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.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0028696

Facility Name: BIRCHWOOD PLAZA

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

County: COOK

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

HFS ID Number:

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

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: SANFORD BOKOR **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 01/01/2012 to 12/31/2012 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) CHARLOTTE KOHN
(Title) EXECUTIVE DIRECTOR

Paid Preparer

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

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,200	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	200	TOTALS	200	73,200	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			3,874	3,874	8
9	SNF/PED					9
10	ICF	50,379	11,794		62,173	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,379	11,794	3,874	66,047	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.23%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 6/17/84

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 200 and days of care provided 3,874

Medicare Intermediary MUTUAL OF OMAHA

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	262,128	40,137	10,254	312,519		312,519		312,519			1
2	Food Purchase		369,209		369,209	(25,327)	343,882	(1,536)	342,346			2
3	Housekeeping	228,524	64,757		293,281		293,281		293,281			3
4	Laundry	76,630	20,462	8,154	105,246		105,246		105,246			4
5	Heat and Other Utilities			116,463	116,463		116,463		116,463			5
6	Maintenance	111,165	21,765	49,254	182,184		182,184		182,184			6
7	Other (specify):*			13,751	13,751		13,751		13,751			7
8	TOTAL General Services	678,447	516,330	197,876	1,392,653	(25,327)	1,367,326	(1,536)	1,365,790			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	2,627,272	171,589	4,512	2,803,373		2,803,373		2,803,373			10
10a	Therapy	107,235	2,716	486	110,437		110,437		110,437			10a
11	Activities	138,996	6,413	5,355	150,764		150,764		150,764			11
12	Social Services	51,221		4,235	55,456		55,456		55,456			12
13	CNA Training											13
14	Program Transportation			100	100		100		100			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,924,724	180,718	20,688	3,126,130		3,126,130		3,126,130			16
	C. General Administration											
17	Administrative	313,949		1,437,105	1,751,054		1,751,054		1,751,054			17
18	Directors Fees											18
19	Professional Services			53,901	53,901		53,901	(3,375)	50,526			19
20	Dues, Fees, Subscriptions & Promotions			107,301	107,301		107,301	(78,581)	28,720			20
21	Clerical & General Office Expenses	260,090	27,688	40,022	327,800		327,800		327,800			21
22	Employee Benefits & Payroll Taxes			771,626	771,626	25,327	796,953		796,953			22
23	Inservice Training & Education			1,936	1,936		1,936		1,936			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			13,087	13,087		13,087		13,087			25
26	Insurance-Prop.Liab.Malpractice			259,092	259,092		259,092		259,092			26
27	Other (specify):*											27
28	TOTAL General Administration	574,039	27,688	2,684,070	3,285,797	25,327	3,311,124	(81,956)	3,229,168			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,177,210	724,736	2,902,634	7,804,580		7,804,580	(83,492)	7,721,088			29

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

Facility Name & ID#: BIRCHWOOD PLAZA **#0028696** **Report Period Beginning: 01/01/2012** **Ending: 12/31/2012**

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

LINE		SCHED REF		TOTAL
1	**DIETARY**			
	DIETITIAN CONSULTANT	XVIII B 35-2	10,254	
	REPAIRS & MAINTENANCE		0	
			0	10,254
3	**HOUSEKEEPING**			
			0	
			0	0
4	**LAUNDRY**			
	EQUIPMENT REPAIRS & MAINTENANCE		8,154	
			0	8,154
5	**HEAT & OTHER UTILITIES**			
	GAS HEAT		29,741	
	ELECTRICITY		52,398	
	WATER		29,536	
	CABLE TV - LOBBY		4,788	
			0	116,463
6	**MAINTENANCE**			
	GROUNDS MAINTENANCE		3,868	
	PAINTING & DECORATING		1,679	
	BUILDING REPAIRS		0	
	MAINTENANCE TRAVEL		0	
	EQUIPMENT MAINTENANCE & REPAIR		21,901	
	ELEVATOR MAINTENANCE & REPAIR		12,696	
	OUTSIDE LABOR		353	
	EXTERMINATING SERVICE		3,375	
	FIRE SERVICE		5,382	
			0	
			0	
			0	
			0	49,254
7	**OTHER**			
	SCAVENGER		13,751	
	SECURITY SERVICE		0	
			0	
			0	13,751
9	**MEDICAL DIRECTOR**			
	MEDICAL DIRECTOR FEES	XVIII B 36-2	6,000	6,000

LINE		SCHED REF		TOTAL
10	**NURSING**			
	CONTRACT NURSING	XVIII C 53-2		
	LABORATORY & XRAY EXPENSE		0	
	PURCHASED SERVICES		0	
	PSYCHO-SOCIAL CONSULTANT	XVIII B __-2	0	
	RESTORATIVE NURSING CONSULTANT	XVIII B 38-2	0	
	MEDICAL RECORDS CONSULTANT	XVIII B 37-2	4,512	
	PHARMACY CONSULTANT	XVIII B 39-2	0	
	UTILIZATION REVIEW FEES	XVIII B __-2	0	
	PHYSICIANS	XVIII B __-2	0	
	PSYCHIATRIC	XVIII B __-2	0	
	RN CONSULTANT	XVIII B 38-2	0	
			0	
			0	4,512
10a	**THERAPY**			
	PHYSICAL THERAPY SERVICES		0	
	SPEECH THERAPY SERVICES		486	
	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	
				486
11	**ACTIVITIES**			
	CABLE TV - PATIENT ROOMS		0	
	ACTIVITY REHAB CONSULTANT	XVIII B 44-2	1,050	
	CLERGY		4,305	5,355
12	**SOCIAL SERVICES**			
	SOCIAL REHABILITATION SERVICES		0	
	SOCIAL REHABILITATION CONSULTAN	XVIII B 45-2	0	
	SOCIAL WORKER	XVIII B 45-2	4,235	
				4,235
13	**NURSE AIDE TRAINING**			
	NURSE AIDE TRAINING COSTS	XIII	0	0

Facility Name & ID Number BIRCHWOOD PLAZA **#0028696** **Report Period Beginning: 01/01/2012** **Ending: 12/31/2012**

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

LINE		SCHED REF		TOTAL
14	**PROGRAM TRANSPORTATION**			
	PATIENT TRANSPORTATION		100	100
			0	
17	**ADMINISTRATIVE**			
	MANAGEMENT FEES	XIX B	1,437,105	1,437,105
	DIRECTORS FEES			
18	DIRECTORS FEES		0	0
19	**PROFESSIONAL SERVICES**			
	DATA PROCESSING	XIX C	7,419	
	ADMINISTRATIVE CONSULTANTS	XIX C	0	
	PROFESSIONAL FEES	XIX C	46,482	
			0	53,901
20	**FEES,SUBSCRIPTIONS,PROMOTIONS**			
	ENTERTAINMENT & MARKETING	VI 19 XIX F	0	
	ADV & PROMO-NON PATIENT RELATED	VI 25 XIX F	33,581	
	EMPLOYEE WANT ADS	XIX F	18,898	
	CONTRIBUTIONS	VI 20 XIX F	7,750	
	DUES & SUBSCRIPTIONS	XIX F	1,086	
	LICENSES & PERMITS	XIX F	6,456	
	PUBLIC RELATIONS-PATIENT RELATED	XIX F	0	
	ADVERTISING-YELLOW PAGES	VI 28 XIX F	36,250	
	TRUST FEES / FRANCHISE TAX / ETC	VI 17 XIX F	0	
	CONTRIBUTIONS - POLITICAL	VI 20 XIX F	1,000	
	HEALTH CARE WORKER BACKGROUND CHEC	XIX F	1,670	
	PATIENT BACKGROUND CHECKS	XIX F	610	
				107,301
21	**CLERICAL & GENERAL OFFICE EXPENSES**			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)		3,179	
	EQUIPMENT REPAIR & MAINTENANCE		12,112	
	OUTSIDE CLERICAL SERVICES		0	
	PENALTIES / OVERDRAFT CHARGES	VI 18	0	
	HOME OFFICE EXPENSE		0	
	THEFT & DAMAGE LOSS		0	
	TELEPHONE		24,731	
	MESSENGER SERVICE		0	
			0	40,022

LINE		SCHED REF		TOTAL
22	**EMPLOYEE BENEFITS & PAYROLL TAXES**			
	FICA TAXES	XIX D	311,918	
	UNEMPLOYMENT COMPENSATION	XIX D	16,408	
	WORKERS COMPENSATION INSURANC	XIX D	130,288	
	HOSPITALIZATION INSURANCE	XIX D	284,281	
	EMPLOYEE BENEFITS - OTHER	XIX D	0	
	EMPLOYEE PHYSICAL EXAMS	XIX D	955	
	INSURANCE - EXECUTIVE LIFE	VI 21/XIX D	0	
	501 PLAN EXPENSE	XIX D	(10,163)	
	CHICAGO HEAD TAX	XIX D	4,068	
	UNION PENSION		33,871	771,626
23	**INSERVICE TRAINING & EDUCATION**			
	EDUCATION & SEMINARS		1,936	
				1,936
24	**TRAVEL & SEMINARS**			
	EDUCATION & SEMINARS	XIX G	0	
	TRAVEL	XIX G	0	
				0
25	**ADMIN. STAFF TRANSPORTATION**			
	TRANSPORTATION - STAFF		13,087	
				13,087
26	**INSURANCE - PROP. LIAB & MALPRACTICE**			
	GENERAL INSURANCE		259,092	
				259,092
27	**OTHER**			
	BAD DEBTS	VI 24	0	
				0

GRAND TOTAL COLUMN 3 OTHER **2,902,634**

BIRCHWOOD PLAZA
SCHEDULES
12/31/2012

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

TOTAL FOOD PURCHASE	369,209
LESS SALES TAX	(1,536)
NET FOOD	367,673
TOTAL PATIENT CENSUS	66,047
TIMES 3 MEALS PER DAY	3
TOTAL PATIENT MEALS	198,141
ADD # EMPLOYEE MEALS/DAY	40
TIMES # DAYS	366
TOTAL EMPLOYEE MEALS	14,640
PATIENT MEALS	198,141
ADD EMPLOYEE MEALS	14,640
TOTAL MEALS/YEAR	212,781
NET FOOD	367,673
DIVIDE TOTAL MEALS/YEAR	212,781
COST PER MEAL	1.73
TIMES EMPLOYEE MEALS	14,640
EMPLOYEE MEAL RECLASSIFICATION	**25,327**

TRANSPORTATION - STAFF
PAGE 3 SCHEDULE V COLUMN 3 LINES 25

		PURPOSE
JAN	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	JOYCE GRODETZ	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
	JOYCE GRODETZ	18374
FEB	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	JOYCE GRODETZ	Gasoline for facility banking, maintenance, marketi
MAR	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	P.DAVID	Gasoline for facility banking, maintenance, marketi
	AMEX	Gasoline for facility banking, maintenance, marketi
APR	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	COSTCO	Gasoline for facility banking, maintenance, marketi
	P.DAVID	Gasoline for facility banking, maintenance, marketi
	P/C	Gasoline for facility banking, maintenance, marketi
MAY	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITI BANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
	SECRETARY OF STATE	License
JUNE	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	SECRETARY OF STATE	License
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
JULY	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	PETTY CASH	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
	CITIBANK AADVANTAGE 18374	Gasoline for facility banking, maintenance, marketi
AUG	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
SEPT	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
OCT	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT

	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
NOV	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	AMEX	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
	P/C	Gasoline for facility banking, maintenance, marketi
DEC	PAYROLL - AUTO ALLOWANCE	MONTHLY AUTO REIMBURSEMENT
	CITIBANK AADVANTAGE	Gasoline for facility banking, maintenance, marketi
	SAM'S CLUB	Gasoline for facility banking, maintenance, marketi
	P/C	Gasoline for facility banking, maintenance, marketi
	AMEX	Gasoline for facility banking, maintenance, marketi
		TOTAL TRANSPORTATION - STAFF

	MISC	C.CORIA	J GRODETZ	TOTAL
			323.08	
ng & activities	123.77			
ng & activities	20.00			
ng & activities	57.20			
	198.50			
			323.08	
ng & activities	246.06			
ng & activities	198.50			
			323.08	
ng & activities	122.13			
ng & activities	61.00			
ng & activities	60.00			
			323.08	
ng & activities	385.23			
ng & activities	59.58			
ng & activities	46.00			
ng & activities	56.45			
		125.00	323.08	
ng & activities	457.46			
ng & activities	137.87			
	100.00			
		375.00	484.62	
	99.00			
ng & activities	473.32			
ng & activities	77.06			
		250.00	323.08	
ng & activities	387.92			
ng & activities	161.05			
ng & activities	117.02			
ng & activities	343.57			
		250.00	323.08	
ng & activities	318.42			
ng & activities	206.61			
		250.00	323.08	
ng & activities	194.32	25.00		
ng & activities	136.96			
		250.00	323.08	

ng & activities	284.69			
ng & activities	62.42			
		250.00	323.08	
ng & activities	513.03			
ng & activities	75.00			
ng & activities	55.81			
ng & activities	75.00			
		375.00	484.62	
ng & activities	409.16			
ng & activities	119.78			
ng & activities	194.05			
ng & activities	102.56			
	6,737	**2,150**	**4,200**	**13,087**

Facility Name & ID Number BIRCHWOOD PLAZA #0028696 **Report Period Beginning:** 01/01/2012 **Ending:** 12/31/2012

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			1,775	1,775		1,775	167,465	169,240			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,016	18,016		18,016	345,150	363,166			32
33	Real Estate Taxes			161,366	161,366		161,366		161,366			33
34	Rent-Facility & Grounds			876,000	876,000		876,000	(876,000)				34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* STORAGE			4,018	4,018		4,018		4,018			36
37	**TOTAL Ownership**			1,061,175	1,061,175		1,061,175	(363,385)	697,790			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		191,311	287,072	478,383		478,383		478,383			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			672,162	672,162		672,162		672,162			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		191,311	959,234	1,150,545		1,150,545		1,150,545			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,177,210	916,047	4,923,043	10,016,300		10,016,300	(446,877)	9,569,423			45

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	9,367	30		9
10	Interest and Other Investment Income	(2,004)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,536)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(8,750)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(33,581)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(36,250)	20		28
29	Other-Attach Schedule SEE PAGE 5A	(3,375)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (76,129)		$	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)	(370,748)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (370,748)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (446,877)		37

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

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

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

STATE OF ILLINOIS **Page 5A**

BIRCHWOOD PLAZA

ID# **0028696**

Report Period Beginning: **01/01/2012**

Ending: **12/31/2012**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	DISALLOWED LEGAL-CORPORATE MATTERS	$ (3,375)	19	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**	(3,375)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 **Report Period Beginning:** 01/01/2012 **Ending:** 12/31/2012

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,536)	0	0	0	0	0	0	0	0	0	0	(1,536)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,536)	0	0	0	0	0	0	0	0	0	0	(1,536)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,375)	0	0	0	0	0	0	0	0	0	0	(3,375)	19
20	Fees, Subscriptions & Promotions	(78,581)	0	0	0	0	0	0	0	0	0	0	(78,581)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(81,956)	0	0	0	0	0	0	0	0	0	0	(81,956)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(83,492)	0	0	0	0	0	0	0	0	0	0	(83,492)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 **Report Period Beginning:** 01/01/2012 **Ending:** 12/31/2012

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	9,367	158,098	0	0	0	0	0	0	0	0	0	167,465	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,004)	347,154	0	0	0	0	0	0	0	0	0	345,150	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(876,000)	0	0	0	0	0	0	0	0	0	(876,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	7,363	(370,748)	0	0	0	0	0	0	0	0	0	(363,385)	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)	(76,129)	(370,748)	0	0	0	0	0	0	0	0	0	(446,877)	45

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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
ARTHUR KOHN	75%	DOBSON PLAZA NURSING & REHAB LLC	EVANSTON, IL	BIRCHWOOD PLAZA ASSOCIATES		REAL ESTATE
CHARLOTTE KOHN TRUST	25%					RENTAL

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENT	$ 876,000	BIRCHWOOD PLAZA ASSOCIATES		$	$ (876,000)	1
2	V	30	SL DEPRECIATION		" "		158,098	158,098	2
3	V	32	INTEREST		" "		347,154	347,154	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 876,000			$ 505,252	$ * (370,748)	14

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CHARLOTTE KOHN	EXEC. DIRECTOR	MGMT CONSULT		183,989	27	45.00	MGMT FEES	$ 1,437,105	17-1	1
2	BARAK KOHN	DIR OF MAINT	SUPERVISION		41,193	40	64.00	SALARY	48,247	6-1	2
3	CYNTHIA KOHN	BKKP	BKKP			15	100.00	SALARY	48,464	21-1	3
4	REBECCA KOHN	ADMIN CONSULT	CONSULTANT		23,557	5.5	50.00	SALARY	23,329	17-1	4
5											5
6											6
7											7
8											8
9	BY ATTRIBUTION, 100% KOHN FAMILY OWNED										9
10											10
11											11
12											12
13								TOTAL	$ 1,557,145		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	RELATED PARTY - BIRCHWOOD PLAZA ASSOCIATES: MORTGAGE						$	$			$	1
2	MB FINANCIAL		X	MORTGAGE	$43,274.00	3/1/2004	6,000,000		3/5/2014	6.0000	74,724	2
3	TITLE & LOAN FEES		X	AMORTIZED OVER 5 YRS		3/1/2009	27,555				12,400	3
4	PRIVATE BANK		X	MORTGAGE	$16,667.00+INT	3/14/2012	9,000,000	5,496,373	3/14/2017		237,916	4
5	TITLE & LOAN FEES		X	AMORTIZED OVER 5 YRS			139,670	117,556			22,114	5
	Working Capital											
6	LEXUS FINANCIAL		X	AUTO LOAN	$853.21	06/15/09	44,566	14,708	06/30/14	5.5000	1,084	6
7	MB FINANCIAL		X	LINE OF CREDIT	DEMAND		880,000			PRIME+	9,787	7
8	PRIVATE BANK		X	LINE OF CREDIT	DEMAND		120,000	318,000		PRIME+	7,145	8
9	TOTAL Facility Related				$44,127.21		$ 16,211,791	$ 5,946,637			$ 365,170	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 16,211,791	$ 5,946,637			$ 365,170	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** N/A **Line #** 36

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

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 164,350	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 162,046	2
3. Under or (over) accrual (line 2 minus line 1).		$ (2,304)	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 163,670	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.		$ 161,366	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007	172,701	8
	2008	174,434	9
	2009	155,934	10
	2010	162,723	11
	2011	162,046	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 2011 TAX BILL.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME BIRCHWOOD PLAZA COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0028696

CONTACT PERSON REGARDING THIS REPORT BOB KAGDA

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

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

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	11-29-302-011-0000	NURSING HOME	$ 3,311.24	$ 3,311.24
2.	11-29-302-012-0000	NURSING HOME	$ 70,236.67	$ 70,236.67
3.	11-29-302-020-0000	NURSING HOME	$ 88,497.99	$ 88,497.99
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 162,045.90	$ 162,045.90

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

N/A

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

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	RELATED PARTY: BIRCHWOOD PLAZA ASSOC			$	1
2	NURSING HOME		1984	80,569	2
3	TOTALS			$ 80,569	3

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	RELATED PARTY: BIRCHWOOD PLAZA ASSOC				$	$		$	$	$	4
5	192		1984		2,238,672		40	55,967	55,967	1,633,061	5
6											6
7											7
8											8
	Improvement Type**										
9	CONCRETE PAVING & RAILS			1984	13,495		20			13,495	9
10	SPRINKLER MODIFICATION			1984	2,752		25			2,752	10
11	LOBBY RENOVATION			1984	2,489		40	62	62	1,784	11
12	TERRACE RESURFACE			1984	7,600		15			7,600	12
13	FOYER RE-FLOORING			1984	1,835		20			1,835	13
14	BASEMENT RENOVATION			1985	18,061		40	452	452	13,067	14
15	NURSING STATION REMODELLING			1985	7,755		20			7,755	15
16	ASPHALT ROOF			1985	7,000		15			7,000	16
17	NURSE CALL SYSTEM REWIRE			1985	4,066		15			4,066	17
18	SPRINKLER MODIFICATION			1985	2,963		25			2,963	18
19	BASEMENT AWNINGS			1985	1,620		15			1,620	19
20	GRAVEL ROOF			1985	2,700		5			2,700	20
21	CEILING BASEMENT NURSING OFFICE			1985	1,200		20			1,200	21
22	ELEVATOR OVERHAUL			1985	12,800		20			12,800	22
23	VARIOUS (ELECTRIC & SPRINKLER)			1986	5,486		20			5,486	23
24	ELECTRIC PANEL			1988	6,000	190	20		(190)	6,000	24
25	ELECTRICAL IMPROVEMENTS			1990	1,200	38	20		(38)	1,200	25
26	ELEVATOR IMPROVEMENTS			1990	15,600	495	20		(495)	15,600	26
27	TUCKPOINTING & BRICKWORK			1990	12,300	390	20		(390)	12,300	27
28	LAUNDRY ROOM DUCTWORK			1990	3,000	95	20		(95)	3,000	28
29	BUILDING EXTENSION FOR OFFICE/ACT.ROOM/DR			1994	282,054	7,336	20	14,103	6,767	266,559	29
30	DRAPERY			1994	7,933		5			7,933	30
31	ROOF & PARKING LOT IMPROVEMENTS			1995	69,984	1,992	15		(1,992)	69,984	31
32	ENLARGE PATIENT ROOMS(TRANS TO XI-C 97 AUDIT)			1997		149	39		(149)		32
33	WINDOWS			1998	41,775	615	25	1,671	1,056	25,065	33
34	SIDING			1998	20,000	513	25	800	287	12,000	34
35	PATIENT ROOM EXHAUST SYSTEM			1998	9,720	486	20	486		6,885	35
36	ELEVATOR SAFETY DEVICES			1998	5,350	357	15	357		5,117	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	BUILDING EXTENSION (1994) ALLOWED FOR 1998	1998	$ 49,866	$	20	$ 2,493	$ 2,493	$ 37,395	37
38	ROOFTOP A/C	1999	58,870	1,509	39	1,509		20,371	38
39	LIGHTING/HAND RAILS/FLOORING/DRAPES	1999	27,264	699	39	699		9,437	39
40	CARPETING / DRAPERIES	2000	5,062		7			5,062	40
41	A/C SYSTEM	2000	6,395	233	27.5	233		2,941	41
42	WATER LINES, VENTING & HEATING IRON RAILING	2001	5,165	188	27.5	188		2,185	42
43	ELEVATOR UPGRADE / FRONT OUTDOOR WALL SYSTEM	2001	89,217	3,244	27.5	3,244		37,712	43
44	CARPETING	2001	8,264		7			8,264	44
45	DRAPERIES	2001	7,753		7			7,753	45
46	WALLPAPER / CARPETTING	2002	18,309		7			18,309	46
47	NURSES STATION	2002	15,101	549	27.5	549		5,833	47
48	WALLPAPER / ELEVATOR UPGRADE	2003	13,835	503	27.5	503		4,914	48
49	WALLPAPER / CARPENTRY	2004	46,774	1,701	27.5	1,701		13,887	49
50	WALLPAPER / CARPENTRY / REMODELING	2005	18,014	655	27.5	655		4,901	50
51	CIRCULATING PUMP	2005	4,139	151	27.5	151		1,113	51
52	PHONE SYST/WALLPAPER/FLOOR/CARPENTRY/REMODELING	2006	13,703	498	27.5	498		3,445	52
53	FIRE SUPPRESSION SYST/LIGHT FIXTURES	2006	5,719	208	27.5	208		1,378	53
54	ELEV DOOR RESTRICTOR/PUMP/SENSORS	2006	6,784	247	27.5	247		1,616	54
55	GREASE TRAP/PLUMBING/CONCRETE/THRU-WALL A/C'S	2006	12,014	437	27.5	437		2,822	55
56	NURSING STATION/KITCHEN TILE	2006	14,907	542	27.5	542		3,377	56
57	NURSING STATION/FLOORING/LIGHTING/THRU-WALL A/C'S	2007	11,968	435	27.5	435		2,531	57
58	FLOORING/CARPETING/WALLPAPER	2007	20,700	1,191	7	2,957	1,766	16,264	58
59	ACCOUSTICAL WALL TILE/FLOOR TILE	2007	5,315	193	27.5	193		1,040	59
60	LL OFFICE/BATHRMS/TILE/LOCKS/WIRING/THRU-WALL A/C	2008	45,488	1,654	27.5	1,654		7,330	60
61	CARPETING	2008	2,030	115	7	290	175	1,305	61
62	ROOF	2009	68,700	2,498	27.5	2,498		8,223	62
63	SECURITY SYST/WIRING/CABLE/ELECTRIC OUTLETS	2009	57,237	2,082	27.5	2,082		6,669	63
64	TILE/DRYWALL/TOILETS/SINKS/LIGHT FIXTURES/PAINTING/CARPENTRY/WINDOW FRAMES/FLOORING/COVE BASE/THRU-WALL A/C'S								64
65		2009	24,135	877	27.5	877		2,786	65
66	CARPENTRY/BUILT-INS/MOLDING/TILE/ELECTRIC/CEILING	2009	14,653	533	27.5	533		1,621	66
67	PAINTING/WALLCOVERING/CARPETING	2009	70,916	4,387	7	10,131	5,744	35,458	67
68	MIRRORS/CEILING/LIGHT FIXTURES/RAILS/BUMPERS	2010	13,883	505	27.5	505		1,494	68
69	ELEVATOR MOTOR/STARTER	2010	5,680	207	27.5	207		612	69
70	TOTAL (lines 4 thru 69)		$ 3,573,270	$ 38,697		$ 110,117	$ 71,420	$ 2,428,875	70

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,573,270	$ 38,697		$ 110,117	$ 71,420	$ 2,428,875	1
2	FIRE CODE-DAMPERS/DUCTS/SPRINKLERS/WALL EXT/DOOR	2010	45,802	1,665	27.5	1,665		4,371	2
3	BATHROOM TUB/TILES/FIXTURES/PAINTING	2010	18,773	683	27.5	683		1,736	3
4	BUILT-IN WARDROBES/CABINETS/DOORS/COUNTERTOP	2010	37,056	1,347	27.5	1,347		3,424	4
5	TREES/SHRUBS/PERENNIALS/HARDSCAPE/EPOXY STONE	2010	24,949	1,663	15	1,664	1	4,159	5
6	SUMP PUMPS & CONTROL PANEL	2010	12,061	439	27.5	439		1,116	6
7	WALLPAPER/PAINTING/CARPETING/DRAPERIES/CURTAINS	2010	84,560	16,236	7	12,080	(4,156)	30,200	7
8	LIGHT FIXTURES/CIRCUIT PANEL	2010	3,682	134	27.5	134		329	8
9	30 HP COMPRESSOR	2010	15,835	575	27.5	576	1	1,416	9
10	PAINTING/CARPETING/TILE/COVE BASE/DRAPERIES	2010	22,385	4,298	7	3,198	(1,100)	7,995	10
11	OUTSIDE BRICKWORK&WINDOW TRIM/CAULK/TUCKPOINT	2011	11,000	400	27.5	400		483	11
12	FIRE DAMPERS	2011	13,620	495	27.5	495		557	12
13	CLOSET PROJECT-CARPENTRY/DOORS/ACCESS PANELS	2011	11,094	403	27.5	403		453	13
14	PAINTING / 3RD FL DININGROOM CARPENTRY / CHAIR RAILS / WALLPAPER / VINYL FLOORING & GLUE-DOWN CARPETING / WINDOW TREATMENTS / WOOD BLINDS								14
15		2011	22,202	7,105	7	3,172	(3,933)	4,758	15
16	NEW WATER BOILER SYSTEM	2012	126,330	4,403	27.5	4,403		4,403	16
17	BOILER RM/ 3RD FL CLOSET PROJECT/ 2ND FL LIVINGROOM,CAFETERIA,DININGRM-CONCRETE/DRYWALL/CARPENTRY/WALL PREP/PAINTING/WALLPAPER/CHAIRRAILS/								17
18	/FLOORING/TILES/COVE BASE/WINDOW TREATMENTS	2012	24,987	417	27.5	417		417	18
19	EAST ELEVATOR JACK/CYLINDER/VALVES/GUIDE SHOE	2012	40,708	555	27.5	555		555	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	ADJUST TO SL			62,233			(62,233)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,088,314	$ 141,748		$ 141,748	$	$ 2,495,247	34

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	$ 168,017	$ 15,752	$ 15,752	$	5-15 YRS	$ 73,218	71
72	Current Year Purchases	10,558	598	598		8-10 YRS	598	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 178,575	$ 16,350	$ 16,350	$		$ 73,816	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	BANKING,PURCHASING,	'10 LEXUS	2009	$ 44,566	$ 1,775	$ 11,142	$ 9,367	4 YRS	$ 38,997	76
77	ADMINISTRATIVE,ETC									77
78										78
79	FACILITY VAN			13,600				4 YRS	13,600	79
80	TOTALS			$ 58,166	$ 1,775	$ 11,142	$ 9,367		$ 52,597	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,405,624	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 159,873	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 169,240	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 9,367	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,621,660	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A-RELATED PARTY
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2013	$
13.	/2014	$
14.	/2015	$

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: $ 0 Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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.

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	39-3	hrs	$		$ 115,813	$		$ 115,813	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			16,917			16,917	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			154,342			154,342	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				179,576		179,576	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	MED.SUPPLIES/LAB/RADIOLOGY Other (specify):	39-2					11,735		11,735	13
14	TOTAL			$		$ 287,072	$ 191,311		$ 478,383	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012 (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	$ 298,516	$ 320,189	1
2	Cash-Patient Deposits	91,509	91,509	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,556,499	3,556,499	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	105,430	105,430	6
7	Other Prepaid Expenses	12,966	12,966	7
8	Accounts Receivable (owners or related parties)	5,753	815,753	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,070,673	$ 4,902,346	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		80,569	13
14	Buildings, at Historical Cost		2,232,597	14
15	Leasehold Improvements, at Historical Cost		1,862,270	15
16	Equipment, at Historical Cost	44,566	236,740	16
17	Accumulated Depreciation (book methods)	(20,385)	(3,192,327)	17
18	Deferred Charges		117,556	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe REPLACEMENT RESERVE		3,353,624	22
23	Other(specify): NY LIFE INSUR.CONTRACTS	499,716	499,716	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 523,897	$ 5,190,745	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,594,570	$ 10,093,091	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 476,151	$ 477,651	26
27	Officer's Accounts Payable	708,621	708,621	27
28	Accounts Payable-Patient Deposits	91,509	91,509	28
29	Short-Term Notes Payable	327,155	527,159	29
30	Accrued Salaries Payable	135,639	135,639	30
31	Accrued Taxes Payable (excluding real estate taxes)	51,372	51,372	31
32	Accrued Real Estate Taxes(Sch.IX-B)		163,670	32
33	Accrued Interest Payable	629	15,040	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DEFERRED INCOME	257,710	257,710	36
37	DUE TO BIRCH.PLAZA ASSOC	907,476		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,956,262	$ 2,428,371	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	5,553	5,553	39
40	Mortgage Payable		8,649,993	40
41	Bonds Payable			41
42	Deferred Compensation	377,673	377,673	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 383,226	$ 9,033,219	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,339,488	$ 11,461,590	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,255,082	$ (1,368,499)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,594,570	$ 10,093,091	48

*(See instructions.)

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,733,611	1	
2	Restatements (describe):		2	
3	IL REPLACEMENT TAX	(12,505)	3	
4	ROUNDING	(3)	4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,721,103	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	868,979	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	(1,335,000)	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)**	$ (466,021)	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)**	$ 1,255,082	24	*

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,714,980	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,714,980	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	165,389	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 165,389	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	2,906	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)**	$ 2,906	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,004	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,004	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,885,279	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,392,653	31
32	Health Care	3,126,130	32
33	General Administration	3,285,797	33
	B. Capital Expense		
34	Ownership	1,061,175	34
	C. Ancillary Expense		
35	Special Cost Centers	478,383	35
36	Provider Participation Fee	672,162	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,016,300	40
41	**Income before Income Taxes (line 30 minus line 40)****	868,979	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 868,979	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 5,940,355	44
45	Private Pay - Net Inpatient Revenue	2,579,608	45
46	Medicare - Net Inpatient Revenue	1,794,534	46
47	Other-(specify) HOSPICE/INSURANCE/ETC	400,483	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 10,714,980	49

****TAX RETURN PREPARED ON CASH BASIS**

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

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

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

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

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	4,127	4,537	$ 187,473	$ 41.32	1
2	Assistant Director of Nursing					2
3	Registered Nurses	27,323	28,892	919,774	31.83	3
4	Licensed Practical Nurses	12,729	13,494	335,152	24.84	4
5	CNAs & Orderlies	95,607	102,763	1,116,299	10.86	5
6	CNA Trainees					6
7	Licensed Therapist	5,233	5,737	107,235	18.69	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,575	12,175	138,996	11.42	10
11	Social Service Workers	2,087	2,145	51,221	23.88	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,100	2,404	56,283	23.41	14
15	Cook Helpers/Assistants	6,060	6,718	90,845	13.52	15
16	Dishwashers	10,445	11,355	115,000	10.13	16
17	Maintenance Workers	3,701	3,987	111,165	27.88	17
18	Housekeepers	17,666	19,452	228,524	11.75	18
19	Laundry	6,252	6,833	76,630	11.21	19
20	Administrator	2,086	2,086	230,093	110.30	20
21	Assistant Administrator	2,083	2,091	60,527	28.95	21
22	Other Administrative	291	291	23,329	80.17	22
23	Office Manager	3,425	3,549	120,002	33.81	23
24	Clerical	7,654	8,002	140,088	17.51	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: MDS CLERK	1,821	1,853	68,574	37.01	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	222,265	238,364	$ 4,177,210 *	$ 17.52	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	M	$ 10,254	1-3	35
36	Medical Director	O	6,000	9-3	36
37	Medical Records Consultant	N	4,512	10-3	37
38	Nurse Consultant	T	0	10-3	38
39	Pharmacist Consultant	H	0	10-3	39
40	Physical Therapy Consultant	L	0	10a-3	40
41	Occupational Therapy Consultant	Y	0	10a-3	41
42	Respiratory Therapy Consultant		0	10a-3	42
43	Speech Therapy Consultant	F	0	10a-3	43
44	Activity Consultant	E	1,050	11-3	44
45	Social Service Consultant	E	4,235	12-3	45
46	Other(specify)	S			46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 26,051		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0	10-3	50
51	Licensed Practical Nurses		0	10-3	51
52	Certified Nurse Assistants/Aides		0	10-3	52
53	TOTAL (lines 50 - 52)		$		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
ABRAHAM SCHIFFMAN	ADMINISTRATOR		$ 230,093
JOYCE GRODETZ	ASST ADMIN		60,527
REBECCA KOHN	OTHER ADMIN		23,329
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 313,949

B. Administrative - Other

Description		Amount
CHARLOTTE KOHN	MANAGEMENT FEES	$ 1,437,105
TOTAL (agree to Schedule V, line 17, col. 3)		$ 1,437,105
(Attach a copy of any management service agreement)		

C. Professional Services

Vendor/Payee	Type	Amount
ALPHA DATA SERVICES	DATA PROCESSING	$ 6,699
ABILITY	DATA PROCESSING	720
KRUPNICK BOKOR	ACCOUNTING	18,950
RICHARD PEELO	MEDICARE COST REPORT	3,250
MYRON TUSHBAI	ACCOUNTING	14,764
KEITH GOLDBERG	LEGAL-DISALLOWED see 5A	250
MUCH SHELIST	LEGAL-DISALLOWED see 5A	3,125
REIFF SCHRAMM KANTER	REAL ESTATE LEGAL	225
ADVANTAGE BENEFITS	PENSION PLAN CONSULT	1,442
PPTY VALUE SERVICES	APPRAISAL	2,500
PERSONAL PLANNERS	UC CONSULTANT	1,976
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 53,901

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 130,288
Unemployment Compensation Insurance	16,408
FICA Taxes	311,918
Employee Health Insurance	284,281
Employee Meals	25,327
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS - OTHER	0
EMPLOYEE PHYSICAL EXAMS	955
PENSION/PROFIT SHARING PLANS	23,708
CHICAGO HEAD TAX	4,068
INSURANCE - EXECUTIVE LIFE	0
INSURANCE - EXECUTIVE LIFE VI 21	0
TOTAL (agree to Schedule V, line 22, col.8)	$ 796,953

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	$ 1,990
Advertising: Employee Recruitment	18,898
Health Care Worker Background Check	1,670
(Indicate # of checks performed 29)	
Patient Background Checks 61	610
TRUST/FRANCHISE/CONTRIB/ETC	8,750
MARKETING/ADV/PROMO	69,831
LICENSES/DUES/SUBSCRIPTIONS	5,552
MGMT CO ALLOC	
TRUST/FRANCHISE/CONTRIB/ETC	(8,750)
Less: Public Relations Expense	(0)
Non-allowable advertising	(33,581)
Yellow page advertising	(36,250)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 28,720

G. Schedule of Travel and Seminar**

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

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number BIRCHWOOD PLAZA # 0028696 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

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

Facility Name & ID Number BIRCHWOOD PLAZA **#** 0028696 **Report Period Beginning:** 01/01/2012 **Ending:** 12/31/2012

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **YES**

(2) Are there any dues to nursing home associations included on the cost report? **NO**
If YES, give association name and amount.

(3) Did the nursing home make political contributions or payments to a political action organization? **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. $ **91,223** 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. $ **672,162**
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. $ **25,327** 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.