



Facility Name & ID Number Bronzeville Park Nursing & Living Center

# 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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>110,230</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>110,230</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>73,645</u>	<u>3,012</u>	<u>18,149</u>	<u>94,806</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>73,645</u>	<u>3,012</u>	<u>18,149</u>	<u>94,806</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.01%

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

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

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

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

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 07/01/94

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 07/01/94 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 10,776

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: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

**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
	<b>A. General Services</b>										
1	Dietary	386,142	149,644	19,728	555,514		555,514		555,514		1
2	Food Purchase		445,346		445,346		445,346	(3,405)	441,941		2
3	Housekeeping		25,508	524,865	550,373		550,373		550,373		3
4	Laundry		30,999		30,999		30,999		30,999		4
5	Heat and Other Utilities			278,539	278,539		278,539	(4,329)	274,210		5
6	Maintenance	121,965	90,626	224,095	436,686		436,686	65,823	502,509		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	508,107	742,123	1,047,227	2,297,457		2,297,457	58,088	2,355,545		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			109,929	109,929		109,929		109,929		9
10	Nursing and Medical Records	3,812,088	457,480	415,854	4,685,422		4,685,422	(18,572)	4,666,850		10
10a	Therapy	159,704		330	160,034		160,034		160,034		10a
11	Activities	119,674	27,278	2,338	149,290		149,290		149,290		11
12	Social Services	319,101		2,750	321,851		321,851		321,851		12
13	CNA Training										13
14	Program Transportation			15,769	15,769		15,769		15,769		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,410,567	484,758	546,970	5,442,295		5,442,295	(18,572)	5,423,723		16
	<b>C. General Administration</b>										
17	Administrative	287,562		970,037	1,257,599		1,257,599	(946,640)	310,959		17
18	Directors Fees										18
19	Professional Services			140,336	140,336	(7,918)	132,418	(3,900)	128,518		19
20	Dues, Fees, Subscriptions & Promotions			151,352	151,352		151,352	(70,350)	81,002		20
21	Clerical & General Office Expenses	259,750	67,821	417,970	745,541		745,541	(143,380)	602,161		21
22	Employee Benefits & Payroll Taxes			981,716	981,716		981,716	(18)	981,698		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,246	10,246		10,246	(3,109)	7,137		24
25	Other Admin. Staff Transportation							1,422	1,422		25
26	Insurance-Prop.Liab.Malpractice			826,580	826,580		826,580	19,629	846,209		26
27	Other (specify):*							53,145	53,145		27
28	<b>TOTAL General Administration</b>	547,312	67,821	3,498,237	4,113,370	(7,918)	4,105,452	(1,093,201)	3,012,251		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,465,986	1,294,702	5,092,434	11,853,122	(7,918)	11,845,204	(1,053,685)	10,791,519		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: 01/01/09 Ending: 12/31/09

## 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			216,420	216,420		216,420	184,791	401,211			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			59,588	59,588		59,588	787,594	847,182			32
33	Real Estate Taxes					7,918	7,918	400,091	408,009			33
34	Rent-Facility & Grounds			2,001,167	2,001,167		2,001,167	(2,000,614)	553			34
35	Rent-Equipment & Vehicles			13,208	13,208		13,208	4,754	17,962			35
36	Other (specify):*							76,315	76,315			36
37	<b>TOTAL Ownership</b>			2,290,383	2,290,383	7,918	2,298,301	(547,069)	1,751,232			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	23,900	518,138	1,075,955	1,617,993		1,617,993		1,617,993			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,343	165,343		165,343		165,343			42
43	Other (specify):*	8,458		201,588	210,046		210,046	(210,046)				43
44	<b>TOTAL Special Cost Centers</b>	32,358	518,138	1,442,886	1,993,382		1,993,382	(210,046)	1,783,336			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,498,344	1,812,840	8,825,703	16,136,887		16,136,887	(1,810,800)	14,326,087			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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
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	(7,440)	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	(132,099)	30		9
10	Interest and Other Investment Income	(641)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(141)	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	(20,550)	21		18
19	Entertainment	(4,065)	24		19
20	Contributions	(18,885)	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	(304,326)	21		24
25	Fund Raising, Advertising and Promotional	(43,176)	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	(276,841)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (808,164)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
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)	(1,002,636)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,002,636)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,810,800)		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

<b>BHF USE ONLY</b>							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

**Bronzeville Park Nursing & Living Center**

ID# 0040592

Report Period Beginning: 01/01/09

Ending: 12/31/09

Sch. V Line

**NON-ALLOWABLE EXPENSES**

**Amount**

**Reference**

1		\$		1
2	Pharmacy - Veterans	(10,514)	10	2
3	X-Ray - Veterans	(80)	10	3
4	Patient Needs	(11,504)	10	4
5	Therapy - Veterans	(2,501)	10	5
6	Hemodialysis - Veterans	(1,734)	10	6
7	Patient Clothing	(23,009)	10	7
8	Bank Charges	(24,209)	21	8
9	Building Co. - Professional Fees	(10,273)	19	9
10	Building Co. - Bank Fees	(1,056)	21	10
11	Building Co. - Amortization	(6,946)	36	11
12	Building Co. - Misc. Licenses & Taxes	(6,950)	20	12
13	COPE Dues	(9,435)	20	13
14	Income from Copies	(1,252)	21	14
15				15
16	Jury Duty	(86)	10	16
17	Food Rebate	(3,264)	02	17
18	Annual Report	(225)	20	18
19	Marketing Salaries	(8,458)	43	19
20	Non-Allowable Legal	(7,673)	19	20
21	Additional R&M	56,884	06	21
22	Capitalized R&M	(2,800)	06	22
23	Marketing Services	(201,505)	43	23
24	Marketing Travel	(83)	43	24
25	Boss' Day Spa	(150)	21	25
26	Marketing Employee Benefits	(18)	22	26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(276,841)		49

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/09

Ending: 12/31/09

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

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
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32
82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98				49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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	(3,405)											(3,405)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(7,440)		3,111									(4,329)	5
6	Maintenance	54,084	1,335	10,404									65,823	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>43,239</b>	<b>1,335</b>	<b>13,514</b>									<b>58,088</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(49,428)			30,856								(18,572)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(49,428)</b>			<b>30,856</b>								<b>(18,572)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(872,833)	(73,807)								(946,640)	17
18	Directors Fees													18
19	Professional Services	(17,946)	10,273	3,433	340								(3,900)	19
20	Fees, Subscriptions & Promotions	(78,671)	6,950	1,215	156								(70,350)	20
21	Clerical & General Office Expenses	(351,543)	1,056	187,310	19,797								(143,380)	21
22	Employee Benefits & Payroll Taxes	(18)											(18)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(4,065)		764	192								(3,109)	24
25	Other Admin. Staff Transportation			747	675								1,422	25
26	Insurance-Prop.Liab.Malpractice		16,671	2,958									19,629	26
27	Other (specify):*			45,155	7,990								53,145	27
28	<b>TOTAL General Administration</b>	<b>(452,243)</b>	<b>34,950</b>	<b>(631,251)</b>	<b>(44,657)</b>								<b>(1,093,201)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(458,432)</b>	<b>36,285</b>	<b>(617,737)</b>	<b>(13,801)</b>								<b>(1,053,685)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(132,099)	305,633	11,037	220								184,791	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(641)	781,374	6,500	361								787,594	32
33	Real Estate Taxes		390,182	9,909									400,091	33
34	Rent-Facility & Grounds		(2,001,167)	553									(2,000,614)	34
35	Rent-Equipment & Vehicles			4,754									4,754	35
36	Other (specify):*	(6,946)	83,261										76,315	36
37	<b>TOTAL Ownership</b>	<b>(139,686)</b>	<b>(440,717)</b>	<b>32,753</b>	<b>581</b>								<b>(547,069)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(210,046)											(210,046)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(210,046)</b>											<b>(210,046)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(808,164)</b>	<b>(404,432)</b>	<b>(584,984)</b>	<b>(13,220)</b>								<b>(1,810,800)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Chevy Chase Associates		Building Co.

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	\$ 2,001,167	Chevy Chase Associates	100.00%	\$	(2,001,167)	1
2	V	32 Interest	127	Chevy Chase Associates	100.00%	781,501	781,374	2
3	V	19 Professional Fees		Chevy Chase Associates	100.00%	10,273	10,273	3
4	V	21 Bank Fees		Chevy Chase Associates	100.00%	1,056	1,056	4
5	V	06 Repairs & Maintenance		Chevy Chase Associates	100.00%	1,335	1,335	5
6	V	30 Depreciation		Chevy Chase Associates	100.00%	305,633	305,633	6
7	V	36 Amortization		Chevy Chase Associates	100.00%	6,946	6,946	7
8	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	390,182	390,182	8
9	V	26 Property & Liability Insurance		Chevy Chase Associates	100.00%	16,671	16,671	9
10	V	20 Misc. Licenses & Taxes		Chevy Chase Associates	100.00%	6,950	6,950	10
11	V	36 MIP Expense		Chevy Chase Associates	100.00%	76,315	76,315	11
12	V							12
13	V							13
14	Total		\$ 2,001,294			\$ 1,596,862	\$ * (404,432)	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%	\$ 3,111	\$	3,111	15
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	10,404		10,404	16
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	23,397		23,397	17
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	3,433		3,433	18
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,215		1,215	19
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	187,310		187,310	20
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	764		764	21
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	747		747	22
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,958		2,958	23
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	45,155		45,155	24
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,037		11,037	25
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	6,500		6,500	26
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,909		9,909	27
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	553		553	28
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,754		4,754	29
30	V				100.00%				30
31	V	17 Administrative Fees	896,230	NUCARE SERVICES CORP.	100.00%			(896,230)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 896,230			\$ 311,246	\$ *	(584,984)	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	10 CLINICAL SALARIES	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 30,856	\$	30,856	15
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	340		340	16
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	156		156	17
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	18,566		18,566	18
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,231		1,231	19
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	192		192	20
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	675		675	21
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,430		3,430	22
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	4,560		4,560	23
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	220		220	24
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	361		361	25
26	V			CLINICAL CONSULTING SERVICES, LLC	100.00%				26
27	V	17 Administrative Fees	73,807	CLINICAL CONSULTING SERVICES, LLC	100.00%			(73,807)	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		\$ 73,807			\$ 60,587	\$ *	(13,220)	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 Wokers' Compensation	\$ 166,056	Diamond Insurance	100.00%	\$ 166,056	\$	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		\$ 166,056			\$ 166,056	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	N/A								\$	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	\$	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: 01/01/09 Ending: 12/31/09

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: 01/01/09 Ending: 12/31/09

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	1,224,940	13	\$ 34,570	\$ 110,230	\$ 3,111	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,224,940	13	115,610	110,230	10,404	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,224,940	13	260,001	260,001	23,397	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	38,148	110,230	3,433	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,224,940	13	13,506	110,230	1,215	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,224,940	13	2,081,498	1,811,576	187,310	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,224,940	13	8,486	110,230	764	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,224,940	13	8,304	110,230	747	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,224,940	13	32,870	110,230	2,958	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,224,940	13	501,784	110,230	45,155	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	122,648	110,230	11,037	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	72,233	110,230	6,500	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,224,940	13	110,113	110,230	9,909	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,224,940	13	6,145	110,230	553	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,224,940	13	52,826	110,230	4,754	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,458,744	\$ 2,071,577	\$ 311,246	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,224,940	13	\$ 342,887	\$ 110,230	\$ 30,856	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,224,940	13	3,780	110,230	340	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,224,940	13	1,732	110,230	156	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,224,940	13	206,311	110,230	18,566	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	13,685	110,230	1,231	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,224,940	13	2,134	110,230	192	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,224,940	13	7,503	110,230	675	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,224,940	13	38,113	110,230	3,430	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,224,940	13	50,678	110,230	4,560	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,224,940	13	2,448	110,230	220	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,224,940	13	4,013	110,230	361	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					\$ 673,284	\$ 549,198	\$ 60,587	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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) 559-1002  
 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	22	Workers' Compensation	Direct Allocation		\$	\$		\$ 166,056	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				\$	\$		\$ 166,056	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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: 01/01/09 Ending: 12/31/09

**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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

# **0040592**

Report Period Beginning:

**01/01/09**

Ending: **12/31/09**

**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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/09 Ending: 12/31/09

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: 01/01/09 Ending: 12/31/09

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	HUD Loan Payable		X	Mortgage				\$	\$ 15,166,395		\$ 781,501	1								
2												2								
3												3								
4												4								
5	See Supplemental Schedule											5								
<b>Working Capital</b>																				
6	Shareholder Loan		X	Working Capital					3,000,000		59,588	6								
7												7								
8	See Supplemental Schedule											8								
9	TOTAL Facility Related							\$	\$ 18,166,395		\$ 841,089	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(640)	10								
11	Interest Income - Bldg. Co		X								(128)	11								
12	Allocated from NuCare		X								6,500	12								
13	See Supplemental Schedule										361	13								
14	TOTAL Non-Facility Related							\$	\$		\$ 6,093	14								
15	TOTALS (line 9+line14)							\$	\$ 18,166,395		\$ 847,182	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 76,315 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:

01/01/09

Ending:

12/31/09

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15	<b>Allocated from Clinical Cons.</b>		<b>X</b>							<b>361</b>										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									<b>361</b>										

\* 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.)







**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

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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/Clinical Consult</u>			<u>13,678</u>	<u>2</u>
3	<b>TOTALS</b>	<b>80,457</b>		<b>\$ 253,678</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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				\$	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1994	17,938		20	897	897	13,588	9
10	Various		1995	20,890		20	1,044	1,044	15,192	10
11	Various		1996	87,605		20	4,381	4,381	58,651	11
12	Various		1997	40,122		20	1,977	1,977	25,783	12
13	Various		1998	132,735		20	6,639	6,639	75,306	13
14	Various		1999	419,788		20	20,993	20,993	215,837	14
15	Various		2000	90,604		20	4,530	4,530	42,893	15
16	Various		2001	75,436		20	3,775	3,775	31,873	16
17	Various		2002	39,859		20	4,335	4,335	29,365	17
18	Various		2003	55,783		20	4,901	4,901	31,381	18
19	Various		2004	70,091		20	7,009	7,009	39,348	19
20	Various		2005	356,451		20	36,258	36,258	168,199	20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

\*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:

01/01/09

Ending:

12/31/09

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	Related Building Company (Pages 12F & 12G)	4,696,045	305,633		142,415	(163,218)	3,070,254	67
68	Related Party Allocations (Pages 12H & 12I)	164,668	5,112		5,739	627	32,500	68
69	Financial Statement Depreciation		216,422			(216,422)		69
70	TOTAL (lines 4 thru 69)	\$ 6,268,015	\$ 527,167		\$ 244,893	\$ (282,274)	\$ 3,850,170	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:

01/01/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,268,015	\$ 527,167		\$ 244,893	\$ (282,274)	\$ 3,850,170	1
2	Cedar Fence	2006	6,419		20	428	428	1,712	2
3	Cedar Fence	2006	19,950		20	1,330	1,330	5,320	3
4	Awning For Main Entrance	2006	1,250		20	125	125	500	4
5	Awning For Main Entrance	2006	1,250		20	125	125	500	5
6	3 Kohler Toilet Bowls	2006	1,774		20	177	177	695	6
7	Nurse Call System	2006	1,151		20	77	77	307	7
8	Polish Wire Glass Sliders	2006	1,250		20	125	125	500	8
9	Carpeting	2006	2,476		20	354	354	1,356	9
10	Krause Style	2006	275		20	28	28	105	10
11	Tuff Top Table	2006	1,294		20	129	129	496	11
12	Hardwood Mulch	2006	2,000		20	133	133	511	12
13	Monitoring System	2006	972		20	139	139	532	13
14	Nursing Call System	2006	869		20	58	58	222	14
15	Elevator Fabrication And Installation	2006	5,000		20	250	250	917	15
16	Elevator Flooring	2006	2,300		20	115	115	422	16
17	Paving, Concrete Work	2006	5,535		20	277	277	1,038	17
18	Concrete Handicap Ramp	2006	3,995		20	200	200	732	18
19	Chrysler Airtemp Compressor	2006	7,630		20	636	636	2,278	19
20	Lined Swags & Cascades	2006	2,284		20	228	228	780	20
21	Cctv Camera Install	2006	1,177		20	118	118	402	21
22	Door Detector Edge	2006	1,950		20	195	195	650	22
23	Reversal Of A/P Accrual For W.W. Grainger	2006	(624)		20	(62)	(62)	(249)	23
24	6 Foot High Cedar Fence	2006	3,150		20	210	210	665	24
25	Need Invoice	2006	3,577		20	358	358	1,133	25
26	Built In Cabinets	2006	7,800		20	390	390	1,528	26
27	Laundry Panel Electric Wiring	2008	2,750		20	275	275	458	27
28	Wall Covering, Floor Work	2008	79,052		20	(499)	(499)	14,493	28
29	Wall Work, Painting, Flooring	2008	28,021		20	2,802	2,802	3,269	29
30	1St Floor Corridor Replacement Of Cove Base And Vct, Prep Floo	2008	38,109		20	3,888	3,888	4,764	30
31	2Nd Floor S. Corridor Nurse Station Renovation	2008	8,710		20	871	871	944	31
32	1St Floor Corridor Extra Wall Covering	2008	2,567		20	2,353	2,353	2,567	32
33	Cornice, Roller Shades, Curtain	2008	23,418		20	2,537	2,537	2,537	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,535,346	\$ 527,167		\$ 263,263	\$ (263,904)	\$ 3,902,254	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:

01/01/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	<b>Totals from Page 12B, Carried Forward</b>		\$ 6,535,346	\$ 527,167		\$ 263,263	\$ (263,904)	\$ 3,902,254	1
2	Car Door Sill And Hoistway Entrance Units	2009	9,843		20	984	984	984	2
3	Wall Covering, Flooring, Light Fixtures	2009	21,114		20	1,760	1,760	1,760	3
4	Install And Furnish New Fire Doors	2009	7,980		20	1,140	1,140	1,140	4
5	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	856	856	856	5
6	8 Magnetic Door Holders	2009	3,610		20	387	387	387	6
7	Replacing Door In Laundry Room	2009	2,963		20	198	198	198	7
8	Rooftop Exhaust Fans; Pump For Water Tower	2009	5,995		20	350	350	350	8
9	New Pump For Suction Diffuser	2009	4,640		20	226	226	226	9
10	Roof Exhaust Fans	2009	5,990		20	349	349	349	10
11	Repairing Lights On Westside Of Building	2009	3,560		20	208	208	208	11
12	Concrete Wall	2009	6,000		20	350	350	350	12
13	Repairing Cracks In Windows And Foundation	2009	7,000		20	408	408	408	13
14	2 Nd Flror Renovation-Chair Rails For Resident Rooms	2009	7,920		20	385	385	385	14
15	1 Buffet Cabinet And Counter Top	2009	5,000		20	292	292	292	15
16	Dayroom & Nurses Station-New Walls, Paint/Wallcovering, Floors	2009	56,018		20	3,268	3,268	3,268	16
17	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	131	131	131	17
18	Repair Radiator	2009	6,133		20	307	307	307	18
19	Ceramic Tiles	2009	4,000		20	133	133	133	19
20	Ceramic Tiles On Kitchen Floor	2009	6,673		20	107	107	107	20
21	Exhaust Fans On Roof	2009	3,513		20	176	176	176	21
22	Adhesive Vinyl Tile	2009	2,671		20	53	53	53	22
23	Electrical, Faucets, Flooring, Corner Guard - 4Th Floor	2009	21,993		20	383	383	383	23
24	Adhesive Vinyl Tile	2009	2,690		20	60	60	60	24
25	Dialysis Room Renovation-Em Panelboard; Circuits In Dialysis R	2009	4,500		20	71	71	71	25
26	1 Tv Unit; Storage Cabinets	2009	5,350		20	178	178	178	26
27	Outdoor Patio Renovation- New Electronic Door	2009	4,590		20	59	59	59	27
28	Repair Of Broken Sewer	2009	6,015		20	150	150	150	28
29	Parts Of Air Conditioning Unit	2009	9,000		20	687	687	687	29
30	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	118	118	118	30
31	Econocare Adjustment (\$8710, 35043,2567,10287)	2009	(56,607)		20	(5,661)	(5,661)	(5,661)	31
32	Elevator Repair	2009	2,800		20	140	140	140	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,721,860	\$ 527,167		\$ 271,516	\$ (255,651)	\$ 3,910,507	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:

**01/01/09**

Ending:

**12/31/09**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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		\$ 6,721,860	\$ 527,167		\$ 271,516	\$ (255,651)	\$ 3,910,507	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)	\$ 6,721,860	\$ 527,167		\$ 271,516	\$ (255,651)	\$ 3,910,507	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:

01/01/09

Ending:

12/31/09

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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		\$ 6,721,860	\$ 527,167		\$ 271,516	\$ (255,651)	\$ 3,910,507	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)	\$ 6,721,860	\$ 527,167		\$ 271,516	\$ (255,651)	\$ 3,910,507	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:

01/01/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3		1977	4,471,948	305,633	35	127,770	(177,863)	2,971,335	3
4		1984	92,611		35	2,646	2,646	68,025	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2004	6,188		20	619	619	3,232	9
10	Bar Cabinets	2007	4,500		20	450	450	1,350	10
11	New Flooring	2007	4,500		20	300	300	900	11
12	Door Circuitry And Wiring Components	2007	3,950		20	395	395	1,053	12
13	Fencing	2007	2,600		20	173	173	419	13
14	Security Cameras And Wiring	2007	1,493		20	213	213	533	14
15	Lavatory Faucets	2007	2,849		20	190	190	427	15
16	Telephone System	2007	22,988		20	3,284	3,284	8,484	16
17	Telephone System	2007	22,988		20	3,284	3,284	8,484	17
18	Replace Electronic Door Edge	2007	2,389		20	239	239	518	18
19	Perga Flooring	2008	2,800		20	140	140	70	19
20	Sliding Door	2008	7,990		20	400	400	799	20
21	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	840	21
22	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	914	22
23	LCD Monitor; Coax Cable & Connectors Digital Video Multiplexe	2008	1,559		20	78	78	156	23
24	Chair Rails	2008	952		20	48	48	95	24
25	Various Signage	2008	1,548		20	77	77	155	25
26	Canopy Projector	2008	5,325		20	266	266	533	26
27	Kitchen Station	2008	2,500		20	125	125	250	27
28	Video Monitoring System	2008	1,789		20	89	89	179	28
29	Duty Door Closers, Commercial Steel Doors, Fire-Rated Labels, a	2008	2,314		20	116	116	231	29
30	Color Dome Camera, Cables, and Power Lines	2008	1,946		20	97	97	195	30
31	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	621	31
32	Weld 14", Closer Strap, Stainless Steel Kick Plate, and Trim Bar I	2008	940		20	47	47	94	32
33	8 Boxes HG-TE and 12 Boxes HI/CAC TE	2008	1,574		20	79	79	157	33
34									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 Depreciation-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	<b>Building Company Information Continued</b>		\$	\$		\$	\$	\$	1
2	15 Boxes Cirrus-HG-TE and 12 Boxes Cirrus HG-TE	2008	2,052		20	103	103	205	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	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 4,696,045	\$ 305,633		\$ 142,415	\$ (163,218)	\$ 3,070,254	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 Depreciation-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	<b>Related Party Information</b>		\$	\$		\$	\$		1
2	<b>Buildings:</b>								2
3	<u>Allocated from 7257 N. Lincoln</u>	2004	116,625	2,990	35	3,332	342	20,409	3
4	<u>Allocated from Clinical Consulting</u>	2004	6,479	166	35	185	19	1,134	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from Nucare</u>	2003	1,054	35	20	53	18	323	9
10	<u>Allocated from Nucare</u>	2004	21,400	713	20	1,071	358	6,117	10
11	<u>Allocated from Nucare</u>	2005	1,269	42	20	64	22	308	11
12	<u>Allocated from Nucare</u>	2006	1,720	57	20	86	29	289	12
13	<u>Allocated from Nucare</u>	2008	1,813	60	20	91	31	114	13
14	<u>Allocated from Nucare</u>	2009	638	21	20	11	(10)	11	14
15									15
16	<u>Allocated from 7257 N. Lincoln</u>	2005	10,632	841	20	686	(155)	2,958	16
17	<u>Allocated from 7257 N. Lincoln</u>	2004	2,318	133	20	116	(17)	638	17
18									18
19	<u>Allocated from Clinical Consulting</u>	2005	591	47	20	38	(9)	164	19
20	<u>Allocated from Clinical Consulting</u>	2004	129	7	20	6	(1)	35	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

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:

01/01/09

Ending:

12/31/09

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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	<b>TOTAL (12H &amp; 12I lines 1 thru 33)</b>		\$ 164,668	\$ 5,112		\$ 5,739	\$ 627	\$ 32,500	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 Depreciation-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	\$ 1,004,564	\$ 4,341	\$ 113,350	\$ 109,009	10	\$ 690,046	71
72	Current Year Purchases	164,248	1,802	15,653	13,851	10	15,653	72
73	Fully Depreciated Assets	357,982		692	692	10	357,982	73
74								74
75	TOTALS	\$ 1,526,794	\$ 6,143	\$ 129,695	\$ 123,552		\$ 1,063,681	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,502,332	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 533,310	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 401,211	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (132,099)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,974,188	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: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5					_____			5
6	Allocated from Nucare				553			6
7	TOTAL				\$ 553			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: \$ 13,208 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 NuCare		\$ _____	\$ 4,754	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ 4,754	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. \_\_\_\_\_/2009 \$ \_\_\_\_\_

13. \_\_\_\_\_/2010 \$ \_\_\_\_\_

14. \_\_\_\_\_/2011 \$ \_\_\_\_\_

\* 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		Contract	Total
		1 Drop-outs	2 Completed		
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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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**

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

- (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		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 310,215	\$				\$	310,215	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					220,556						220,556	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 01	hrs		8,172			426,444						434,616	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 prescripts							384,211				384,211	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>				15,728			118,740		133,927				268,395	13	
14	TOTAL			\$	23,900			\$ 1,075,955	\$	518,138			\$	1,617,993	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 **12/31/09**

(last day of reporting year)

**This report must be completed even if financial statements are attached.**

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 1,081	\$ 356,246	1
2	Cash-Patient Deposits	8,111	8,111	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	3,630,423	3,630,423	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	128,742	128,742	6
7	Other Prepaid Expenses	236,643	306,058	7
8	Accounts Receivable (owners or related parties)	1,133,089	1,133,089	8
9	Other(specify): <u>See Attached Schedule</u>	1,710	355,171	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,139,799	\$ 5,917,840	10
<b>B. Long-Term Assets</b>				
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	1,988,338	7,713,227	15
16	Equipment, at Historical Cost	1,292,317	1,927,434	16
17	Accumulated Depreciation (book methods)	(2,109,982)	(7,489,415)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	59,882	266,542	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,230,555	\$ 8,636,914	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,370,354	\$ 14,554,754	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,353,044	\$ 1,353,294	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,101	3,101	28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	524,658	524,658	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,606	22,606	31
32	Accrued Real Estate Taxes(Sch.IX-B)		405,462	32
33	Accrued Interest Payable		64,710	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	(18,808)	82,931	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,913,361	\$ 5,485,522	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,166,395	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 15,166,395	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,913,361	\$ 20,651,917	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,456,993	\$ (6,097,163)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,370,354	\$ 14,554,754	48

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,535,409</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<a href="#">See Attached</a>	(157,134)	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,378,275</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	78,718	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>78,718</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,456,993</b>	<b>24</b> *

\* 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: **01/01/09**Ending: **12/31/09**

**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.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,192,497	1
2	Discounts and Allowances for all Levels	(146,004)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 13,046,493</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,334,253	6
7	Oxygen	50,698	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 2,384,951</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
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	557,193	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	22,421	19
20	Radiology and X-Ray	10,892	20
21	Other Medical Services	157,264	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 747,770</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	641	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 651</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	35,740	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 35,740</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,215,605</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,297,457	31
32	Health Care	5,442,295	32
33	General Administration	4,113,370	33
<b>B. Capital Expense</b>			
34	Ownership	2,290,383	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,828,039	35
36	Provider Participation Fee	165,343	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 16,136,887</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>78,718</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 78,718</b>	<b>43</b>

\* 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

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

# **0040592**

Report Period Beginning:

**01/01/09**

Ending:

**12/31/09**

**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	2,021	2,086	\$ 106,134	\$ 50.88	1
2	Assistant Director of Nursing	1,896	2,086	87,245	41.82	2
3	Registered Nurses	21,125	23,714	591,958	24.96	3
4	Licensed Practical Nurses	46,214	52,524	1,322,339	25.18	4
5	CNAs & Orderlies	153,681	168,905	1,609,059	9.53	5
6	CNA Trainees					6
7	Licensed Therapist	299	299	8,172	27.33	7
8	Rehab/Therapy Aides	11,473	11,473	159,704	13.92	8
9	Activity Director	1,957	2,166	45,769	21.13	9
10	Activity Assistants	6,738	7,518	73,905	9.83	10
11	Social Service Workers	17,178	18,499	319,101	17.25	11
12	Dietician	1,901	2,086	51,590	24.73	12
13	Food Service Supervisor					13
14	Head Cook	5,296	5,951	80,332	13.50	14
15	Cook Helpers/Assistants	24,223	26,501	254,220	9.59	15
16	Dishwashers					16
17	Maintenance Workers	5,234	5,423	121,965	22.49	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,029	2,086	91,497	43.86	20
21	Assistant Administrator	861	886	22,763	25.69	21
22	Other Administrative	4,057	4,171	173,302	41.55	22
23	Office Manager					23
24	Clerical	14,028	15,470	259,750	16.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,607	3,798	95,353	25.11	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	655	655	24,186	36.93	33
34	TOTAL (lines 1 - 33)	324,473	356,297	\$ 5,498,344 *	\$ 15.43	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	440	\$ 19,728	01-03	35
36	Medical Director	Monthly	109,929	09-03	36
37	Medical Records Consultant	Monthly	4,336	10-03	37
38	Nurse Consultant	367	7,267	10-03	38
39	Pharmacist Consultant	Monthly	4,629	10-03	39
40	Physical Therapy Consultant	2	105	10a-03	40
41	Occupational Therapy Consultant	5	225	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	43	2,338	11-03	44
45	Social Service Consultant	50	2,750	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	907	\$ 151,307		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,297	\$ 64,825	10-03	50
51	Licensed Practical Nurses	6,696	334,797	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	7,992	\$ 399,622		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	Executive Director	0	\$ 143,943	Workers' Compensation Insurance	\$ 166,056	IDPH License Fee	\$ 995		
Farhat Sharif	Administrator	0	91,498	Unemployment Compensation Insurance	49,042	Advertising: Employee Recruitment	43,792		
Moshe Polstein	Assitant Admin.	0	22,763	FICA Taxes	419,585	Health Care Worker Background Check			
Kathleen Brander	Dir of Reg. Mgmt.	0	9,075	Employee Health Insurance	243,968	(Indicate # of checks performed <b>710</b> )	7,650		
Marilyn Flaherty	VP of Medicare Reimb.	0	20,284	Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		IL Council on LTC	13,806		
				City Payroll Tax	9,487	Dues & Subscriptions	6,140		
				Union Pension Benefits	39,189	Licenses & Inspections	7,248		
				Dental Insurance	5,691	Alloc. From NuCare	1,215		
				Other Employee Benefits	44,883	See Supplemental Schedule	156		
				401K Matching Expense	3,816	Less: Public Relations Expense	( )		
						Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 287,563				\$ 981,716			\$ 81,002		
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. - Administrative Fee			\$ 896,230				Out-of-State Travel	\$	
Clinical Consulting - Administrative Fees			73,807						
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		6,181
\$ 970,037				\$			Allocated from NuCare		764
							Allocated from Clinical Consulting		192
							Entertainment Expense		( )
							(agree to Sch. V, line 24, col. 8)		
							TOTAL		\$ 7,137
C. Professional Services									
Vendor/Payee	Type		Amount						
Frost, Ruttenberg & Rothblatt	Accounting		\$ 22,430						
Personnel Planners	Unemployment Consultant		7,505						
CDW	Computer Expense		4,478						
Emdeon	Computer Expense		1,074						
Giftrap	Computer Expense		6,984						
HDSI	Computer Expense		7,555						
PSD Solutions	Computer Expense		9,884						
Transworld Systems	Computer Expense		1,325						
MDI Achieve	Computer Expense		2,471						
See Attached	Legal		68,520						
Documentation Solutions	Healthcare Consulting		8,110						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL					
\$ 140,336				\$					

\* 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	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$							
2																				
3																				
4																				
5																				
6																				
7																				
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12																				
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14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$							

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center# 0040592Report Period Beginning: 01/01/09Ending: 12/31/09**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. ILCLTC -\$ 23,241
- (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. \$ 13,452 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. \$ 165,343  
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? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ Yes**
- (17) Has an audit been performed by an independent certified public accounting firm?         
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.