		FOR BHF USE					

LL1

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

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

I. IDPH License ID Number: 0035485

Facility Name: Swann Special Care Center

Address: 109 Kenwood Rpad (Number) Champaign (City) 61821 (Zip Code)

County: Whiteside

Telephone Number: (217) 356-5164 **Fax #** (217) 356-7873

HFS ID Number:

Date of Initial License for Current Owners: 8/15/1989

Type of Ownership:

[X] VOLUNTARY,NON-PROFIT		[ ] PROPRIETARY		[ ] GOVERNMENTAL	
	[X] Charitable Corp.		[ ] Individual		[ ] State
	[ ] Trust		[ ] Partnership		[ ] County
IRS Exemption Code 501(c)(3)			[ ] Corporation		[ ] Other
			[ ] "Sub-S" Corp.		
			[ ] Limited Liability Co.		
			[ ] Trust		
			[ ] Other		

In the event there are further questions about this report, please contact:
Name: Charles Smith **Telephone Number:** (859) 317-4040
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 07/01/2010 to 06/30/2011 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) Tom Watts
(Title) Chief Managing

Paid Preparer
(Signed) (Date)
(Print Name and Title) Charles Smith, Reimbursement Manager
(Firm Name & Address) Exceptional Living Centers, 535 W Second Street, Suite 105
(Telephone) (859) 317-4040 Fax # ( )

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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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		Skilled (SNF)			1
2	123	Skilled Pediatric (SNF/PED)	123	44,895	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	123	TOTALS	123	44,895	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					8
9	SNF/PED	43,433	484	262	44,179	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,433	484	262	44,179	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.41%

D. How many bed-hold days during this year were paid by the Department?
728 (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 [ ]

I. On what date did you start providing long term care at this location?
Date started 08/15/1989

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 08/15/1989 NO [ ]

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

Medicare Intermediary Non applicable

IV. ACCOUNTING BASIS

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

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

Tax Year: 06/30/2011 Fiscal Year: 06/30/2011

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	237,803	16,185	19,893	273,881	23,956	297,837		297,837			1
2	Food Purchase		107,435		107,435		107,435		107,435			2
3	Housekeeping		42,771	148,181	190,952		190,952		190,952			3
4	Laundry	33,045	8,907	104,243	146,195		146,195		146,195			4
5	Heat and Other Utilities			92,095	92,095	1,045	93,140		93,140			5
6	Maintenance	62,903	8,534	39,861	111,298	1,310	112,608		112,608			6
7	Other (specify):*											7
8	**TOTAL General Services**	333,751	183,832	404,273	921,856	26,311	948,167		948,167			8
	B. Health Care and Programs											
9	Medical Director			45,645	45,645		45,645		45,645			9
10	Nursing and Medical Records	2,939,131	142,400	194,984	3,276,515	28,952	3,305,467		3,305,467			10
10a	Therapy	45,672	3,739	155,394	204,805		204,805		204,805			10a
11	Activities	206,466	1,596	1,051	209,113		209,113		209,113			11
12	Social Services	1,943		1,710	3,653		3,653		3,653			12
13	CNA Training											13
14	Program Transportation	59,727	329	31,278	91,334		91,334		91,334			14
15	Other (specify):*	22,576			22,576		22,576		22,576			15
16	**TOTAL Health Care and Programs**	3,275,515	148,064	430,062	3,853,641	28,952	3,882,593		3,882,593			16
	C. General Administration											
17	Administrative	71,188	9,058	397,547	477,793	(264,934)	212,859	(128,059)	84,800			17
18	Directors Fees					10,276	10,276		10,276			18
19	Professional Services			688,567	688,567	25,513	714,080		714,080			19
20	Dues, Fees, Subscriptions & Promotions			14,420	14,420	66,039	80,459	(4,317)	76,142			20
21	Clerical & General Office Expenses	105,076		81,545	186,621	14,122	200,743		200,743			21
22	Employee Benefits & Payroll Taxes			794,357	794,357	71,469	865,826		865,826			22
23	Inservice Training & Education											23
24	Travel and Seminar			22,466	22,466	14	22,480	(719)	21,761			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			47,580	47,580		47,580		47,580			26
27	Other (specify):*			(11,817)	(11,817)		(11,817)	13,641	1,824			27
28	**TOTAL General Administration**	176,264	9,058	2,034,665	2,219,987	(77,501)	2,142,486	(119,454)	2,023,032			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,785,530	340,954	2,869,000	6,995,484	(22,238)	6,973,246	(119,454)	6,853,792			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Swann Special Care Center #0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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			211,267	211,267	359	211,626		211,626			30
31	Amortization of Pre-Op. & Org.			13,404	13,404		13,404		13,404			31
32	Interest			464,091	464,091	19,768	483,859		483,859			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			801	801	2,111	2,912		2,912			34
35	Rent-Equipment & Vehicles			13,271	13,271		13,271		13,271			35
36	Other (specify):*											36
37	TOTAL Ownership			702,834	702,834	22,238	725,072		725,072			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			408,220	408,220		408,220		408,220			42
43	Other (specify):*	1,204,351	7,810	322,331	1,534,492		1,534,492		1,534,492			43
44	TOTAL Special Cost Centers	1,204,351	7,810	730,551	1,942,712		1,942,712		1,942,712			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,989,881	348,764	4,302,385	9,641,030		9,641,030	(119,454)	9,521,576			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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(100)	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	13,641	27		24
25	Fund Raising, Advertising and Promotional	(4,317)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 9,224		$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 9,224		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Swann Special Care Center

ID# 0035485

Report Period Beginning: 07/01/2010

Ending: 06/30/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Meals & Entertainment	$ (719)	24	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(719)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Swann Special Care Center **#** 0035485 **Report Period Beginning:** 07/01/2010 **Ending:** 06/30/2011

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	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	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	(100)	(127,959)	0	0	0	0	0	0	0	0	0	(128,059)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(4,317)	0	0	0	0	0	0	0	0	0	0	(4,317)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(719)	0	0	0	0	0	0	0	0	0	0	(719)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	13,641	0	0	0	0	0	0	0	0	0	0	13,641	27
28	**TOTAL General Administration**	8,505	(127,959)	0	0	0	0	0	0	0	0	0	(119,454)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	8,505	(127,959)	0	0	0	0	0	0	0	0	0	(119,454)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Swann Special Care Center # 0035485 **Report Period Beginning:** 07/01/2010 **Ending:** 06/30/2011

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	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)**	8,505	(127,959)	0	0	0	0	0	0	0	0	0	(119,454)	45

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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
		Exceptional Care & Training Center	Sterling			
		Walter Lawson Childrens Home	Loves Park			
		Vernon Manor Childrens Home	Wabash, Indiana			
		Exceptional Living Centers of Brazil	Brazil, Indiana			
		Randolph Nursing Home	Winchester, Indiana			
		Richland-Bean Blossom HHC	Ellettsville, Indiana			

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	Corporate Expense	$ 392,893	Hoosier Care, Inc.	100.00%	$ 264,934	$ (127,959)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 392,893			$ 264,934	$ * (127,959)	14

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	Bruce Hutson, M.D.	Director	Board Meetings	0.00				Director Fee	$ 1,640	18 / 3	1
2	Stephen Wood	Director	Board Meetings	0.00				Director Fee	5,122	18 / 3	2
3	John Gillmor	Director	Board Meetings	0.00				Director Fee	1,874	18 / 3	3
4	John Foos	Director	Board Meetings	0.00				Director Fee	1,640	18 / 3	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 10,276		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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 6/30/2011

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Revenue	49,258,737	7	$ 114,973	$	10,263,558	$ 23,956	1
2	5	Heat & Other Utilities	Revenue	49,258,737	7	5,016		10,263,558	1,045	2
3	6	Maintenance	Revenue	49,588,737	7	6,331		10,263,558	1,310	3
4	10	Nursing/Medical Records	Revenue	49,588,737	7	139,883		10,263,558	28,952	4
5	18	Directors Fees	Revenue	49,588,737	7	49,648		10,263,558	10,276	5
6	19	Professional Services	Revenue	49,588,737	7	123,265		10,263,558	25,513	6
7	20	Dues, Subscriptons & Fees	Revenue	49,588,737	7	319,030		10,263,558	66,031	7
8	21	Clerical General Office Exp.	Revenue	49,588,737	7	68,230		10,263,558	14,122	8
9	22	Emp. Benefits & Payroll	Revenue	49,588,737	7	345,306		10,263,558	71,469	9
10	24	Travel & Seminar	Revenue	49,588,737	7	108		10,263,558	22	10
11	30	Depreciation	Revenue	49,588,737	7	1,735		10,263,558	359	11
12	32	Interest-Working Capital	Revenue	49,588,737	7	95,510		10,263,558	19,768	12
13	34	Rent- Facility	Revenue	49,588,737	7	10,200		10,263,558	2,111	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					$ 1,279,235	$		$ 264,934	25

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	III. Health Finance Authority		X	Purchase of Facility	Varies	7/8/99	$ 5,710,000	$ 5,000,000	06/01/2034	7.1250	$ 360,881	1
2	III. Health Finance Authority		X	Purchase of Facility	Varies	7/8/99	260,000	165,000	06/02/2019	10.5000	18,375	2
3												3
4												4
5												5
	Working Capital											
6	Corporate Allocation										19,900	6
7												7
8												8
9	TOTAL Facility Related						$ 5,970,000	$ 5,165,000			$ 399,156	9
	B. Non-Facility Related*											
10	Debt Allocation		X	Purchase of Facility	Varies	7/8/99			Varies	Varies	84,835	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 84,835	14
15	TOTALS (line 9+line14)						$ 5,970,000	$ 5,165,000			$ 483,991	15

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

*** 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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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.**	$	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.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$	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.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	None	8
	2007	None	9
	2008	None	10
	2009	None	11
	2010	None	12

	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 Swann Special Care Center COUNTY Whiteside

FACILITY IDPH LICENSE NUMBER 0035485

CONTACT PERSON REGARDING THIS REPORT Charles Smith

TELEPHONE (859) 255-0075 FAX #: (859) 281-5150

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.	TAX EXEMPT		$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation 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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,257 B. General Construction Type: Exterior Block & Brick Frame Wood Number of Stories 1

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

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

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

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

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [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	SNF/PED	89,603	1989	$ 538,000	1
2					2
3	TOTALS	89,603		$ 538,000	3

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	87		1989	1975	$ 2,592,000	$ 56,275	10-40	$ 56,275	$	$ 1,574,360	4
5	9			1993	319,955	10,665	30	10,665		214,512	5
6	8			1996							6
7	8			2000	157,933	5,264	30	5,264		56,593	7
8	11			2004							8
	Improvement Type**										
9	PAINT & PANELS			1989	1,308		3			1,308	9
10	BLINDS			1990	384		3			384	10
11	FIRE DOORS			1990	2,751		10			2,751	11
12	STORM WINDOW			1991	4,225		10			4,225	12
13	FIRE DOORS			1991	3,675		10			3,675	13
14	ROTOTECH COMPRESSOR - ROG			1991	1,035		10			1,035	14
15	CARPETING - TILE SPECIALI			1991	220		10			220	15
16	SPRINKLER/FIRE SYSTM-MCDA			1991	696		10			696	16
17	SPRINKLER/EXIT DEVICES OD			1992	3,162		10			3,162	17
18	DAMPER - ROGERS SUPPLY			1992	674		10			674	18
19	FIRE ALARM SYSTEM - A1 AL			1992	1,945		10			1,945	19
20	WATER HEATER			1992	1,998		7			1,998	20
21	ROOFING			1992	3,900		10			3,900	21
22	VOLTAGE RELAY			1993	1,875		10			1,875	22
23	SPRINKLER SYSTEM			1993	14,460		10			14,460	23
24	WALL COVERING			1993	3,190		10			3,190	24
25	WALL PAPERING			1993	3,000		10			3,000	25
26	BLINDS WITH VALANCE			1993	2,395		10			2,395	26
27	CARPET AND RUBBER BASE			1993	2,848		10			2,848	27
28	REPLACE SIDING			1993	575		10			575	28
29	REMODELING IN TEAM ROOMS			1993	9,405		10			9,405	29
30	PLEXIGLASS FOR DOORS & WA			1993	714		10			714	30
31	RESURFACE PARKING LOT			1993	19,115		10			19,115	31
32	SHED			1993	5,990		10			5,990	32
33	STAIN NEW SHED			1993	1,248		10			1,248	33
34	FIRE DOORS, CLOSETS, TILE			1993	5,225		10			5,225	34
35	ARCHITECTURAL RENOVATION			1993	855		10			855	35
36	INSTALL ALARM & NURSE CAL			1994	688		10			688	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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	HEAT PUMP	1994	$ 2,017	$	10	$	$	$ 2,017	37
38	PAVING FOR NEW SIGN	1994	680		10			680	38
39	LABOR FOR LAYING BRICK -	1994	1,000		10			1,000	39
40	SIGN FOR DEDICATION	1994	325		10			325	40
41	SIGN AND GRANITE PIECES	1994	1,300		10			1,300	41
42	MATERIALS FOR LEASEHOLD I	1995	7,858		3			7,858	42
43	HOODS, FANS, ANSUL SYSTEM	1995	2,500		10			2,500	43
44	WORK FOR EXHAUST FAN & HO	1995	3,995		10			3,995	44
45	DAY ROOM ADDITION	1995	3,337		10			3,337	45
46	REPLACE WATER HEATER	1995	3,750		10			3,750	46
47	DAY ROOM ADDITION SUPPLIE	1995	1,926		10			1,926	47
48	WALK-IN COOLER	1995	3,334		10			3,334	48
49	ADD NURSE CALL SYSTEM	1996	1,198		10			1,198	49
50	SHED	1996	2,034		10			2,034	50
51	AIR CONDITIONER COMPRESSO	1996	1,208		10			1,208	51
52	SUPPLIES FOR LEASEHOLD IM	1996	3,091		3			3,091	52
53	CONSTRUCTION PROJECTS	1996	180,928	9,046	20	9,046		137,957	53
54	CONSTRUCT SCREENS,WHEELCH	1996	1,420		3			1,420	54
55	CONSTRUCT SHELVING,BEDS,S	1996	2,964		3			2,964	55
56	INSTALL NURSE CALL SYSTEM	1996	1,530		10			1,530	56
57	TILE & ADHESIVE	1996	1,227		10			1,227	57
58	ADHESIVE LINOLEUM	1996	686		10			686	58
59	INSTALL NEW DRAIN PIPES	1996	2,190		10			2,190	59
60	REMOVE CONCRETE TO REPL P	1996	575		10			575	60
61	INSTALL EXIT HARDWARE ON	1997	874		10			874	61
62	DAY TRAINING LEASE IMPROV	1998	3,911		4			3,911	62
63	FRP BOARD, CAP, SHELF BRA	1998	167		4			167	63
64	INSTALL NEW DISPOSAL	1997	1,069		10			1,069	64
65	REPLACE FOUR-DOOR GLASS	1998	520		10			520	65
66	REPLACE UNDERGROUND FUEL	1998	9,223	461	20	461		5,841	66
67	REMODEL PROJ:2410 SPRINGF	1998	33,764		4			33,764	67
68	PARTITION WALL:KITCHEN/DI	1998	595		8			595	68
69	REPLACE 2 ROOFTOP HVAC UN	1998	17,650		10			17,650	69
70	TOTAL (lines 4 thru 69)		$ 3,466,288	$ 81,712		$ 81,712	$	$ 2,195,513	70

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,466,288	$ 81,712		$ 81,712	$	$ 2,195,513	1
2	VENT DAMPER:HOT WATER HEA	1998	740		10			740	2
3	CONVERT 2 CLASSRMS TO RES	1998	15,258		10			15,258	3
4	SECURITY DOOR & CLOSERS	1999	520		10			520	4
5	REMOVE/RPLCE HOT WATER HE	1999	3,000		10			3,000	5
6	COMBUSTION MOTOR/FAN ON H	1999	1,155		10			1,155	6
7	ELECTRICAL SRVC:MOVE SWIT	1999	141		8			141	7
8	BAL:INSTALL HOT WATER HEA	1999	595		10			595	8
9	RE-SURFACE PARKING LOT	1999	2,350	157	15	157		1,867	9
10	FRP PANEL DIVIDERS	1999	513		5			513	10
11	PARTIAL PMT-INSTALL ALARM	2000	2,000		5			2,000	11
12	BALANCE-INSTALL ALARM SYS	2000	2,730		5			2,730	12
13	REPLACE COMPRESSOR ON FRE	1999	635		10			635	13
14	REPLACE BATHROOM FLOORS	1999	594	40	15	40		468	14
15	REPLACE RELAY ON GENERATO	1999	2,782		10			2,782	15
16	DEPOSIT ON STORAGE BARN	1999	120	5	25	5		56	16
17	BALANCE DUE ON STORAGE BA	1999	1,045	42	25	42		491	17
18	REPL THRU THE WALL HEAT P	1999	1,525		10			1,525	18
19	NEW TEMPERING VALVE-HOT W	2000	629		10			629	19
20	REPL TIMER/STARTER-EMERG	2000	2,153		10			2,153	20
21	INTERIOR ENERGY EFFICIENT	2000	15,090	755	20	755		8,551	21
22	INSTALL CLINICAL SINK.	2000	3,030		5			3,030	22
23	STONEYBROOK REMODELING PR	2000	138,235		5			138,235	23
24	INSTALL DOORS AT KENWOOD	2000	4,028	269	15	269		2,954	24
25	REPLACE GATE VALVE/INSTAL	2000	6,005	400	15	400		4,337	25
26	REPLACE CEILING TILE, PIP	2000	674	11	10	11		674	26
27	MATERIALS TO TILE BATHROO	2000	784	33	10	33		784	27
28	INSTALL BOOSTER PUMP.	2001	1,995	133	15	133		1,396	28
29	INSTALL TILE IN BATHROOM	2001	825	55	15	55		577	29
30	NEW FLOOR DRAINS IN SHOWE	2001	3,180	212	15	212		2,226	30
31	REPLACE REVERSING VALVE &	2001	599	50	10	50		599	31
32	REPLACEMENT PARTS FOR ROO	2001	662	55	10	55		662	32
33	TILE FOR BATHROOM	2001	1,854	170	10	170		1,854	33
34	TOTAL (lines 1 thru 33)		$ 3,681,733	$ 84,097		$ 84,097	$	$ 2,398,651	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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		$ 3,681,733	$ 84,097		$ 84,097	$	$ 2,398,651	1
2	STONEYBROOK AWNING.	2001	15,560		5			15,560	2
3	STONEYBROOK TELEPHONE SYS	2001	1,668		5			1,668	3
4	COMP. ED. ROOM AT STONEYB	2001	2,431		5			2,431	4
5	STONEYBROOK SHELVES -INST	2001	516		5			516	5
6	REMODELING	2001	8,351		5			8,351	6
7	SPRINKLER SYSTEMS RENOVAT	2001	760	51	15	51		507	7
8	INSTALL SHOWER DRAINS	2001	10,500	525	20	525		5,250	8
9	TILE TO REPLACE TUBS	2001	1,278	85	15	85		852	9
10	REWIRED AND REPLACED COMP	2001	1,404	140	10	140		1,392	10
11	REPLACED LAUNDRY PANEL	2001	1,179	79	15	79		767	11
12	WATER HEATER VALVE	2001	876	88	10	88		854	12
13	INTERNET SET-UP-WIRING, C	2002	6,141	409	15	409		3,855	13
14	THERMOSTATS WITH LOCKING	2002	1,371	91	15	91		838	14
15	CLASSROOM REMODEL	2002	5,978	598	10	598		5,580	15
16	FENCING	2002	674	67	10	67		617	16
17	REPLACE DOORS	2002	3,000		5			3,000	17
18	SECURITY SYSTEM	2002	3,165		5			3,165	18
19	REMODELING	2002	8,351		5			8,351	19
20	ELECTRICAL LABOR-REMODELI	2002	1,425		5			1,425	20
21	INSTALL TWO SINKS	2002	3,561		5			3,561	21
22	REVISION OF SPRINKLER SYS	2002	501		5			501	22
23	RE-SEAL AND RE-STRIPE PAR	2002	2,810	281	10	281		2,529	23
24	INSTALLED NEW PHONE SYS.S	2002	2,735		5			2,735	24
25	INSTALL NEW PHONE/DAY TRA	2002	2,488		5			2,488	25
26	CARPET AND INSTALLATION	2002	2,954	295	10	295		2,659	26
27	NEW MOTHER BOARD/ALARM SY	2002	1,490	149	10	149		1,329	27
28	INSTALL A/C ROOFTOP UNIT	2002	8,237	549	15	549		4,897	28
29	NEW 2ND ROOFTOP COMPRESSO	2002	762	51	15	51		449	29
30	HEIGHT ADJ.SUPINE TUB	2002	8,469	847	10	847		7,269	30
31	RELIEF VAVLES/BOOSTER HEA	2003	555	56	10	56		472	31
32	CENTRAL HEAT/AIR ROOFTOP	2003	5,180	345	15	345		2,935	32
33	NEW TILE AND BASE FLOOR	2003	847	85	10	85		720	33
34	TOTAL (lines 1 thru 33)		$ 3,796,952	$ 88,888		$ 88,888	$	$ 2,496,174	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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 12C, Carried Forward		$ 3,796,952	$ 88,888		$ 88,888	$	$ 2,496,174	1
2	NEW HYDROTHERAPY TUB	2003	1,900	190	10	190		1,615	2
3	ELECTRIC WATER HEATER	2003	5,600	560	10	560		4,667	3
4	EXHAUST FAN	2003	525	53	10	53		424	4
5	REMODEDLING	2003	8,351		5			8,351	5
6	Install dry pendent sprinkler in freezer	2003	675	68	10	68		534	6
7	Rooftop unit installed; heat/air wing 3	2003	10,910	727	15	727		5,758	7
8	New Wing	2004	179,834	5,994	30	5,994		43,959	8
9	60 X 94 Lami Glass	2003	839	40	7	40		839	9
10	Install draining system in courtyard	2004	9,268	772	7	772		9,268	10
11	REMODELING	2004	8,351		5			8,351	11
12	Drainage Sys for Courtyard	2004	501	60	7	60		501	12
13	Lift Pump for Drinking Fountain	2004	1,040		5			1,040	13
14	AC Compressor Roof Top Main Bldg	2004	1,403		5			1,403	14
15	HVAC Compressor - Office	2004	1,079		5			1,079	15
16	New Roof	2004	28,855	1,443	20	1,443		9,979	16
17	exhaust fan motor/thermostat for N. Wing	2005	787	79	10	79		492	17
18	roofing project-Wing 1,2,4 (23318.33+43166.67	2005	66,485	4,432	15	4,432		26,963	18
19	replace 8 vinyl windows	2006	668	67	10	67		356	19
20	Re-tile shower room	2006	10,714	714	15	714		3,690	20
21	Deposit for duro last roof	2006	10,000	667	15	667		3,333	21
22	Compressor for a/c unit wing 2	2006	1,506	151	10	151		740	22
23	Duro last roof - payment #2	2006	4,384	292	15	292		1,461	23
24	100 amp sub panel	2006	2,650	177	15	177		839	24
25	Laundry room walls replaced	2006	2,323	155	15	155		749	25
26	Re-tile shower room #10	2006	11,642	776	15	776		3,687	26
27	Re-tile shower room #3	2006	11,642	776	15	776		3,557	27
28	Re-tile shower room #4	2006	11,642	776	15	776		3,493	28
29	Replace walls in dishwasher area	2006	7,477	498	15	498		2,285	29
30	Dedicated ground circuit & four outlets	2006	1,513	101	15	101		454	30
31	Replace kitchen ceiling tiles	2006	552	37	15	37		178	31
32	Parking lot/dumpster pad repaved	2006	8,073	807	10	807		3,767	32
33	Fence/dumpster enclosure	2006	2,750	275	10	275		1,238	33
34	TOTAL (lines 1 thru 33)		$ 4,210,891	$ 109,575		$ 109,575	$	$ 2,651,225	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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 12D, Carried Forward		$ 4,210,891	$ 109,575		$ 109,575	$	$ 2,651,225	1
2	Re-tile shower room #s 5,6,7	2007	12,746	850	15	850		3,682	2
3	Dedicated ground circuit for server	2007	2,400	160	15	160		680	3
4	Metal panels for school windows	2007	2,158	144	15	144		600	4
5	15 amp receptacles (4)	2007	780	52	15	52		217	5
6	Curb & guardrail around dumpster area	2007	2,400	240	15	240		1,000	6
7	Electrical outlets in family room	2007	1,222	81	10	81		339	7
8	Re-tile team 6 bathroom	2007	7,561	504	15	504		1,932	8
9	Rpl motors on roof exhaust fans (7)	2007	2,667	267	15	267		1,045	9
10	Upgrade lighting system in education bldg	2007	6,501	433	15	433		1,661	10
11	Remodel employee breakroom	2007	2,478	248	10	248		929	11
12	Wire breakroom & outlets for nurses station	2007	2,574	172	15	172		615	12
13	Window on east side of education bldg replace	2008	640	43	15	43		149	13
14	Air curtain for laundry room	2008	1,195	119	10	119		398	14
15	Rooftop heat exchange replaced	2008	2,463	246	15	246		841	15
16	South & northwest heat exchangers replaced	2008	2,421	242	15	242		807	16
17	Replace 2 doors in laundry area	2008	4,187	279	15	279		930	17
18	Plexiglass window pane replaced	2008	527	53	20	53		167	18
19	Remodel conf room (cabinets, counter, c-tiles	2008	2,536	254	15	254		761	19
20	Lift sunken sidewalks	2008	1,595	160	10	160		465	20
21	Blower motor for RTU #5	2008	1,019	102	10	102		289	21
22	Sprinklers in conference room reconfigured	2008	621	41	10	41		114	22
23	220 outlet for stove in multi-purpose room	2008	1,148	77	10	77		204	23
24	Addtnl outlets (4 ea.) in rooms 5,6,8,9,10	2008	7,625	508	10	508		1,313	24
25	220 outlet for stove in Paige II	2008	1,148	57	15	57		148	25
26	Anti-scald valve	2009	761	76	10	76		171	26
27	Drainage system for courtyard	2009	2,250	150	10	150		313	27
28	Compressor for a/c unit	2009	2,830	283	15	283		519	28
29	Induct air purifiers (8) and required electri	2009	3,638	364	15	364		576	29
30	Dialer for sprinkler system	2010	1,062	106	10	106		159	30
31	Dedicated electric panel for washing machines	2010	1,149	77	10	77		83	31
32	Ceiling tiles	2010	720	72	15	72		72	32
33	Blower motor for a/c unit	2010	1,207	121	10	121		121	33
34	TOTAL (lines 1 thru 33)		$ 4,295,122	$ 116,155		$ 116,155	$	$ 2,672,527	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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 12F, Carried Forward		$ 4,295,122	$ 116,155		$ 116,155	$	$ 2,672,527	1
2	Condensor fan motors (2) for rooftop unit	2010	562	51	10	51		51	2
3	Emergency shut off for generator	2010	1,248	104	10	104		104	3
4	Outlets (24) in resident rooms	2010	12,618	631	15	631		631	4
5	Outlets in rooms 3b/1b/5a/6a/5b/6b	2010	8,280	276	15	276		276	5
6	Outlets in rooms 7a/7b/13/14/17/11b/12a/12b..	2011	13,800	383	15	383		383	6
7	Combustion blower & ignitor for hvac unit	2011	1,426	59	10	59		59	7
8	P-tac hvac units (3)	2011	1,797	45	10	45		45	8
9	Ignition module & gas valve on laundry waterh	2011	1,507	25	10	25		25	9
10	Compressor & blower wheel	2011	2,575		10				10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,338,934	$ 117,730		$ 117,730	$	$ 2,674,102	34

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	$ 344,653	$ 64,452	$ 64,452	$		$ 207,640	71
72	Current Year Purchases	52,926	5,955	5,955			5,955	72
73	Fully Depreciated Assets	698,829	3,455	3,455			698,829	73
74								74
75	TOTALS	$ 1,096,408	$ 73,862	$ 73,862	$		$ 912,424	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	Patient Transportation	1992 Ford Shuttle Bus	1992	$ 17,000	$	$	$		$ 17,000	76
77	Patient Transportation	Shuttle Bus	2006	10,586	1,059	1,059			5,558	77
78	Patient Transportation	Shuttle Bus	2006	95,278	9,528	9,528			46,051	78
79	See Attached			83,477	9,087	9,087			67,126	79
80	TOTALS			$ 206,341	$ 19,674	$ 19,674	$		$ 135,735	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)	$ 6,179,683	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 211,266	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 211,266	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,722,261	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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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 ☐ NO

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a		hrs	$		$ 69,875	$ 3,108		$ 72,983	1
2	Licensed Speech and Language Development Therapist	10a		hrs			75,702			75,702	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	4228	hrs	45,672		5,763	16	4,228	51,451	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy			# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): Respiratory Therapy	10a					4,054	615		4,669	12
13	Other (specify):										13
14	TOTAL				$ 45,672		$ 155,394	$ 3,739	4,228	$ 204,805	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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/2011 (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	$ 2,457	$	1
2	Cash-Patient Deposits	203,230		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,719,020		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,748		6
7	Other Prepaid Expenses	20,318		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,976,773	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	781,811		13
14	Buildings, at Historical Cost	3,658,943		14
15	Leasehold Improvements, at Historical Cost	270,875		15
16	Equipment, at Historical Cost	1,478,660		16
17	Accumulated Depreciation (book methods)	(3,722,261)		17
18	Deferred Charges	(741,813)		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):	894,692		22
23	Other(specify):	531,193		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,152,100	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,128,873	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 212,955	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	203,230		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	303,410		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,500		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	38,161		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Current Portion Long Term Bonds	112,426		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 877,682	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	6,217,477		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)**	$ 6,217,477	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 7,095,159	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (966,286)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,128,873	$	48

*(See instructions.)

Facility Name & ID Number Swann Special Care Center **#** 0035485 **Report Period Beginning:** 07/01/2010 **Ending:** 06/30/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,612,096)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,612,096)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	645,810	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	( )	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)**	$ 645,810	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)**	$ (966,286)	24	*

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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

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

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,279,641	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,279,641	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education	893,870	9
10	Other Government Grants	74,881	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)**	$ 968,751	23
	D. Non-Operating Revenue		
24	Contributions	15,308	24
25	Interest and Other Investment Income***	23,282	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 38,590	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)	(3,687)	27
28	Miscellaneous Income	3,545	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ (142)	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,286,840	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	921,856	31
32	Health Care	3,853,641	32
33	General Administration	2,219,987	33
	B. Capital Expense		
34	Ownership	702,834	34
	C. Ancillary Expense		
35	Special Cost Centers	1,534,492	35
36	Provider Participation Fee	408,220	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,641,030	40
41	**Income before Income Taxes (line 30 minus line 40)****	645,810	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 645,810	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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 Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	2,070	2,167	$ 74,328	$ 34.30	1
2	Assistant Director of Nursing	2,030	2,180	67,169	30.81	2
3	Registered Nurses	34,869	37,949	1,035,575	27.29	3
4	Licensed Practical Nurses	11,420	12,335	234,391	19.00	4
5	CNAs & Orderlies	104,792	112,927	1,527,668	13.53	5
6	CNA Trainees					6
7	Licensed Therapist	3,880	4,228	45,672	10.80	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,808	2,121	38,706	18.25	9
10	Activity Assistants	16,732	18,161	167,760	9.24	10
11	Social Service Workers	39	44	1,943	44.16	11
12	Dietician					12
13	Food Service Supervisor	1,814	2,051	45,158	22.02	13
14	Head Cook					14
15	Cook Helpers/Assistants	12,525	13,974	192,645	13.79	15
16	Dishwashers					16
17	Maintenance Workers	3,996	4,437	62,903	14.18	17
18	Housekeepers					18
19	Laundry	1,769	2,157	33,045	15.32	19
20	Administrator	1,918	2,175	71,188	32.73	20
21	Assistant Administrator					21
22	Other Administrative	6,120	6,762	105,076	15.54	22
23	Office Manager					23
24	Clerical	4,056	4,376	59,727	13.65	24
25	Vocational Instruction					25
26	Academic Instruction	24,393	26,418	436,088	16.51	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	14,042	15,463	228,815	14.80	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Ca Ward Clerk	2,059	2,186	22,576	10.33	32
33	Other(specify) Day Training	44,295	47,205	538,190	11.40	33
34	TOTAL (lines 1 - 33)	294,627	319,316	$ 4,988,623 *	$ 15.62	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		$ 17,262	1 / 3	35
36	Medical Director		45,600	9 / 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,714	10 / 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Dental Fees		6,888	10 / 3	46
47	Psychologist Fees		45	9 / 3	47
48					48
49	TOTAL (lines 35 - 48)		$ 74,509		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 1,738	10 / 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$ 1,738		53

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kym Halberstadt	Administrator	0	$ 71,188
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 71,188

B. Administrative - Other

Description	Amount
Equipment - Small Purchases	$ 888
Repair & Maintenence	1,175
Contributions	100
Resident Concern	2,491
TOTAL (agree to Schedule V, line 17, col. 3)	$ 4,654
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Contract Services Other	Contract Services Other	$ 5,672
BKD	Medicare/Medicaid cost rpt	5,045
Exceptional Living Centers	Facility management fees	628,800
Duane Morris LLP	IDPA / Employment / HIPPA	23,061
Smith Admunsen LLC	General employment	4,031
MRC	Inhouse legal / Employment	20,995
Taft, Stettinius & Hollister LLP	Resident related	172
DeWitt, Ross & Stevens	General employment	149
Stites & Harbison PLLC	Contracts	546
Stoll-Keenan-Ogden PLLC	Audit	96
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 688,567

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,665
Unemployment Compensation Insurance	
FICA Taxes	371,271
Employee Health Insurance	320,979
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Benefits - Retirement Plan	4,259
Emp Benefits Other	27,183
Corporate Allocation	71,469
TOTAL (agree to Schedule V, line 22, col.8)	$ 865,826

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	2,372
Health Care Worker Background Check	
(Indicate # of checks performed)	955
Patient Background Checks	
PR Census	2,021
Taxes, Licenses, Other	446
Dues & Subscriptions	8,634
Corporate Allocation	66,039
Less: Public Relations Expense	(2,304)
Non-allowable advertising	(2,021)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 76,142

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Regional operations site visits	6,409
Meals & Entertainment	719
Corporate Allocation	22
Seminar Expense	(8)
Silver Chair education core curriculum	4,830
Adults, children & infants training/test	7,681
Fire extinguish/Policy tech/ISBE conf etc	2,827
Entertainment Expense	(719)
TOTAL (agree to Sch. V, line 24, col. 8)	$ 21,761

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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

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

Facility Name & ID Number Swann Special Care Center # 0035485 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Associaton**

(3) Did the nursing home make political contributions or payments to a politica
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? **5 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ Line

(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 fo
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 Departmen
during this cost report period. $ **408,220**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **N/A** Has any meal income been offset against
related costs? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation fo
residents? 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? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all othe
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such
transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Reznick Group**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of service
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees

Swann Special Care Center
Schedule of Reclassifications
FYE 6/30/2011

Account	Description	Reclassifications Increase	Reclassifications Decrease	Sche X Line #
61200	Inservice Seminars		7.95	24
61300	PR Census	7.95		20

Swann Special Care Center
Schedule V Line 24
FYE 06/30/2011

Dept	Job	Account	Reference	Description	Amount	Page	Line	Col
6160	00000	61200	61600000061200	Inservice, Seminars, Etc.	15,338	3	24	3
6160	00000	61210	61600000061210	Travel	6,409	3	24	3
6160	00000	61222	61600000061222	Meals & Entertainment	719	3	24	3
				Total Line 24	22,466			

Swann Special Care Center
Schedule V Line 27
FYE 06/30/2011

Dept	Job	Account	Reference	Description	Amount	Page	Line	Col
5000	00000	58000	50000000058000	Contributions Fund Expense	1,829	3	27	3
6160	00000	61230	61600000061230	Indigent Care	(13,641)	3	27	3
9000	00000	90900	90000000090900	Rounding	(5)	3	27	3
				Total Line 27	(11,817)			

Swann Special Care Center
Schedule V Line 43
FYE 06/30/2011

Dept	Job	Account	Reference	Description	Amount	Page	Line	Col
6020	00000	61165	60200000061165	Utilities - Water & Sewer	1,258	4	43	1
6020	20100	61942	60202010061942	Sick Time/Leave Reserve	1,030	4	43	1
6020	20100	61944	60202010061944	Paid Time Off Wages	6,917	4	43	1
6020	20100	61945	60202010061945	Salaries & Wages	49,460	4	43	1
6020	20120	61941	60202012061941	Overtime Wages	5,554	4	43	1
6020	20120	61942	60202012061942	Sick Time/Leave Reserve	271	4	43	1
6020	20120	61943	60202012061943	Premium Pay Wages	534	4	43	1
6020	20120	61944	60202012061944	Paid Time Off Wages	1,842	4	43	1
6020	20120	61945	60202012061945	Salaries & Wages	34,689	4	43	1
6020	20130	61941	60202013061941	Overtime Wages	37,685	4	43	1
6020	20130	61942	60202013061942	Sick Time/Leave Reserve	915	4	43	1
6020	20130	61943	60202013061943	Premium Pay Wages	5,246	4	43	1
6020	20130	61944	60202013061944	Paid Time Off Wages	22,807	4	43	1
6020	20130	61945	60202013061945	Salaries & Wages	371,240	4	43	1
6020	20140	61942	60202014061942	Sick Time/Leave Reserve	636	4	43	1
6020	20140	61944	60202014061944	Paid Time Off Wages	13,010	4	43	1
6020	20140	61945	60202014061945	Salaries & Wages	123,359	4	43	1
6030	30110	61942	60303011061942	Sick Time/Leave Reserve	794	4	43	1
6030	30110	61944	60303011061944	Paid Time Off Wages	24,261	4	43	1
6030	30110	61945	60303011061945	Salaries & Wages	215,873	4	43	1
6030	30120	61941	60303012061941	Overtime Wages	20,633	4	43	1
6030	30120	61942	60303012061942	Sick Time/Leave Reserve	1,099	4	43	1
6030	30120	61943	60303012061943	Premium Pay Wages	2,815	4	43	1
6030	30120	61944	60303012061944	Paid Time Off Wages	8,267	4	43	1
6030	30120	61945	60303012061945	Salaries & Wages	162,346	4	43	1
6030	30130	61942	60303013061942	Sick Time/Leave Reserve	270	4	43	1
6030	30130	61944	60303013061944	Paid Time Off Wages	7,219	4	43	1
6030	30130	61945	60303013061945	Salaries & Wages	84,321	4	43	1
6020	00000	61031	60200000061031	Supplies - Other	3,312	4	43	2
6030	00000	61031	60300000061031	Supplies - Other	4,498	4	43	2
6020	00000	61018	60200000061018	Contract Services - Other	47,850	4	43	3
6020	00000	61021	60200000061021	Equipment - Small Purchase	146	4	43	3
6020	00000	61140	60200000061140	Rent - Building	128,328	4	43	3
6020	00000	61162	60200000061162	Utilities - Electricity	7,833	4	43	3
6020	00000	61163	60200000061163	Utilities - Gas	2,259	4	43	3
6020	00000	61164	60200000061164	Utilities - Telephone	2,128	4	43	3
6030	00000	61018	60300000061018	Contract Services - Other	42,685	4	43	3
6030	00000	61021	60300000061021	Equipment - Small Purchase	478	4	43	3
6030	00000	61140	60300000061140	Rent - Building	71,001	4	43	3
6030	00000	61162	60300000061162	Utilities - Electricity	8,011	4	43	3
6030	00000	61163	60300000061163	Utilities - Gas	5,270	4	43	3
6030	00000	61164	60300000061164	Utilities - Telephone	4,093	4	43	3
6030	00000	61165	60300000061165	Utilities - Water & Sewer	2,249	4	43	3
				Total Line 43	########			