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 26,184	IME REALTY		$	$ (26,184)	15
16	V	5	UTILITIES				687	687	16
17	V	6	REPAIRS / MAINTENANCE				1,763	1,763	17
18	V	19	ACCOUNTING FEES				130	130	18
19	V	20	LICENSES & PERMITS				70	70	19
20	V	26	INSURANCE				168	168	20
21	V	30	DEPRECIATION - S/L				2,268	2,268	21
22	V	32	INTEREST				3,838	3,838	22
23	V	33	REAL ESTATE TAXES				3,710	3,710	23
24	V	35	STORAGE FEES				1,132	1,132	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			$ 26,184			$ 13,766	$ * (12,418)	39

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 2,040,000	BEVERLY PAVILION LLC		$	$ (2,040,000)	15
16	V	19	PROFESSIONAL FEES				16,250	16,250	16
17	V	26	INSURANCE				25,716	25,716	17
18	V	30	DEPR. S.L. BUILDING & IMP				654,383	654,383	18
19	V	30	DEPR. S.L. EQUIP & FURN				76,681	76,681	19
20	V	32	INTEREST				968,708	968,708	20
21	V	33	REAL ESTATE TAXES				615,289	615,289	21
22	V	36	M.I.P. INSURANCE				86,114	86,114	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			$ 2,040,000			$ 2,443,141	$ * 403,141	39

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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 PRESIDENTIAL PAVILION, LLC # 0045526 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	ALLOCATION FR EMI ENTERPRISE:				SEE ATTACHED				$		1
2	MORRIS ESFORMES	PRESIDENT	MGMT	80.00		6	7.50	SALARY	25,806	17-7	2
3	MICHAEL ROSEN	REG. DIRECTOR	Administrative	3.00		10	14.90	SALARY	794	17-7	3
4	PHILIP ESFORMES	ADM CON	Administrative	0.00		2.5	3.78	consult. Fee	25,806	17-7	4
5											5
6	ALLOCATION FR EKS MANAGEMENT :										6
7	AVRUM WEINFELD	CFO	FINANCIAL	3.00		3	4.61	SALARY	15,215	17-7	7
8	FLORA WEISS	O/S CONSULT	BOOKKEEPING	3.00		0.5	0.89	consult fee	2,213	21-7	8
9											9
10											10
11	PHILIP ESFORMES	ADM CON	Administrative	0.00		2.5	3.78	MGMT FEE	50,000	17-3	11
12											12
13								TOTAL	$ 119,834		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 PRESIDENTIAL PAVILION, LLC # 0045526 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
Street Address: 6865 N. LINCOLN AVE.
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 674 - 5795
Fax Number: (847) 674 - 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	6	DRIVERS' SALARY	PATIENT DAYS	847,662	14	$ 40,460	$ 40,460	112,180	$ 5,354	1
2	17	OFFICER SALARY	PATIENT DAYS	847,662	14	195,000	195,000	112,180	25,806	2
3	17	REGIONAL DIRECTOR	PATIENT DAYS	847,662	14	6,000	6,000	112,180	794	3
4	17	MGT - CONSULTANT	PATIENT DAYS	847,662	14	195,000		112,180	25,806	4
5	19	ACCOUNTING FEES	PATIENT DAYS	847,662	14	6,480		112,180	858	5
6	21	OFFICE / CLERICAL	PATIENT DAYS	847,662	14	87,144	58,016	112,180	11,533	6
7	25	TRANSPORTATION	PATIENT DAYS	847,662	14	2,349		112,180	311	7
8	26	INSURANCE	PATIENT DAYS	847,662	14	12,837		112,180	1,699	8
9	27	EMPLOYEE BENEFITS	PATIENT DAYS	847,662	14	94,218		112,180	12,469	9
10	35	AUTO LEASE	PATIENT DAYS	847,662	14	5,423		112,180	718	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					$ 644,911	$ 299,476		$ 85,348	25

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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
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	112,180	$ 5,152	1
2	7	SCAVENGER	PATIENT DAYS	847,662	14	971		112,180	129	2
3	17	CFO - SALARY	PATIENT DAYS	847,662	14	114,971	114,971	112,180	15,215	3
4	19	PROFESSIONAL FEES	PATIENT DAYS	847,662	14	87,982	76,534	112,180	11,644	4
5	20	WANT ADS / BACKGR CKS	PATIENT DAYS	847,662	14	35,000		112,180	4,632	5
6	21	OFFICE / CLERICAL	PATIENT DAYS	847,662	14	377,586	282,348	112,180	49,970	6
7	23	SEMINARS	PATIENT DAYS	847,662	14	115		112,180	15	7
8	25	TRANSPORTATION	PATIENT DAYS	847,662	14	13,315		112,180	1,762	8
9	26	INSURANCE	PATIENT DAYS	847,662	14	2,501		112,180	331	9
10	27	EMPLOYEE BENEFITS	PATIENT DAYS	847,662	14	60,163		112,180	7,962	10
11	30	DEPRECIATION	PATIENT DAYS	847,662	14	1,536		112,180	203	11
12	35	EQUIPMENT RENT	PATIENT DAYS	847,662	14	36,848		112,180	4,876	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		$ 101,891	25

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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 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	5	UTILITIES	RENTAL INCOME	195,459	14	$ 5,131	$	26,184	$ 687	1
2	6	REPAIRS / MAINTENANCE	RENTAL INCOME	195,459	14	13,157		26,184	1,763	2
3	19	ACCOUNTING FEES	RENTAL INCOME	195,459	14	973		26,184	130	3
4	20	LICENSES & PERMITS	RENTAL INCOME	195,459	14	526		26,184	70	4
5	26	INSURANCE	RENTAL INCOME	195,459	14	1,254		26,184	168	5
6	30	DEPRECIATION - S/L	RENTAL INCOME	195,459	14	16,930		26,184	2,268	6
7	32	INTEREST	RENTAL INCOME	195,459	14	28,650		26,184	3,838	7
8	33	REAL ESTATE TAXES	RENTAL INCOME	195,459	14	27,693		26,184	3,710	8
9	35	STORAGE FEES	RENTAL INCOME	195,459	14	8,451		26,184	1,132	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	$		$ 13,766	25

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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: BEVERLY PAVILION LLC
Street Address: 6865 N. LINCOLN AVE.
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 674-5795
Fax Number: (847) 674-5794

	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	1	1	$	$ 16,250	1	$	1
2	26	INSURANCE	DIRECT	1	1		25,716	1		2
3	30	DEPR. S.L. BUILDING & IMP	DIRECT	1	1		654,383	1		3
4	30	DEPR. S.L. EQUIP	DIRECT	1	1		76,681	1		4
5	32	INTEREST	DIRECT	1	1		968,708	1		5
6	33	REAL ESTATE TAXES	DIRECT	1	1		615,289	1		6
7	36	M.I.P. INSURANCE	DIRECT	1	1		86,114	1		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					$	$ 2,443,141		$	25

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	HUD (BEVERLY)		X	MORTGAGE	$99,236.00	3/10/05	$ 18,706,800	$ 17,260,898	3/10/40	0.0540	$ 936,430	1
2												2
3	WEDGEWOOD RLTY (BEVERLY		X	MORTGAGE	$15,000.00	3/10/05	1,650,600	649,265	12/10/15	0.0459	32,277	3
4												4
5	RELATED PARTY - IME										3,838	5
	Working Capital											
6	MB FINANCIAL		X	WORKING CAPITAL	INTEREST	REVOLV		2,565,000			41,135	6
7	INSURANCE FINANCING										6,360	7
8											886,167	8
9	TOTAL Facility Related				$114,236.00		$ 20,357,400	$ 20,475,163			$ 1,906,207	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 20,357,400	$ 20,475,163			$ 1,906,207	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 PRESIDENTIAL PAVILION, LLC # 0045526 **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.**	$ 571,121	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.)		$ 584,436	2
3. Under or (over) accrual (line 2 minus line 1).		$ 13,315	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 601,974	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.		$ 615,289	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	392,766	8
	2007	388,573	9
	2008	392,472	10
	2009	560,054	11
	2010	584,436	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 2009 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 PRESIDENTIAL PAVILION, LLC COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0045526

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.	20-31-108-044-0000	NURSING HOME	$ 584,435.93	$ 584,435.93
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 584,435.93	$ 584,435.93

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 PRESIDENTIAL PAVILION, LLC # 0045526 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,056 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories 7+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? [X] (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 [ ] 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			2006	$ 1,500,000	1
2					2
3	TOTALS			$ 1,500,000	3

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	328			2005	$ 17,449,000	$ 634,509	27.5	$ 634,509	$	$ 4,309,374	4
5											5
6											6
7	RELATED PARTY HOME OFFICE				75,472	2,179	39	2,179			7
8											8
	Improvement Type**										
9	AWNINGS			2001	10,500	382	27.5	382		3,868	9
10	FENCE			2001	2,100	140	15	140		1,418	10
11	ELEVATOR			2001	18,340	667	27.5	667		6,753	11
12	ALARM			2001	5,686	207	27.5	207		2,096	12
13	WINDOWS			2001	4,149	151	27.5	151		1,529	13
14	BOILER			2001	3,000	109	27.5	109		886	14
15	FURNISHINGWALLPAPER & BORDERS			2001	12,953		5			12,953	15
16	KITCHEN SINK & DRAIN			2001	2,525	92	27.5	92		931	16
17	DOORS			2001	15,100	549	27.5	549		5,548	17
18	ELEVATOR			2002	222,811	8,102	27.5	8,102		81,020	18
19	FENCE			2002	3,100	207	15	207		1,967	19
20	DOORS & LOCKS			2002	21,741	791	27.5	791		7,811	20
21	SHOWER ROOMS			2002	4,669	170	27.5	170		1,580	21
22	ALARM AND SPRINKLER			2002	11,881	432	27.5	432		4,013	22
23	EJECTOR & SEWEGE PUMP			2002	14,604	531	27.5	531		4,934	23
24	ROOF DRAIN			2002	3,100	113	27.5	113		1,078	24
25	FURNISHING - CARPETS AND DRAPERIES			2002	91,494		5			91,494	25
26	ELEVATIR			2003	110,562	4,020	27.5	4,020		35,343	26
27	PARKING LOT			2003	64,182	4,279	15	4,279		36,372	27
28	FIRE ALARM SYSTEM			2003	25,000	909	27.5	909		7,764	28
29	ROOF			2003	26,500	964	27.5	964		8,154	29
30	EXTERIOR WALL			2003	9,796	356	27.5	356		2,982	30
31	SINKS			2003	3,146	114	27.5	114		974	31
32	BUILT IN WARDROBE			2003	19,398	705	27.5	705		5,846	32
33	REBUILD A/C & HEATING RETURN FAN			2004	4,700	171	27.5	171		1,347	33
34	FIRE ALARM SYSTEM			2004	13,201	480	27.5	480		3,740	34
35	BUILT IN WARDROBE			2004	21,807	793	27.5	793		5,981	35
36	MASONRY REPAIRS			2004	61,620	2,241	27.5	2,241		16,341	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 PRESIDENTIAL PAVILION, LLC # 0045526 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	DOORS	2004	$ 2,995	$ 109	27.5	$ 109	$	$ 786	37
38	BOILER REPAIR	2004	5,650	206	27.5	206		1,450	38
39	HOT WATER HEATER	2004	5,756	209	27.5	209		1,899	39
40	FLOOR TILING	2004	5,326	194	27.5	194		1,366	40
41	REMODEL BATHROOM	2005	6,080	221	27.5	221		1,446	41
42	DOORS	2005	4,506	164	27.5	164		1,073	42
43	FLOOR TILING	2005	1,536	56	27.5	56		366	43
44	2 WATER BOILERS	2005	99,047	3,602	27.5	3,602		22,663	44
45	CONCRETE PATIO	2005	3,015	201	15	201		1,332	45
46	SHOWER	2006	3,040	111	27.5	111		615	46
47	DUCT WORK	2006	5,600	204	27.5	204		1,131	47
48	A/C COOLING TOWER	2006	13,161	479	27.5	479		2,175	48
49	FIRE ALARM - BEVERLY	2007	273,534	9,946	27.5	9,946		44,758	49
50	COOLING TOWERS - BEVERLY	2007	121,905	4,433	27.5	4,433		19,948	50
51	SHOWERS - BEVERLY	2007	12,160	442	27.5	442		1,989	51
52	AIR CLEANERS - BEVERLY	2007	10,851	395	27.5	395		1,777	52
53	CONCRETE WORK - BEVERLY	2007	5,100	185	27.5	185		925	53
54	SHOWERS - BEVERLY	2008	9,120	333	27.5	333		1,243	54
55	DOORS - BEVERLY	2008	4,520	164	27.5	164		649	55
56	BOLIER - BEVERLY	2008	5,295	193	27.5	193		667	56
57	FLOORS - BEVERLY	2008	6,260	228	27.5	228		751	57
58	ROOFING - BEVERLY	2008	3,800	138	27.5	138		443	58
59	EXTERIOR WALL - BEVERLY	2008	20,000	727	27.5	727		2,211	59
60	ROOFING - BEVERLY	2009	10,333	375	27.5	375		1,009	60
61	CAULK JOINTS - BEVERLY	2010	28,450	1,035	27.5	1,035		1,596	61
62	MECHANICAL ROOM - BEVERLY	2010	19,450	707	27.5	707		913	62
63	WELDING - BEVERLY	2010	3,587	130	27.5	130		146	63
64	ROOF - BEVERLY	2010	2,925	106	27.5	106		119	64
65	STEEL DOOR - BEVERLY	2011	1,275	36	27.5	36		36	65
66	CONTROLLE R- ANNUNCIATOR - BEVERLY	2011	6,649	192	27.5	192		192	66
67	CONCRETE - SIDEWALK - BEVERLY	2011	2,375	75	27.5	75		75	67
68	BACKFLOW REPAIR - BEVERLY	2011	4,550	34	27.5	34		34	68
69									69
70	TOTAL (lines 4 thru 69)		$ 19,039,988	$ 689,993		$ 689,993	$	$ 4,779,880	70

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 596,488	$ 60,488	$ 59,649	$ (839)	10 YRS	$ 566,558	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74		775,563	76,973	76,973				74
75	TOTALS	$ 1,372,051	$ 137,461	$ 136,622	$ (839)		$ 566,558	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)	$ 21,912,039	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 827,454	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 826,615	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (839)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,346,438	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 PRESIDENTIAL PAVILION, LLC # 0045526 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:
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: $ 12,707 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		28,243	18
19					19
20					20
21	TOTAL		$	$ 28,243	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 PRESIDENTIAL PAVILION, LLC # 0045526 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 PRESIDENTIAL PAVILION, LLC STATE OF ILLINOIS # 0045526 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	$		$ 302,438	$		$ 302,438	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			160			160	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			189,454			189,454	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				122,160		122,160	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): med supplies, therapy					78,000	1,050		79,050	13
14	TOTAL			$		$ 570,052	$ 123,210		$ 693,262	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.

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 468,694	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (770,000))	4,924,161		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	165,771		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	404,936		8
9	Other(specify): ILL. INCOME TAX DEPOSIT	25,000		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 5,988,562	$	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	858,930		15
16	Equipment, at Historical Cost	700,935		16
17	Accumulated Depreciation (book methods)	(979,505)		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-NET	1,551,613		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,131,973	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,120,535	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 320,858	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,565,000		29
30	Accrued Salaries Payable	249,749		30
31	Accrued Taxes Payable (excluding real estate taxes)	38,490		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	current portion long term			36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,174,097	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	4,897,693		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)**	$ 4,897,693	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,071,790	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 48,745	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 8,120,535	$	48

*(See instructions.)

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC **#** 0045526 **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**	$ 1,523,513	1
2	Restatements (describe):		2
3	POST CLOSING SEC. 754 ADJ	1,610,253	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 3,133,766	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,985,021)	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	(100,000)	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)**	$ (3,085,021)	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)**	$ 48,745	24 *

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

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 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	$ 11,298,897	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,298,897	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	145,053	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 145,053	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***	38	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 38	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)**	$ 11,443,988	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,560,956	31
32	Health Care	4,634,071	32
33	General Administration	3,226,425	33
	B. Capital Expense		
34	Ownership	3,134,715	34
	C. Ancillary Expense		
35	Special Cost Centers	693,262	35
36	Provider Participation Fee	179,580	36
	D. Other Expenses (specify):		
37	OUT-OF-PERIOD EXPENSES		37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 14,429,009	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,985,021)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,985,021)	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.**
TAX RETURN PREPARED ON CASH BASIS

*** **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 PRESIDENTIAL PAVILION, LLC # 0045526 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	2,442	2,629	$ 139,047	$ 52.89	1
2	Assistant Director of Nursing	1,933	2,138	69,479	32.50	2
3	Registered Nurses	8,864	10,102	274,463	27.17	3
4	Licensed Practical Nurses	59,015	62,492	1,429,741	22.88	4
5	CNAs & Orderlies	133,038	145,564	1,524,767	10.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,728	11,043	132,053	11.96	8
9	Activity Director	1,909	2,086	38,856	18.63	9
10	Activity Assistants	17,225	18,524	173,490	9.37	10
11	Social Service Workers	17,971	18,857	246,225	13.06	11
12	Dietician					12
13	Food Service Supervisor	1,950	2,086	31,286	15.00	13
14	Head Cook					14
15	Cook Helpers/Assistants	33,237	36,101	351,941	9.75	15
16	Dishwashers					16
17	Maintenance Workers	9,683	10,315	141,205	13.69	17
18	Housekeepers	42,397	45,912	438,120	9.54	18
19	Laundry	16,930	18,452	178,268	9.66	19
20	Administrator	2,056	2,056	88,564	43.08	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	31,613	32,631	397,976	12.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,990	4,175	46,985	11.25	31
32	Other Health C: see attached	11,944	12,351	268,882	21.77	32
33	Other(specify) Security	24,051	25,571	237,303	9.28	33
34	TOTAL (lines 1 - 33)	429,976	463,085	$ 6,208,651 *	$ 13.41	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	$ 14,946	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	15,592	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	6,358	11-3	44
45	Social Service Consultant	E	1,796	12-3	45
46	Other(specify) PHYSICIANS	S	4,000	10-3	46
47	DENTAL		4,800	10-3	47
48					48
49	TOTAL (lines 35 - 48)		$ 53,492		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			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number PRESIDENTIAL PAVILION, LLC # 0045526 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
FRED BERKOVITS	ADMINISTRATOR	0	$ 19,020
PHILIP BIRN	ADMINISTRATOR	0	69,544
			0
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 88,564

B. Administrative - Other

Description	Amount
EMI-MANAGEMENT FEE	$ 425,000
PHILIP ESFORMES LTD	50,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 475,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
SEE SCHEDULE ATTACHED		147,079
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 147,079

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 156,932
Unemployment Compensation Insurance	81,430
FICA Taxes	460,268
Employee Health Insurance	291,470
Employee Meals	11,242
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	7,606
EMPLOYEE PHYSICAL EXAMS	0
PENSION/PROFIT SHARING PLANS	66,628
CHICAGO HEAD TAX	9,060
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,084,636

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 411	20,550
TRUST/FRANCHISE/CONTRIB/ETC	8,736
MARKETING/ADV/PROMO	12,952
LICENSES/DUES/SUBSCRIPTIONS	25,147
MGMT CO ALLOC	4,702
TRUST/FRANCHISE/CONTRIB/ETC	(8,736)
Less: Public Relations Expense	(0)
Non-allowable advertising	(12,952)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 50,399

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 PRESIDENTIAL PAVILION, LLC # 0045526 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 PRESIDENTIAL PAVILION, LLC # 0045526 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. **ICLTC $ 20,702**

(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 **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. $ **179,580**
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. $ **11,242** 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.