

		FOR BHF USE					

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

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.

<p>I. IDPH License ID Number: <u>0040592</u></p> <p>Facility Name: <u>Bronzeville Park Nursing & Living Center</u></p> <p>Address: <u>3400 S. Indiana</u> <u>Chicago</u> <u>60616</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(312) 842-5000</u> Fax # <u>(312) 842-3790</u></p> <p>HFS ID Number: <u>363964686001</u></p> <p>Date of Initial License for Current Owners: <u>07/01/94</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236-1111</u> Email Address: <u>slavenda@frrcpas.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td> </tr> </table> <p align="center">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Kimberley A. Waite, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,532</u>	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	<u>302</u>	TOTALS	<u>302</u>	<u>110,532</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			<u>12,433</u>	<u>12,433</u>	8
9	SNF/PED					9
10	ICF	<u>73,112</u>	<u>3,616</u>	<u>7,372</u>	<u>84,100</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>73,112</u>	<u>3,616</u>	<u>19,805</u>	<u>96,533</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.33%

D. How many bed-hold days during this year were paid by the Department? None (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

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 07/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/01/1994 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 302 and days of care provided 11,697

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

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

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	396,868	112,953	20,727	530,548		530,548		530,548		1
2	Food Purchase		466,669		466,669		466,669	(175)	466,494		2
3	Housekeeping		14,289	332,792	347,081		347,081		347,081		3
4	Laundry	35,230	68,122	210,601	313,953		313,953		313,953		4
5	Heat and Other Utilities			261,603	261,603		261,603	(6,865)	254,738		5
6	Maintenance	61,150	107,338	256,988	425,476		425,476	18,985	444,461		6
7	Other (specify):*										7
8	TOTAL General Services	493,248	769,371	1,082,711	2,345,330		2,345,330	11,945	2,357,275		8
	B. Health Care and Programs										
9	Medical Director			112,200	112,200		112,200		112,200		9
10	Nursing and Medical Records	4,732,658	990,024	81,813	5,804,495		5,804,495	(21,393)	5,783,102		10
10a	Therapy	109,889			109,889		109,889		109,889		10a
11	Activities	160,159	44,305		204,464		204,464	670	205,134		11
12	Social Services	220,370		1,363	221,733		221,733		221,733		12
13	CNA Training										13
14	Program Transportation			5,766	5,766		5,766		5,766		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,223,076	1,034,329	201,142	6,458,547		6,458,547	(20,722)	6,437,825		16
	C. General Administration										
17	Administrative	242,303		969,638	1,211,941		1,211,941	(917,304)	294,637		17
18	Directors Fees										18
19	Professional Services			180,796	180,796	(5,787)	175,009	(50,126)	124,883		19
20	Dues, Fees, Subscriptions & Promotions			119,646	119,646		119,646	(75,931)	43,715		20
21	Clerical & General Office Expenses	193,244	65,499	773,066	1,031,809		1,031,809	(507,858)	523,951		21
22	Employee Benefits & Payroll Taxes			1,249,738	1,249,738		1,249,738		1,249,738		22
23	Inservice Training & Education										23
24	Travel and Seminar			24,957	24,957		24,957	(5,608)	19,349		24
25	Other Admin. Staff Transportation			4,605	4,605		4,605	2,109	6,714		25
26	Insurance-Prop.Liab.Malpractice			1,382,301	1,382,301		1,382,301	17,814	1,400,115		26
27	Other (specify):*							56,210	56,210		27
28	TOTAL General Administration	435,547	65,499	4,704,747	5,205,793	(5,787)	5,200,006	(1,480,695)	3,719,312		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,151,871	1,869,199	5,988,600	14,009,670	(5,787)	14,003,883	(1,489,471)	12,514,412		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Bronzeville Park Nursing & Living Center #0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			278,303	278,303		278,303	161,622	439,925			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			112,872	112,872		112,872	743,542	856,414			32
33	Real Estate Taxes					5,787	5,787	439,782	445,569			33
34	Rent-Facility & Grounds			2,070,261	2,070,261		2,070,261	(2,065,704)	4,557			34
35	Rent-Equipment & Vehicles			23,657	23,657		23,657	7,212	30,869			35
36	Other (specify):*							72,897	72,897			36
37	TOTAL Ownership			2,485,093	2,485,093	5,787	2,490,880	(640,649)	1,850,230			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		682,257	1,341,173	2,023,430		2,023,430	(24,308)	1,999,122			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			549,161	549,161		549,161		549,161			42
43	Other (specify):*	185,027		201,422	386,449		386,449	(386,449)	(0)			43
44	TOTAL Special Cost Centers	185,027	682,257	2,091,756	2,959,040		2,959,040	(410,757)	2,548,283			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,336,898	2,551,456	10,565,449	19,453,803		19,453,803	(2,540,878)	16,912,925			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(10,214)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(153,300)	30		9
10	Interest and Other Investment Income	(5,134)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(175)	02		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	(33,098)	21		18
19	Entertainment	(6,140)	24		19
20	Contributions	(24,925)	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	(646,845)	21		24
25	Fund Raising, Advertising and Promotional	(44,366)	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	(602,942)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,527,139)		\$	30

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	2	
		Amount	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)	(1,013,739)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,013,739)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,540,878)		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	2	3	4	
		Yes	No	Amount	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

BHF USE ONLY							
48		49		50		51	

SEE ACCOUNTANTS' COMPILATION REPORT

Bronzeville Park Nursing & Living Center

	ID#	0040592
Report Period Beginning:		01/01/12
Ending:		12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Payroll-Community Related	\$ (44,513)	21	1
2	Patients Needs	(18,447)	10	2
3	Patients Clothing	(6,110)	10	3
4	Veterans-Pharmacy	(20,995)	10	4
5	Veterans-X-Ray	(519)	10	5
6	Veterans-Liquid Oxygen	(33)	10	6
7	Veterans-Bed Rental	(122)	10	7
8	Veterans-Speech Therapy	(374)	10	8
9	Veterans-Occupational Therapy	(641)	10	9
10	Veterans-Physical Therapy	(623)	10	10
11	Bank Charges	(22,745)	21	11
12	Jury Duty Income	(138)	10	12
13	Medical Records Revenue	(566)	10	13
14	Non-Allowable Fees	(201,422)	43	14
15	Annual Reports	(175)	20	15
16	Capitalized R&M	(11,333)	06	16
17	Additional R&M	21,619	06	17
18	Collection Expense	(14,637)	21	18
19	Building Co. - Bank Fees	(759)	21	19
20	Building Co - License and Inspection	(100)	20	20
21	Building Co. - Legal Fees	(741)	19	21
22	Building Co. - Accounting and Audit Fees	(10,611)	19	22
23	Building Co. - Professional Fees	(6,500)	19	23
24	Building Co. - IL Replacement Tax	(8,581)	21	24
25	Building Co. - Amortization	(6,946)	36	25
26	Non-reimbursable Salaries	(140,515)	43	26
27	Guest Service Dir. Salary	(30,156)	43	27
28	Non-Allowable Legal Fees	(54,728)	19	28
29	COPE Dues	(7,176)	20	29
30	Community Relations Salary	(14,356)	43	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	(602,942)		49

Bronzeville Park Nursing & Living Center

Report Period Beginning: 01/01/12
 Ending: 12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
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97			48
98			49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(175)											(175)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(10,214)		3,349									(6,865)	5
6	Maintenance	10,286		8,616	83								18,985	6
7	Other (specify):*													7
8	TOTAL General Services	(103)		11,965	83								11,945	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(48,567)		10,562	16,612								(21,393)	10
10a	Therapy													10a
11	Activities				670								670	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(48,567)		10,562	17,283								(20,722)	16
	C. General Administration													
17	Administrative			(843,527)	(73,777)								(917,304)	17
18	Directors Fees													18
19	Professional Services	(72,580)	17,852	4,602									(50,126)	19
20	Fees, Subscriptions & Promotions	(76,742)	100	596	114								(75,931)	20
21	Clerical & General Office Expenses	(771,178)	9,340	223,659	30,320								(507,858)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(6,140)		156	376								(5,608)	24
25	Other Admin. Staff Transportation			1,620	489								2,109	25
26	Insurance-Prop.Liab.Malpractice		17,512	172	130								17,814	26
27	Other (specify):*			54,217	1,993								56,210	27
28	TOTAL General Administration	(926,640)	44,804	(558,504)	(40,354)								(1,480,695)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(975,309)	44,804	(535,977)	(22,989)								(1,489,471)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	(153,300)	303,050	11,701	170								161,622	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(5,134)	746,310	2,242	125								743,542	32
33	Real Estate Taxes		430,178	9,604									439,782	33
34	Rent-Facility & Grounds		(2,066,292)	588									(2,065,704)	34
35	Rent-Equipment & Vehicles			6,740	472								7,212	35
36	Other (specify):*	(6,946)	79,843										72,897	36
37	TOTAL Ownership	(165,380)	(506,911)	30,875	766								(640,649)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(24,308)						(24,308)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(386,449)											(386,449)	43
44	TOTAL Special Cost Centers	(386,449)					(24,308)						(410,757)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(1,527,139)	(462,107)	(505,102)	(22,223)		(24,308)						(2,540,878)	45

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
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 2,066,292	Chevy Chase Associates	100.00%	\$	(2,066,292)	1
2	V	32 Interest	202	Chevy Chase Associates	100.00%	746,512	746,310	2
3	V	21 Bank Fees		Chevy Chase Associates	100.00%	759	759	3
4	V	26 Hazard Insurance		Chevy Chase Associates	100.00%	17,512	17,512	4
5	V	20 License and Inspection		Chevy Chase Associates	100.00%	100	100	5
6	V	19 Legal Fees		Chevy Chase Associates	100.00%	741	741	6
7	V	19 Accounting and Audit Fees		Chevy Chase Associates	100.00%	10,611	10,611	7
8	V	19 Professional Fees		Chevy Chase Associates	100.00%	6,500	6,500	8
9	V	21 IL Replacement Tax		Chevy Chase Associates	100.00%	8,581	8,581	9
10	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	430,178	430,178	10
11	V	30 Depreciation		Chevy Chase Associates	100.00%	303,050	303,050	11
12	V	36 Amortization of Loan Fees		Chevy Chase Associates	100.00%	6,946	6,946	12
13	V	36 MIP Expense		Chevy Chase Associates	100.00%	72,897	72,897	13
14	Total		\$ 2,066,494			\$ 1,604,387	\$ * (462,107)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,349	\$ 3,349
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,616	8,616
17	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	10,562	10,562
18	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	42,685	42,685
19	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	4,602	4,602
20	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	596	596
21	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	223,659	223,659
22	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	156	156
23	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,620	1,620
24	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	172	172
25	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	53,573	53,573
26	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,701	11,701
27	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,242	2,242
28	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,604	9,604
29	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	588	588
30	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	6,740	6,740
31	V	17 ADMIN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	9,649	9,649
32	V	27 EMP. BEN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	644	644
33	V						
34	V	17 BOOKKEEPING FEE	895,861				(895,861)
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 895,861			\$ 390,759	\$ * (505,102)

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 REPAIRS / MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 83	\$	83	15
16	V	10 CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	16,612		16,612	16
17	V	11 ACTIVITY CONSULTANT		CLINICAL CONSULTING SERVICES, LLC	100.00%	670		670	17
18	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%				18
19	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	114		114	19
20	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	28,825		28,825	20
21	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,496		1,496	21
22	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	376		376	22
23	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	489		489	23
24	V	26 AUTO INSURANCE		CLINICAL CONSULTING SERVICES, LLC	100.00%	130		130	24
25	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	2,001		2,001	25
26	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	(8)		(8)	26
27	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	170		170	27
28	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	125		125	28
29	V	34 RENT		CLINICAL CONSULTING SERVICES, LLC	100.00%				29
30	V	35 AUTO LEASE		CLINICAL CONSULTING SERVICES, LLC	100.00%	472		472	30
31	V								31
32	V	17 ADMINISTRATIVE FEE	73,777					(73,777)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 73,777			\$ 51,554	\$ *	(22,223)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 287,585	DIAMOND INSURANCE	100.00%	\$ 287,585	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 287,585			\$ 287,585	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	132,320	Integra Healthcare Equipment	100.00%	108,012	\$ (24,308)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 132,320			\$ 108,012	\$ * (24,308)

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

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	BARRY & RANDY CARR	4.750%	CALIFORNIA GARDENS CORP.	CHICAGO	CHEVY ASSOCIATES	LINCOLNWOOD	BUILDING CO.	1
2	GARY HOKIN	25.000%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	GERRY JENICH	5.000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	RAJCHENBACH FAMILY TRUST	4.750%	JACKSON CORP.	CHICAGO	JLR FINANCIAL SERVICES	LINCOLNWOOD	MANAGEMENT CO.	4
5	ROBERT HARTMAN	55.750%	MONROE CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	5
6	SHARON HOLLANDER DISCRETIONARY TRUST	1.583%	RENAISSANCE EAST	MESA, ARIZONA	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	6
7	MARK HOLLANDER DISCRETIONARY TRUST	1.583%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	7
8	FEIGE KNOBEL DISCRETIONARY TRUST	1.583%	RENAISSANCE VILLAGE IL	MESA, ARIZONA	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	8
9			RENAISSANCE WEST	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE	LINCOLNWOOD	MANAGEMENT CO.	9
10			RENAISSANCE PARK SOUTH	CHICAGO	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	10
11			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	INTERGRA HEALTHCARE EQU	ELMHURST	DME & MEDICAL SUPPL	11
12			ARIA POST ACUTE CARE	HILLSDALE	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	12
13			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO				13
14			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO				14
15			SEVEN OAKS	GLENDALE, WISC.				15
16			CLAREMONT HANOVER PARK	HANOVER PARK				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

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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Gerry Jenich	Owner	Administrative	5.00%	See Attached	1.93	4.83%	Alloc. Salary	\$ 9,649	17-7	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 9,649		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 NUCARE SERVICES CORP.
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,228,556	15	\$ 37,226	\$ 110,532	\$ 3,349	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,228,556	15	95,768	110,532	8,616	2
3	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,228,556	15	117,394	117,394	110,532	10,562
4	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,228,556	15	474,443	462,325	110,532	42,685
5	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,228,556	15	51,153	110,532	4,602	5
6	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,228,556	15	6,629	110,532	596	6
7	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,228,556	15	2,485,957	1,190,733	110,532	223,659
8	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,228,556	15	1,734	110,532	156	8
9	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,228,556	15	18,004	110,532	1,620	9
10	26	INSURANCE	AVAIL. CENSUS DAYS	1,228,556	15	1,913	110,532	172	10
11	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,228,556	15	595,462	110,532	53,573	11
12	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,228,556	15	130,061	110,532	11,701	12
13	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,228,556	15	24,917	110,532	2,242	13
14	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,228,556	15	106,750	110,532	9,604	14
15	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,228,556	15	6,532	110,532	588	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,228,556	15	74,917	110,532	6,740	16
17	17	ADMIN. - G. JENICH	AVG. HOURS WORKED	10	5	50,000	50,000	2	9,649
18	27	EMP. BEN. - G. JENICH	AVG. HOURS WORKED	10	5	3,340		2	644
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,282,199	\$ 1,820,453	\$ 390,759	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/12

Ending: 12/31/12

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 CLINICAL CONSULTING SERVICES, LLC
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	REPAIRS / MINOR EQUIPMEN	BED DAYS AVAILABLE	1,228,556	15	\$ 920	\$ 110,532	\$ 83	1
2	10	CLINICAL SALARIES	BED DAYS AVAILABLE	1,228,556	15	184,643	110,532	16,612	2
3	11	ACTIVITY CONSULTANT	BED DAYS AVAILABLE	1,228,556	15	7,452	110,532	670	3
4	19	PROFESSIONAL FEES	BED DAYS AVAILABLE	1,228,556	15		110,532		4
5	20	DUES, LICENSE & INSPECTIO	BED DAYS AVAILABLE	1,228,556	15	1,272	110,532	114	5
6	21	OFFICE WAGES	BED DAYS AVAILABLE	1,228,556	15	320,385	110,532	28,825	6
7	21	OFFICE EXPENSE	BED DAYS AVAILABLE	1,228,556	15	16,624	110,532	1,496	7
8	24	CONTINUING EDUCATION / SI	BED DAYS AVAILABLE	1,228,556	15	4,175	110,532	376	8
9	25	AUTO EXPENSE	BED DAYS AVAILABLE	1,228,556	15	5,436	110,532	489	9
10	26	AUTO INSURANCE	BED DAYS AVAILABLE	1,228,556	15	1,447	110,532	130	10
11	27	PAYROLL TAXES	BED DAYS AVAILABLE	1,228,556	15	22,241	110,532	2,001	11
12	27	OTHER EMPLOYEE BENEFITS	BED DAYS AVAILABLE	1,228,556	15	(91)	110,532	(8)	12
13	30	DEPRECIATION	BED DAYS AVAILABLE	1,228,556	15	1,892	110,532	170	13
14	32	INTEREST	BED DAYS AVAILABLE	1,228,556	15	1,384	110,532	125	14
15	34	RENT	BED DAYS AVAILABLE	1,228,556	15		110,532		15
16	35	AUTO LEASE	BED DAYS AVAILABLE	1,228,556	15	5,242	110,532	472	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 573,023	\$ 512,480	\$ 51,554	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 Diamond Insurance
 Street Address 40 Skokie Blvd., Suite 105
 City / State / Zip Code Northbrook, IL 60062
 Phone Number (847) 599-1002
 Fax Number ()

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Workers Compensation	Direct Allocation		\$	\$		\$ 287,585	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				\$	\$		\$ 287,585	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 Integra Healthcare Equipment, LLC
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME and Medical Supplies	Direct Allocation					108,012	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				\$	\$		\$ 108,012	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/12

Ending: **12/31/12**

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1	HUD Loan Payable		X	Mortgage			\$	\$ 14,466,916			\$ 746,512	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
	Working Capital																			
6	Bank of America		X	Working Capital				3,000,000			112,872	6								
7												7								
8	See Supplemental Schedule										2,367	8								
9	TOTAL Facility Related						\$	\$ 17,466,916			\$ 861,751	9								
	B. Non-Facility Related*																			
10	Interest Income		X								(5,134)	10								
11	Interest Income-Bldg. Co.		X								(202)	11								
12												12								
13	See Supplemental Schedule											13								
14	TOTAL Non-Facility Related						\$	\$			\$ (5,336)	14								
15	TOTALS (line 9+line14)						\$	\$ 17,466,916			\$ 856,415	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 72,897 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

** 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 Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/12 Ending: 12/31/12

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	TOTAL Long-Term									7										
Working Capital																				
8	Allocated from Nucare									2,242										
9	Alloc.from Clinical Conslt. Svc									125										
10										10										
11										11										
12										12										
13										13										
14	TOTAL Working Capital									2,367										
B. Non-Facility Related*																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	TOTAL Non-Facility Related									20										

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	478,303		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.)		\$	459,347		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(18,956)		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	458,738		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.)		\$	5,787		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 \$ 21,872 For 2008 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.		\$	445,569		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2007	382,318	8	FOR BHF USE ONLY	
	2008	386,154	9	13	FROM R. E. TAX STATEMENT FOR 2011 \$ 13
	2009	432,781	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2010	451,622	11	15	LESS REFUND FROM LINE 6 \$ 15
	2011	449,743	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
Beginning Accrual Adjusted					
2012 Accrual - \$449,743 x 1.02 = \$458,738					
Allocated from NuCare \$9,604					

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.

SEE ACCOUNTANTS' COMPILATION REPORT

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

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)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>148,985.49</u>	\$ <u>148,985.49</u>
2.	<u>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>300,757.82</u>	\$ <u>300,757.82</u>
3.	<u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>84,353.24</u>	\$ <u>7,209.72</u>
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>534,096.55</u></u>	\$ <u><u>456,953.03</u></u>

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? X 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 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.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 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 2000.

	(A)	(B)	(C)	(D) <u>Tax Applicable to Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	_____	_____	\$ _____	\$ _____
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 & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,844 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? (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? (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 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln</u>			<u>13,676</u>	<u>2</u>
3	TOTALS	80,457		\$ 253,676	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1977	\$ 4,471,948	\$ 303,050	35	\$ 127,770	\$ (175,280)	\$ 3,539,525	4
5			1984	92,611		35	2,646	2,646	75,963	5
6										6
7										7
8										8
	Improvement Type**									
9	Various		1980	8,303		20	149	149	7,125	9
10	Various		1981	1,872		20			1,872	10
11	Various		1982	5,523		20			5,523	11
12	Various		1983	1,550		20			1,550	12
13	Various		1984	5,062		20			5,062	13
14	Various		1985	24,500		20			24,500	14
15	Various		1986	8,802		20			8,802	15
16	Various		1987	5,151		20	163	163	4,095	16
17	Various		1988	14,372		20	456	456	10,969	17
18	Various		1989	55,710		20	1,768	1,768	40,751	18
19	Various		1990	4,899		20	156	156	3,428	19
20	Various		1991	9,582		20	304	304	6,401	20
21	Various		1992	4,834		20	153	153	3,076	21
22	Various		1993	13,785		20	353	353	6,730	22
23	Various		1994	23,773		20	1,047	1,047	18,978	23
24	Various		1995	20,890		20	1,045	1,045	18,325	24
25	Various		1996	87,605		20	4,380	4,380	71,792	25
26	Various		1997	40,122		20	1,976	1,976	31,710	26
27	Various		1998	132,735		20	6,637	6,637	95,216	27
28	Various		1999	419,788		20	20,989	20,989	278,803	28
29	Various		2000	90,604		20	4,530	4,530	56,484	29
30	Various		2001	75,436		20	3,772	3,772	43,187	30
31	Various		2002	39,859		20	1,827	1,827	39,859	31
32	Various		2003	55,783		20	4,127	4,127	44,165	32
33	Various		2004	70,089		20	7,009	7,009	60,376	33
34	Various		2005	356,449		20	21,719	21,719	237,144	34
35	Various		2006	75,373		20	5,275	5,275	35,787	35
36	Various		2008	173,917		20	17,135		79,493	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		142,031			9,958	9,958	49,578	67
68		198,179	6,743		7,432	689	55,527	68
69			278,303			(278,303)		69
70		\$ 6,731,137	\$ 588,096		\$ 252,777	\$ (352,454)	\$ 4,961,796	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,731,137	\$ 588,096		\$ 252,777	\$ (335,319)	\$ 4,961,796	1
2	8 Magnetic Door Holders	2009	3,610		20	516	516	1,934	2
3	Replacing Door In Laundry Room	2009	2,963		20	296	296	1,086	3
4	Repairing Lights On Westside Of Building	2009	3,560		20	356	356	1,276	4
5	Repairing Cracks In Windows And Foundation	2009	7,000		20	700	700	2,508	5
6	2Nd Floor Renovation-Chair Rails For Resident Rooms	2009	6,600		20	330	330	1,183	6
7	Dayroom & Nurses Station- New Walls, Paint/Wallcovering, Floor	2009	56,018		20	5,602	5,602	20,073	7
8	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	225	225	807	8
9	Ceramic Tiles	2009	4,000		20	267	267	933	9
10	1St Floor Renovation-Ceramic Tiles On Kitchen Floor	2009	5,400		20	270	270	945	10
11	Exhaust Fans On Roof	2009	3,513		20	351	351	1,230	11
12	Adhesive Vinyl Tile	2009	2,671		20	134	134	456	12
13	Electrical, Faucets, Flooring, Corner Guard- 4Th Floor	2009	20,913		20	1,046	1,046	3,486	13
14	Adhesive Vinyl Tile	2009	2,690		20	179	179	598	14
15	Out Door Patio Renovation-New Electronic Door	2009	4,590		20	230	230	746	15
16	Repair Of Broken Sewer	2009	6,015		20	602	602	1,955	16
17	Parts Of Air Conditioning Unit	2009	9,000		20	750	750	2,937	17
18	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	284	284	971	18
19	Elevator Repair	2009	2,800		20	140	140	537	19
20	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Fl	2010	4,400		20	293	293	880	20
21	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	939	21
22	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	291	291	848	22
23	Clean Wood Fence And Put Protective Coat	2010	8,800		20	880	880	2,420	23
24	Chiller Replacement Project	2010	126,400		20	18,057	18,057	49,657	24
25	4 Exhaust Fans #7-10	2010	7,078		20	1,416	1,416	3,657	25
26	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	977	977	2,523	26
27	8 Sets, 3-Position Assist Rails	2010	2,587		20	129	129	334	27
28	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sh	2010	3,650		20	243	243	608	28
29	4 Red Oak Architectural Grade Doors, 3 Machine Cylender Lock,	2010	5,796		20	290	290	725	29
30	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Sho	2010	9,158		20	916	916	2,213	30
31	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	580	580	1,402	31
32	Electrical Work	2010	6,540		20	654	654	1,581	32
33	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	462	462	1,116	33
34	TOTAL (lines 1 thru 33)		\$ 7,074,448	\$ 588,096		\$ 290,555	\$ (297,541)	\$ 5,074,359	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,074,448	\$ 588,096		\$ 290,555	\$ (297,541)	\$ 5,074,359	1
2	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8,	2010	5,496		20	366	366	885	2
3	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Co	2010	2,739		20	228	228	552	3
4	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, S	2010	5,980		20	598	598	1,395	4
5	Materials For 3Rd Floor Shower Room Project - Wraparound Bar	2010	9,159		20	916	916	2,137	5
6	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	607	607	1,366	6
7	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	365	365	821	7
8	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywa	2010	5,800		20	580	580	1,305	8
9	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floori	2010	6,107		20	611	611	1,323	9
10	Cctv Installation Nursing Station, Elevator Area	2010	6,980		20	698	698	1,629	10
11	Bathroom 1St Flr S. & 2Nd Flr N. Side Tub/Shower/Faucet	2010	11,983		20	1,198	1,198	2,996	11
12	Vaudeville Laminate	2010	2,680		20	268	268	715	12
13	Shower Room Tile Flooring	2010	3,195		20	320	320	825	13
14	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	1,049	1,049	2,709	14
15	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	862	862	2,084	15
16	Shower Room Project - Shower Tile Flooring	2010	5,954		20	595	595	1,489	16
17	Power & Cable Outlets	2010	3,600		20	360	360	750	17
18	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	378	378	757	18
19	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	581	19
20	New Roof For Canopies And Repair Existing Roof Around The Bu	2011	3,800		20	380	380	697	20
21	Removal Of Old Concrete Pad And Construct New Concrete Pad I	2011	71,000		20	7,100	7,100	13,017	21
22	Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat	2011	2,700		20	180	180	330	22
23	Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb	2011	3,240		20	324	324	513	23
24	Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up	2011	2,902		20	290	290	459	24
25	Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated UI "B"	2011	2,611		20	261	261	392	25
26	Install New Storm Drain Pipe	2011	5,200		20	520	520	780	26
27	2Nd Floor Bathroms - Toilets, Vanity, Hardware	2011	7,163		20	478	478	676	27
28	1 Commercial Gas Water Heater	2011	6,067		20	607	607	1,062	28
29	Installation 16 Medium Duty Door Closers	2011	3,108		20	311	311	570	29
30	Fluorescent Lighting	2012	4,400		20	440	440	440	30
31	Remove Wallpaper And Baseboards; Replace Drywall; Paint; New	2012	4,400		20	440	440	440	31
32	Piping	2012	3,000		20	250	250	250	32
33	Data Cable For Wi-Fi	2012	6,026		20	201	201	201	33
34	TOTAL (lines 1 thru 33)		\$ 7,305,252	\$ 588,096		\$ 312,626	\$ (275,470)	\$ 5,118,503	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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		\$ 7,305,252	\$ 588,096		\$ 312,626	\$ (275,470)	\$ 5,118,503	1
2	Remove Drop Ceiling, Tile Floor & Base Board, Tub, Toilet, Sink	2012	5,850		20	98	98	98	2
3	Protective Pipe Cover	2012	4,843		20	81	81	81	3
4	Door Lever Passage	2012	5,465		20	46	46	46	4
5	2 Commercial Steel Doors	2012	2,669		20	22	22	22	5
6	Sprinkler System Devices	2012	13,595		20	162	162	162	6
7	Epoxy-Lined Water Tank	2012	3,942		20	66	66	66	7
8	Elevator Work - Replaced Obsolete Intermittent Relays With New	2012	5,892		20	295	295	295	8
9	Replaced Smoke Detector Bases	2012	2,801		20	140	140	140	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	TOTAL (lines 1 thru 33)		\$ 7,350,309	\$ 588,096		\$ 313,534	\$ (274,562)	\$ 5,119,411	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,350,309	\$ 588,096		\$ 313,534	\$ (274,562)	\$ 5,119,411	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	TOTAL (lines 1 thru 33)	\$ 7,350,309	\$ 588,096		\$ 313,534	\$ (274,562)	\$ 5,119,411	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Bar Cabinets	2007	4,500		20	450	450	2,700	9
10	New Flooring	2007	4,500		20	300	300	1,800	10
11	Door Circuitry And Wiring Components	2007	3,950		20	395	395	2,238	11
12	Fencing	2007	2,600		20	173	173	938	12
13	Lavatory Faucets	2007	2,849		20	190	190	997	13
14	Telephone System	2007	22,988		20	3,284	3,284	18,336	14
15	Perga Flooring	2008	2,800		20	140	140	490	15
16	Sliding Door	2008	5,346		20	400	400	1,999	16
17	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	2,100	17
18	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	2,285	18
19	Canopy Projector	2008	5,325		20	266	266	1,331	19
20	Kitchen Station	2008	2,500		20	125	125	625	20
21	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	1,554	21
22	Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	1,968	22
23	Install & Furnish New Fire Doors	2009	7,980		20	399	399	1,596	23
24	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	1,868	24
25	Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	1,199	25
26	New Pump for Suction Diffuser	2009	4,640		20	232	232	928	26
27	Roof Exhaust Fans	2009	5,990		20	300	300	1,199	27
28	Concrete Wall	2009	6,000		20	300	300	1,200	28
29	1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	1,000	29
30	Repair Radiator	2009	6,133		20	307	307	1,227	30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$	34
			142,031		9,958	9,958	49,578	

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	Allocated from 7257 N. Lincoln Avenue	2004	116,600	2,990	35	3,331	341	30,399	3
4	Allocated from Clinical Consulting Services	2004	6,478	166	35	185	19	1,689	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Allocated from NuCare Services	2003	1,054	60	20	53	(7)	481	9
10	Allocated from NuCare Services	2004	21,395	1,222	20	1,071	(151)	9,329	10
11	Allocated from NuCare Services	2005	1,268	72	20	64	(8)	498	11
12	Allocated from NuCare Services	2006	1,720	98	20	86	(12)	547	12
13	Allocated from NuCare Services	2008	1,813	104	20	91	(13)	386	13
14	Allocated from NuCare Services	2009	29,188	1,667	20	1,459	(208)	5,269	14
15	Allocated from NuCare Services	2010	4,485	256	20	224	(32)	562	15
16	Allocated from NuCare Services	2011	242	14	20	12	(2)	23	16
17	Allocated from NuCare Services	2012	270	15	20	10	(5)	10	17
18									18
19	Allocated from 7257 N. Lincoln Avenue	2004	2,317		20	116	116	985	19
20	Allocated from 7257 N. Lincoln Avenue	2005	10,629	75	20	686	611	5,015	20
21									21
22	Allocated from Clinical Consulting Services	2004	129		20	6	6	55	22
23	Allocated from Clinical Consulting Services	2005	591	4	20	38	34	279	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (12H & 12I lines 1 thru 33)		\$ 198,179	\$ 6,743		\$ 7,432	\$ 689	\$ 55,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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	\$ 1,089,848	\$ 4,224	\$ 112,048	\$ 107,824	10	\$ 645,796	71
72	Current Year Purchases	210,104	859	14,174	13,315	10	14,174	72
73	Fully Depreciated Assets	690,419		10	10	10	690,416	73
74								74
75	TOTALS	\$ 1,990,371	\$ 5,083	\$ 126,232	\$ 121,149		\$ 1,350,386	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		Allocated from Nucare	2012	\$ 797	\$ 46	\$ 159	\$ 113	5	\$ 385	76
77										77
78										78
79										79
80	TOTALS			\$ 797	\$ 46	\$ 159	\$ 113		\$ 385	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)	\$ 9,595,153	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 593,225	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 439,925	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (153,300)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,470,182	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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	Storage				3,969			5
6	Allocated from Nucare				588			6
7	TOTAL				\$ 4,557			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: _____ *

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: \$ 30,396 Description: See Attached Schedule

(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	Allocated from CCS		\$	\$ 472	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 472	21

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 \$ _____

* 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.

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	482,689	\$		\$	482,689	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				277,003				277,003	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				512,945				512,945	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					480,610			480,610	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): _____											12
13	Other (specify): <u>See Supplemental</u>						68,536	201,647			270,183	13
14	TOTAL			\$		\$	1,341,173	\$	682,257	\$	2,023,430	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/12**

(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	\$ 23,139	\$ 390,822	1
2	Cash-Patient Deposits	22,352	22,352	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	5,320,004	5,320,004	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	19,000	19,000	5
6	Prepaid Insurance	197,389	264,656	6
7	Other Prepaid Expenses	13,565	13,565	7
8	Accounts Receivable (owners or related parties)	761,486	761,486	8
9	Other(specify): <u>See Attached Schedule</u>	4,075,650	4,564,869	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,432,585	\$ 11,356,754	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	2,389,793	2,389,793	15
16	Equipment, at Historical Cost	1,761,981	8,182,908	16
17	Accumulated Depreciation (book methods)	(2,882,417)	(9,185,076)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(57,304)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		269,023	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,269,357	\$ 7,818,470	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,701,942	\$ 19,175,224	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,741,978	\$ 2,741,977	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,945	13,945	28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	548,375	548,375	30
31	Accrued Taxes Payable (excluding real estate taxes)	48,014	48,014	31
32	Accrued Real Estate Taxes(Sch.IX-B)		458,738	32
33	Accrued Interest Payable		61,726	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	5,175,761	5,271,626	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 11,556,833	\$ 12,173,161	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,466,916	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Attached Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,466,916	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,556,833	\$ 26,640,077	46
47	TOTAL EQUITY(page 18, line 24)	\$ 145,109	\$ (7,464,853)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,701,942	\$ 19,175,224	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,253,413	1
2	Restatements (describe):		2
3	Hazard Insurance Restatement	(143,214)	3
4	Payroll Restatement	(169,113)	4
5	Rounding	(2)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 941,084	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(795,975)	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)	\$ (795,975)	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)	\$ 145,109	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**Report Period Beginning: **01/01/12**

Ending:

12/31/12**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		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,107,426	1
2	Discounts and Allowances for all Levels	(701,499)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,405,927	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,366,817	6
7	Oxygen	15,715	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,382,532	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	569,837	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	72,015	19
20	Radiology and X-Ray	20,276	20
21	Other Medical Services	179,521	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 841,649	23
D. Non-Operating Revenue			
24	Contributions	10	24
25	Interest and Other Investment Income***	5,134	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,144	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	22,576	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,576	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,657,828	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,345,330	31
32	Health Care	6,458,547	32
33	General Administration	5,205,793	33
B. Capital Expense			
34	Ownership	2,485,093	34
C. Ancillary Expense			
35	Special Cost Centers	2,409,879	35
36	Provider Participation Fee	549,161	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,453,803	40
41	Income before Income Taxes (line 30 minus line 40)**	(795,975)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (795,975)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,001,122	44
45	Private Pay - Net Inpatient Revenue	495,256	45
46	Medicare - Net Inpatient Revenue	2,709,089	46
47	Other-(specify) CCHHS	303,941	47
48	Other-(specify) Managed Care, Hospice, Veterans	896,519	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,405,927	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? **Not Complete** 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**

0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,415	2,203	\$ 121,486	\$ 55.15	1
2	Assistant Director of Nursing	2,704	2,911	129,734	44.57	2
3	Registered Nurses	40,144	44,237	1,159,636	26.21	3
4	Licensed Practical Nurses	50,664	55,348	1,449,764	26.19	4
5	CNAs & Orderlies	157,238	173,298	1,804,876	10.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	9,181	10,085	109,889	10.90	8
9	Activity Director	2,073	2,171	45,994	21.19	9
10	Activity Assistants	9,905	10,872	114,165	10.50	10
11	Social Service Workers	6,105	6,449	185,140	28.71	11
12	Dietician	2,457	2,615	64,345	24.61	12
13	Food Service Supervisor					13
14	Head Cook	6,058	6,831	87,914	12.87	14
15	Cook Helpers/Assistants	22,776	25,576	244,609	9.56	15
16	Dishwashers					16
17	Maintenance Workers	2,210	2,466	61,150	24.80	17
18	Housekeepers					18
19	Laundry	2,060	2,295	35,230	15.35	19
20	Administrator	3,784	3,867	223,353	57.76	20
21	Assistant Administrator	336	344	10,750	31.25	21
22	Other Administrative	281	281	8,200	29.18	22
23	Office Manager	1,477	1,635	36,532	22.34	23
24	Clerical	8,934	10,133	156,712	15.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,434	1,567	38,125	24.33	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	8,549	8,959	249,294	27.82	33
34	TOTAL (lines 1 - 33)	339,785	374,143	\$ 6,336,898 *	\$ 16.94	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	437	\$ 20,727	01-03	35
36	Medical Director	Monthly	112,200	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	540	10,692	10-03	38
39	Pharmacist Consultant	Monthly	17,514	10-03	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	24	1,363	12-03	45
46	Other(specify)				46
47	<u>Medical Consultant</u>	Monthly	25,500	10-03	47
48					48
49	TOTAL (lines 35 - 48)	1,000	\$ 187,996		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	57	\$ 2,844	10-03	50
51	Licensed Practical Nurses	505	25,263	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	562	\$ 28,107		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
William Prather	Administrator	0	\$ 96,874	Workers' Compensation Insurance	\$ 287,585	IDPH License Fee	\$	
John P. Stare	Administrator	0	101,065	Unemployment Compensation Insurance	148,992	Advertising: Employee Recruitment	1,334	
Joshua Legum	Administrator	0	25,415	FICA Taxes	481,675	Health Care Worker Background Check		
Donald-Jay J. Evans	Assist. Admin	0	10,750	Employee Health Insurance	222,545	(Indicate # of checks performed)		
Tony Prather	Reg. Dir. Of Operat.	0	8,200	Employee Meals		Patient Background Checks	678 11,005	
				Illinois Municipal Retirement Fund (IMRF)*		Trade Assoc Dues	24,927	
				City Payroll Tax	3,690	Dues & Subscriptions	1,462	
				Pension Benefits	49,669	Licenses & Inspections	4,276	
				Dental Insurance	3,203	Advertising & Promotion	44,366	
				Other Employee Benefits	50,062	See Supplemental Schedule	710	
				401K Matching Expense	2,316	Less: Public Relations Expense	()	
						Non-allowable advertising	(44,366)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)			\$ 242,303	\$ 1,249,737		\$ 43,714		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
NuCare Services Corp. - Bookkeeping Fees			\$ 895,861			\$	Out-of-State Travel	\$
Clinical Consulting - Administrative Fees			73,777					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 969,638	TOTAL			Seminar Expense	
(Attach a copy of any management service agreement)				\$			18,817	
C. Professional Services							Allocated from Nucare	
Vendor/Payee	Type		Amount				156	
Frost, Ruttenberg & Rothblatt	Accounting		\$ 21,376				Allocated from Clinical Consulting	
See Attached	Legal		76,246				376	
Terrence Kennedy JR	RE Valuation		5,637					
Personnel Planners	UC Tax Consultant		7,689					
CDW	Computer Expense		273					
HDSI	Computer Expense		4,714					
Health Data Solutions	Computer Expense		2,052					
PSD Solutions	Computer Expense		11,895					
Optima HC Solutions	Computer Expense		693					
MDI Achieve	Computer Expense		25,880					
Achieve Accreditation IGP	Joint Commission Accred		12,079					
See Supplemental Schedule			12,261					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			Entertainment Expense	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 180,796	\$			(agree to Sch. V, line 24, col. 8)	
							TOTAL	
							\$ 19,349	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592

Report Period Beginning:

01/01/12

Ending:

12/31/12**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC \$28,403.10
- (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? N/A
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 2,392 Line 10
- (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. N/A
- (9) Are you presently operating under a sublease agreement? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Chevy Chase Nursing Center, #34892, 07/01/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 549,161
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. \$ Has any meal income been offset against related costs? No 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. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- 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: N/A
- (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.

SEE ACCOUNTANTS' COMPILATION REPORT