



Facility Name & ID Number Bronzeville Park Nursing & Living Center

# 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	302	Skilled (SNF)	302	110,230	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	302	TOTALS	302	110,230	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			12,352	12,352	8
9	SNF/PED					9
10	ICF	71,141	4,259	5,695	81,095	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	71,141	4,259	18,047	93,447	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.77%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 07/01/1994

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 302 and days of care provided 10,753

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

**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	380,887	141,357	24,341	546,585		546,585		546,585		1
2	Food Purchase		466,423		466,423		466,423	(366)	466,057		2
3	Housekeeping		19,553	536,660	556,213		556,213		556,213		3
4	Laundry		34,495		34,495		34,495		34,495		4
5	Heat and Other Utilities			280,520	280,520		280,520	(4,503)	276,017		5
6	Maintenance	138,956	112,828	242,207	493,991		493,991	46,215	540,206		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	519,843	774,656	1,083,728	2,378,227		2,378,227	41,346	2,419,573		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			116,321	116,321		116,321		116,321		9
10	Nursing and Medical Records	3,688,110	650,115	495,929	4,834,154		4,834,154	(16,856)	4,817,298		10
10a	Therapy	150,816		900	151,716		151,716		151,716		10a
11	Activities	130,223	65,547	4,908	200,678		200,678		200,678		11
12	Social Services	321,460		3,449	324,909		324,909		324,909		12
13	CNA Training										13
14	Program Transportation	9,343		25,527	34,870		34,870		34,870		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	4,299,952	715,662	647,034	5,662,648		5,662,648	(16,856)	5,645,792		16
	<b>C. General Administration</b>										
17	Administrative	259,246		1,064,396	1,323,642		1,323,642	(977,495)	346,147		17
18	Directors Fees										18
19	Professional Services			168,802	168,802	(10,661)	158,141	(24,643)	133,498		19
20	Dues, Fees, Subscriptions & Promotions			155,804	155,804		155,804	(67,472)	88,332		20
21	Clerical & General Office Expenses	232,763	98,770	229,351	560,884		560,884	76,499	637,383		21
22	Employee Benefits & Payroll Taxes			1,050,841	1,050,841		1,050,841	(74)	1,050,767		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,007	13,007		13,007	(102)	12,905		24
25	Other Admin. Staff Transportation			281	281		281	1,864	2,145		25
26	Insurance-Prop.Liab.Malpractice			520,756	520,756		520,756	19,047	539,803		26
27	Other (specify):*							57,853	57,853		27
28	<b>TOTAL General Administration</b>	492,009	98,770	3,203,238	3,794,017	(10,661)	3,783,356	(914,522)	2,868,834		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,311,804	1,589,088	4,934,000	11,834,892	(10,661)	11,824,231	(890,032)	10,934,199		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: 01/01/10 Ending: 12/31/10

## 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			232,864	232,864		232,864	187,477	420,341			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			52,787	52,787		52,787	772,135	824,922			32
33	Real Estate Taxes					10,661	10,661	491,157	501,818			33
34	Rent-Facility & Grounds			2,004,390	2,004,390		2,004,390	(1,999,891)	4,499			34
35	Rent-Equipment & Vehicles			13,801	13,801		13,801	5,836	19,637			35
36	Other (specify):*							75,233	75,233			36
37	<b>TOTAL Ownership</b>			2,303,842	2,303,842	10,661	2,314,503	(468,052)	1,846,451			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	17,639	416,491	1,165,319	1,599,449		1,599,449		1,599,449			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,345	165,345		165,345		165,345			42
43	Other (specify):*	8,287		211,099	219,386		219,386	(219,386)	(0)			43
44	<b>TOTAL Special Cost Centers</b>	25,926	416,491	1,541,763	1,984,180		1,984,180	(219,386)	1,764,794			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,337,730	2,005,579	8,779,605	16,122,914		16,122,914	(1,577,471)	14,545,443			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



**Bronzeville Park Nursing & Living Center**

ID# 0040592

Report Period Beginning: 01/01/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Pharmacy - Veterans	\$ (15,886)	10	1
2	Patient Needs	(12,635)	10	2
3	Oxygen Supplies - Vet	(208)	10	3
4	Liquid Oxygen - Vet	(1,352)	10	4
5	Bed Rental - Vet	(339)	10	5
6	OT/PT/ST- Vet	(6,645)	10	6
7	Therapy - Veterans	(493)	10	7
8	Patient Clothing	(18,506)	10	8
9	Bank Charges	(25,985)	21	9
10	Building Co. - Professional Fees	(10,830)	19	10
11	Building Co. - Bank Fees	(369)	21	11
12	Building Co. - Amortization	(6,946)	36	12
13	Building Co. - Misc. Licenses & Taxes	(7,066)	20	13
14	COPE Dues	(10,853)	20	14
15	Mics Inc. - Income from Copies	(310)	21	15
16	Mics Inc. - Office Expense	(1,074)	21	16
17	Mics Inc. - Jury Duty	(86)	10	17
18	Mics Inc. - Food Rebate	(153)	02	18
19	Mics Inc. - Performance Rebate	(287)	21	19
20	Mics Inc. - Health/Dental Income	(74)	22	20
21	Annual Report	(475)	20	21
22	Marketing Salaries	(8,288)	43	22
23	Non-Allowable Legal	(38,024)	19	23
24	Additional R&M	45,040	06	24
25	Capitalized R&M	(7,200)	06	25
26	Marketing Services	(41)	43	26
27	Marketing Travel	(6)	43	27
28	Non-Allowable Fees	(211,052)	43	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>	(340,141)		49

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/10

Ending: 12/31/10

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:

01/01/10

Ending:

12/31/10

## 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	(366)											(366)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(7,940)		3,437									(4,503)	5
6	Maintenance	37,840		8,375									46,215	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>29,534</b>		<b>11,812</b>									<b>41,346</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(56,149)				39,293							(16,856)	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>(56,149)</b>				<b>39,293</b>							<b>(16,856)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(917,031)	16,840	(77,304)							(977,495)	17
18	Directors Fees													18
19	Professional Services	(48,854)	10,830	13,338		43							(24,643)	19
20	Fees, Subscriptions & Promotions	(76,368)	7,066	1,786		44							(67,472)	20
21	Clerical & General Office Expenses	(168,544)	369	212,366		32,309							76,499	21
22	Employee Benefits & Payroll Taxes	(74)											(74)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,853)		1,528		223							(102)	24
25	Other Admin. Staff Transportation			1,556		308							1,864	25
26	Insurance-Prop.Liab.Malpractice		16,857	2,190									19,047	26
27	Other (specify):*			47,241	681	9,931							57,853	27
28	<b>TOTAL General Administration</b>	<b>(295,694)</b>	<b>35,122</b>	<b>(637,026)</b>	<b>17,521</b>	<b>(34,446)</b>							<b>(914,522)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(322,308)</b>	<b>35,122</b>	<b>(625,214)</b>	<b>17,521</b>	<b>4,847</b>							<b>(890,032)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/10

Ending:

12/31/10

## 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	(135,880)	312,650	10,516		192							187,477	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(3,278)	770,315	4,830		268							772,135	32
33	Real Estate Taxes		481,739	9,418									491,157	33
34	Rent-Facility & Grounds		(2,000,319)	428									(1,999,891)	34
35	Rent-Equipment & Vehicles			5,836									5,836	35
36	Other (specify):*	(6,946)	82,179										75,233	36
37	<b>TOTAL Ownership</b>	<b>(146,104)</b>	<b>(353,436)</b>	<b>31,028</b>		<b>460</b>							<b>(468,052)</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):*	(219,386)											(219,386)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(219,386)</b>											<b>(219,386)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(687,799)</b>	<b>(318,314)</b>	<b>(594,185)</b>	<b>17,521</b>	<b>5,307</b>							<b>(1,577,471)</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	\$ 2,000,319	Chevy Chase Associates	100.00%	\$	(2,000,319)	1
2	V	32 Interest	113	Chevy Chase Associates	100.00%	770,428	770,315	2
3	V	19 Professional Fees		Chevy Chase Associates	100.00%	10,830	10,830	3
4	V	21 Bank Fees		Chevy Chase Associates	100.00%	369	369	4
5	V	30 Depreciation		Chevy Chase Associates	100.00%	312,650	312,650	5
6	V	36 Amortization		Chevy Chase Associates	100.00%	6,946	6,946	6
7	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	481,739	481,739	7
8	V	26 Property & Liability Insurance		Chevy Chase Associates	100.00%	16,857	16,857	8
9	V	20 Misc. Licenses & Taxes		Chevy Chase Associates	100.00%	7,066	7,066	9
10	V	36 MIP Expense		Chevy Chase Associates	100.00%	75,233	75,233	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,000,432			\$ 1,682,118	\$ * (318,314)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

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%	\$ 3,437	\$ 3,437
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,375	8,375
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	21,660	21,660
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	13,338	13,338
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,786	1,786
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	212,366	212,366
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,528	1,528
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	1,556	1,556
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,190	2,190
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	47,241	47,241
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	10,516	10,516
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	4,830	4,830
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	9,418	9,418
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	428	428
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	5,836	5,836
30	V						
31	V						
32	V	17 Administrative Fees	938,691				(938,691)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 938,691			\$ 344,506	\$ * (594,185)

\* 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	17 ADMIN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	7,192	\$	7,192	15		
16	V	17 ADMIN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	9,648		9,648	16		
17	V								17		
18	V								18		
19	V								19		
20	V	27 EMP. BEN. - R. HARTMAN		NUCARE SERVICES CORP.	100.00%	291		291	20		
21	V	27 EMP. BEN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	390		390	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>		\$				\$	17,521	\$ *	17,521	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%	\$ 39,293	\$	39,293	15
16	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%	43		43	16
17	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	44		44	17
18	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	28,706		28,706	18
19	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	3,603		3,603	19
20	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	223		223	20
21	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	308		308	21
22	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	4,677		4,677	22
23	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	5,254		5,254	23
24	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	192		192	24
25	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	268		268	25
26	V								26
27	V								27
28	V	17 Administrative Fees	77,304					(77,304)	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		\$ 77,304			\$ 82,611	\$ *	5,307	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	17 Workers Compensation	\$ 126,876	Diamond Insurance	100.00%	\$ 126,876	\$	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		\$ 126,876			\$ 126,876	\$ *	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.

**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.

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

## 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	David Hartman	Relative	Administrative	0%	See Attached	1.07	2.68%	Alloc. Salary	\$	1
2	Robert Hartman	Owner	Administrative	55.75%	See Attached	1.8	3.60%	Alloc. Salary	7,192	17-7
3	Gerry Jenich	Owner	Administrative	5.00%	See Attached	1.93	4.83%	Alloc. Salary	9,649	17-7
4										4
5										5
6	Were applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only									
7	amounts anticipated to be considered allowable by the Il. Dept of HFS.									
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 16,841	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: 01/01/10 Ending: 12/31/10

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: 01/01/10 Ending: 12/31/10

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	1,226,110	16	\$ 38,227	\$ 110,230	\$ 3,437	1	
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,226,110	16	93,156	110,230	8,375	2	
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,226,110	16	240,928	240,928	110,230	21,660	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	148,362	110,230	13,338	4	
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,226,110	16	19,864	110,230	1,786	5	
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,226,110	16	2,362,190	2,024,369	110,230	212,366	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,226,110	16	16,998	110,230	1,528	7	
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,226,110	16	17,306	110,230	1,556	8	
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,226,110	16	24,362	110,230	2,190	9	
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,226,110	16	525,475	110,230	47,241	10	
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	116,967	110,230	10,516	11	
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	53,729	110,230	4,830	12	
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,226,110	16	104,761	110,230	9,418	13	
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,226,110	16	4,765	110,230	428	14	
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,226,110	16	64,914	110,230	5,836	15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 3,832,004	\$ 2,265,297	\$ 344,506	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED 20	16	80,000	80,000	2	7,192	1
2	17	ADMIN. - G. JENICH	AVG. HOURS WORKED 10	8	50,000	50,000	2	9,648	2
3									3
4									4
5									5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED 20	16	3,234		2	291	6
7	27	EMP. BEN. - G. JENICH	AVG. HOURS WORKED 10	8	2,021		2	390	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				\$ 135,254	\$ 130,000		\$ 17,521	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	1,226,110	16	\$ 437,066	\$ 437,066	110,230	39,293	1
2	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,226,110	16	484		110,230	43	2
3	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,226,110	16	488		110,230	44	3
4	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,226,110	16	319,300	319,300	110,230	28,706	4
5	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	40,077		110,230	3,603	5
6	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,226,110	16	2,480		110,230	223	6
7	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,226,110	16	3,430		110,230	308	7
8	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,226,110	16	52,028		110,230	4,677	8
9	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,226,110	16	58,440		110,230	5,254	9
10	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,226,110	16	2,132		110,230	192	10
11	32	INTEREST	AVAIL. CENSUS DAYS	1,226,110	16	2,985		110,230	268	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					\$ 918,910	\$ 756,366		\$ 82,611	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

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 Slokie Blvd., Suite 105  
 City / State / Zip Code Northbrook, IL 60062  
 Phone Number ( 847) 599-1002  
 Fax Number ( )

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Workers Compensation	Direct Allocation		\$	\$		\$ 126,876	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				\$	\$		\$ 126,876	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/10 Ending: 12/31/10

**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: 01/01/10 Ending: 12/31/10

**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: 01/01/10 Ending: 12/31/10

**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:

**01/01/10**

Ending: **12/31/10**

**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: 01/01/10 Ending: 12/31/10

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: 01/01/10 Ending: 12/31/10

**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										
										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			\$	\$ 14,945,041		\$ 770,428	1								
2											2								
3											3								
4											4								
5	See Supplemental Schedule										5								
<b>Working Capital</b>																			
6	Boulevard Bank		X	Working Capital				2,500,000		52,787	6								
7											7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related						\$	\$ 17,445,041		\$ 823,216	9								
<b>B. Non-Facility Related*</b>																			
10	Interest Income		X							(3,276)	10								
11	Interest Income - Bldg. Co		X							(113)	11								
12	Allocated from NuCare		X							4,830	12								
13	See Supplemental Schedule									268	13								
14	TOTAL Non-Facility Related						\$	\$		\$ 1,709	14								
15	TOTALS (line 9+line14)						\$	\$ 17,445,041		\$ 824,925	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 75,233 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:

01/01/10

Ending:

12/31/10

**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	Allocated from Clinical Constl. Servcs.	X								268										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									268										

\* 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:

01/01/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	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 Consultant</u>			<u>13,665</u>	<u>2</u>
3	<b>TOTALS</b>	<u>80,457</u>		<u>\$ 253,665</u>	<u>3</u>

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	14,485	9
10	Various		1995	20,890		20	1,045	1,045	16,236	10
11	Various		1996	87,605		20	4,380	4,380	63,031	11
12	Various		1997	40,122		20	1,976	1,976	27,758	12
13	Various		1998	132,735		20	6,637	6,637	81,943	13
14	Various		1999	419,788		20	20,989	20,989	236,825	14
15	Various		2000	90,604		20	4,530	4,530	47,424	15
16	Various		2001	75,436		20	3,772	3,772	35,644	16
17	Various		2002	39,859		20	4,333	4,333	33,698	17
18	Various		2003	55,783		20	4,528	4,528	35,911	18
19	Various		2004	70,089		20	7,009	7,009	46,358	19
20	Various		2005	356,449		20	25,219	25,219	193,415	20
21	Various		2006	84,704		20	6,142	6,142	29,193	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:

01/01/10

Ending:

12/31/10

**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		4,756,966	312,650		145,461	(167,189)	3,403,642	67
68		260,159	8,144		10,426	2,282	44,037	68
69			232,864			(232,864)		69
70		\$ 6,509,127	\$ 553,658		\$ 247,343	\$ (306,315)	\$ 4,309,599	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:

01/01/10

Ending:

12/31/10**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	10
	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>		\$ 6,509,127	\$ 553,658		\$ 247,343	\$ (306,315)	\$ 4,309,599	1
2	Laundry Panel Electric Wiring	2008	2,750		20	275	275	733	2
3	Wall Covering, Floor Work	2008	79,052		20	7,905	7,905	22,398	3
4	Wall Work, Painting, Flooring	2008	28,021		20	2,802	2,802	6,071	4
5	1St Floor Corridor Replacement Of Cove Base And Vct, Prep Floo	2008	38,109		20	3,811	3,811	8,575	5
6	2Nd Floor S. Corridor Nurse Station Renovation	2008	8,710		20	871	871	1,815	6
7	1St Floor Corridor Extra Wall Covering	2008	2,567		20			2,567	7
8	Cornice, Roller Shades, Curtain	2008	23,418		20	2,342	2,342	4,879	8
9	Wall Covering, Flooring, Light Fixtures	2009	21,114		20	2,111	2,111	3,871	9
10	8 Magnetic Door Holders	2009	3,610		20	516	516	903	10
11	Replacing Door In Laundry Room	2009	2,963		20	296	296	494	11
12	Repairing Lights On Westside Of Building	2009	3,560		20	356	356	564	12
13	Repairing Cracks In Windows And Foundation	2009	7,000		20	700	700	1,108	13
14	2Nd Floor Renovation-Chair Rails For Resident Rooms	2009	7,920		20	396	396	627	14
15	Dayroom & Nurses Station- New Walls, Paint/Wallcovering, Floor	2009	56,018		20	5,602	5,602	8,870	15
16	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	225	225	356	16
17	Ceramic Tiles	2009	4,000		20	267	267	400	17
18	1St Floor Renovation-Ceramic Tiles On Kitchen Floor	2009	6,673		20	334	334	500	18
19	Exhaust Fans On Roof	2009	3,513		20	351	351	527	19
20	Adhesive Vinyl Tile	2009	2,671		20	134	134	189	20
21	Electrical, Faucets, Flooring, Corner Guard- 4Th Floor	2009	21,993		20	1,100	1,100	1,466	21
22	Adhesive Vinyl Tile	2009	2,690		20	179	179	239	22
23	Dialysis Room Renovation-Em Panelboard; Circuits In Dialysis R	2009	4,500		20	225	225	300	23
24	1 Tv Unit; Storage Cabinets	2009	5,350		20	535	535	713	24
25	Out Door Patio Renovation-New Electronic Door	2009	4,590		20	230	230	287	25
26	Repair Of Broken Sewer	2009	6,015		20	602	602	752	26
27	Parts Of Air Conditioning Unit	2009	9,000		20	750	750	1,437	27
28	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	284	284	403	28
29	Econocare Adjustment (\$8710, 35043,2567,10287)	2009	(56,607)		20	(5,661)	(5,661)	(11,321)	29
30	Elevator Repair	2009	2,800		20	140	140	257	30
31	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Fl	2010	4,400		20	293	293	293	31
32	Cable Outlets For 3Rd And 4Th Floor	2010	3,330		20	333	333	333	32
33	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	313	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,828,206	\$ 553,658		\$ 275,959	\$ (277,699)	\$ 4,370,518	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:

01/01/10

Ending:

12/31/10**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>		\$ 6,828,206	\$ 553,658		\$ 275,959	\$ (277,699)	\$ 4,370,518	1
2	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	267	267	267	2
3	Clean Wood Fence And Put Protective Coat	2010	8,800		20	660	660	660	3
4	Chiller Replacement-Completed To Date	2010	84,266		20	9,029	9,029	9,029	4
5	Chiller Replacement-Amount Due Not Paid	2010	42,134		20	4,514	4,514	4,514	5
6	4 Exhaust Fans #7-10	2010	7,078		20	826	826	826	6
7	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	570	570	570	7
8	8 Sets, 3-Position Assist Rails	2010	2,587		20	75	75	75	8
9	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sh	2010	3,650		20	122	122	122	9
10	4 Red Oak Architectural Grade Doors, 3 Machine Cylender Lock,	2010	5,796		20	145	145	145	10
11	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Sho	2010	9,158		20	382	382	382	11
12	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	242	242	242	12
13	Electrical Work	2010	6,540		20	273	273	273	13
14	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	192	192	192	14
15	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8,	2010	5,496		20	153	153	153	15
16	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Cor	2010	2,739		20	95	95	95	16
17	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, S	2010	5,980		20	199	199	199	17
18	Materials For 3Rd Floor Shower Room Project - Wraparound Bar	2010	9,159		20	305	305	305	18
19	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	152	152	152	19
20	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	91	91	91	20
21	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywa	2010	5,800		20	145	145	145	21
22	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floorin	2010	6,107		20	102	102	102	22
23	Cctv Installation Nuring Station, Elevator Area, Dining Room	2010	6,980		20	349	349	349	23
24	Bathroom 1St Flr S. & 2Nd N. Side Tub/Shower/Faucet	2010	11,983		20	599	599	599	24
25	Vaudeville Laminate	2010	2,680		20	134	134	134	25
26	Shower Room Tile Flooring	2010	3,195		20	160	160	160	26
27	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	524	524	524	27
28	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	431	431	431	28
29	Shower Room Project-Shower Tile Flooring	2010	5,954		20	298	298	298	29
30	Power & Cable Outlets	2010	3,600		20	180	180	180	30
31	Unblock Drainage 1St Floor& Kitchen	2010	3,600		20	180	180	180	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,118,526	\$ 553,658		\$ 297,352	\$ (256,306)	\$ 4,391,911	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,118,526	\$ 553,658		\$ 297,352	\$ (256,306)	\$ 4,391,911	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,118,526	\$ 553,658		\$ 297,352	\$ (256,306)	\$ 4,391,911	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,118,526	\$ 553,658		\$ 297,352	\$ (256,306)	\$ 4,391,911	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 7,118,526	\$ 553,658		\$ 297,352	\$ (256,306)	\$ 4,391,911	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:

01/01/10

Ending:

12/31/10**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	312,650	35	127,770	(184,880)	3,283,985	3
4		1984	92,611		35	2,646	2,646	70,671	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2004	6,188		20	619	619	3,851	9
10	Bar Cabinets	2007	4,500		20	450	450	1,800	10
11	New Flooring	2007	4,500		20	300	300	1,200	11
12	Door Circuitry And Wiring Components	2007	3,950		20	395	395	1,448	12
13	Fencing	2007	2,600		20	173	173	592	13
14	Security Cameras And Wiring	2007	1,493		20	213	213	746	14
15	Lavatory Faucets	2007	2,849		20	190	190	617	15
16	Telephone System	2007	22,988		20	3,284	3,284	11,768	16
17	Telephone System	2007	22,988		20	3,284	3,284	11,768	17
18	Replace Electronic Door Edge	2007	2,389		20	239	239	757	18
19	Perga Flooring	2008	2,800		20	140	140	210	19
20	Sliding Door	2008	7,990		20	400	400	1,199	20
21	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	1,260	21
22	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	1,371	22
23	LCD Monitor; Coax Cable & Connectors Digital Video Multiplex	2008	1,559		20	78	78	234	23
24	Chair Rails	2008	952		20	48	48	143	24
25	Various Signage	2008	1,548		20	77	77	232	25
26	Canopy Projector	2008	5,325		20	266	266	799	26
27	Kitchen Station	2008	2,500		20	125	125	375	27
28	Video Monitoring System	2008	1,789		20	89	89	268	28
29	Duty Door Closers, Commercial Steel Doors, Fire-Rated Labels, a	2008	2,314		20	116	116	347	29
30	Color Dome Camera, Cables, and Power Lines	2008	1,946		20	97	97	292	30
31	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	932	31
32	Weld 14", Closer Strap, Stainless Steel Kick Plate, and Trim Bar I	2008	940		20	47	47	141	32
33	8 Boxes HG-TE and 12 Boxes HI/CAC TE	2008	1,574		20	79	79	236	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	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 Continued</b>		\$	\$		\$	\$	\$	1
2	15 Boxes Cirrus-HG-TE and 12 Boxes Cirrus HG-TE	2008	2,052		20	103	103	308	2
3	Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	984	3
4	Install & Furnish New Fire Doors	2009	7,980		20	399	399	798	4
5	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	934	5
6	Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	600	6
7	New Pump for Suction Diffuser	2009	4,640		20	232	232	464	7
8	Roof Exhaust Fans	2009	5,990		20	300	300	599	8
9	Concrete Wall	2009	6,000		20	300	300	600	9
10	1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	500	10
11	Repair Radiator	2009	6,133		20	307	307	613	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>		\$ 4,756,966	\$ 312,650		\$ 145,461	\$ (167,189)	\$ 3,403,642	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	Allocated from 7257 N. Lincoln	2004	116,513	2,987	35	3,329	342	23,719	3
4	Allocated from Clinical Consulting	2004	6,473	166	35	185	19	1,318	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Allocated from Nucare	2003	1,053	38	20	53	15	375	9
10	Allocated from Nucare	2004	21,379	779	20	1,070	291	7,182	10
11	Allocated from Nucare	2005	1,268	46	20	63	17	371	11
12	Allocated from Nucare	2006	1,719	63	20	86	23	375	12
13	Allocated from Nucare	2008	1,811	66	20	91	25	205	13
14	Allocated from Nucare	2009	91,806	3,347	20	4,590	1,243	5,741	14
15	Allocated from Nucare	2010	4,482	163	20	114	(49)	114	15
16									16
17	Allocated from 7257 N. Lincoln	2005	10,621	463	20	685	222	3,640	17
18	Allocated from 7257 N. Lincoln	2004	2,315		20	116	116	753	18
19									19
20	Allocated from Clinical Consulting	2005	590	26	20	38	12	202	20
21	Allocated from Clinical Consulting	2004	129		20	6	6	42	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.

**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>		\$ 260,159	\$ 8,144		\$ 10,426	\$ 2,282	\$ 44,037	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	\$ 975,781	\$ 2,111	\$ 107,951	\$ 105,840	10	\$ 625,470	71
72	Current Year Purchases	121,379	422	14,587	14,165	10	14,587	72
73	Fully Depreciated Assets	542,531		384	384	10	542,531	73
74								74
75	TOTALS	\$ 1,639,691	\$ 2,533	\$ 122,922	\$ 120,389		\$ 1,182,587	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		Allocated from Nucare	2010	\$ 796	\$ 29	\$ 66	\$ 37	5	\$ 66	76
77										77
78										78
79										79
80	TOTALS			\$ 796	\$ 29	\$ 66	\$ 37		\$ 66	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,012,677	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 556,220	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 420,340	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (135,880)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,574,564	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ 2,492	Parking		3
4	Additions				1,580	Storage		4
5								5
6	Allocated from Nucare				427			6
7	TOTAL				\$ 4,499			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: \$ 13,801 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		\$	\$ 5,836	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 5,836	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. \_\_\_\_\_/2011 \$ \_\_\_\_\_

13. \_\_\_\_\_/2012 \$ \_\_\_\_\_

14. \_\_\_\_\_/2013 \$ \_\_\_\_\_

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

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

**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<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**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
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		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)				
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs					\$ 387,557			\$ 387,557	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					288,951			288,951	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs					356,334			356,334	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts						255,534		255,534	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>				17,639			132,477	160,957		311,073	13
14	<b>TOTAL</b>				\$ 17,639			\$ 1,165,319	\$ 416,491		\$ 1,599,449	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

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**Report Period Beginning: **01/01/10**

Ending:

**12/31/10****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/10**

(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	\$ 2,835	\$ 374,337	1
2	Cash-Patient Deposits	12,937	12,937	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	4,052,818	4,052,818	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	142,481	142,481	6
7	Other Prepaid Expenses	523,901	593,164	7
8	Accounts Receivable (owners or related parties)	1,196,736	1,196,736	8
9	Other(specify): <u>See Attached Schedule</u>	2,976	295,179	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,934,684	\$ 6,667,652	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	2,224,122	8,009,932	15
16	Equipment, at Historical Cost	1,444,432	2,079,549	16
17	Accumulated Depreciation (book methods)	(2,342,846)	(8,034,929)	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>	7,604	207,318	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,333,312	\$ 8,480,996	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,267,996	\$ 15,148,648	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,210,227	\$ 1,210,458	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,927	7,927	28
29	Short-Term Notes Payable	2,500,000	2,500,000	29
30	Accrued Salaries Payable	501,372	501,372	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,454	26,454	31
32	Accrued Real Estate Taxes(Sch.IX-B)		454,420	32
33	Accrued Interest Payable		63,766	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>	935,507	1,035,868	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,210,247	\$ 5,829,025	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,945,041	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>	\$	\$ 14,945,041	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,210,247	\$ 20,774,066	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,057,749	\$ (5,625,418)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 7,267,996	\$ 15,148,648	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,456,993</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Medicare Bad Debts</b>	<b>(8,590)</b>	<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>1,448,403</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>609,346</b>	<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>609,346</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>2,057,749</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: **01/01/10**Ending: **12/31/10**

**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	\$ 11,184,600	1
2	Discounts and Allowances for all Levels	1,828,411	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 13,013,011</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,638,915	6
7	Oxygen	4,257	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 2,643,172</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	748,790	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	69,820	19
20	Radiology and X-Ray	13,617	20
21	Other Medical Services	177,792	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,010,019</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions	30	24
25	Interest and Other Investment Income***	3,276	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 3,306</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>	62,752	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 62,752</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 16,732,260</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,378,227	31
32	Health Care	5,662,648	32
33	General Administration	3,794,017	33
<b>B. Capital Expense</b>			
34	Ownership	2,303,842	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,818,835	35
36	Provider Participation Fee	165,345	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>\$ 16,122,914</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>609,346</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>\$ 609,346</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:

**01/01/10**

Ending:

**12/31/10**

**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	2,037	2,204	\$ 115,622	\$ 52.46	1
2	Assistant Director of Nursing	1,474	1,925	82,861	43.04	2
3	Registered Nurses	30,093	33,321	811,368	24.35	3
4	Licensed Practical Nurses	37,051	42,451	1,023,916	24.12	4
5	CNAs & Orderlies	134,339	147,702	1,548,462	10.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	12,916	14,188	150,816	10.63	8
9	Activity Director	2,015	2,143	45,433	21.20	9
10	Activity Assistants	8,619	9,290	84,790	9.13	10
11	Social Service Workers	18,880	20,581	321,460	15.62	11
12	Dietician	1,902	2,072	52,977	25.57	12
13	Food Service Supervisor					13
14	Head Cook	3,280	3,705	73,943	19.96	14
15	Cook Helpers/Assistants	24,375	26,677	253,967	9.52	15
16	Dishwashers					16
17	Maintenance Workers	6,832	7,207	138,956	19.28	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,029	2,166	147,579	68.13	20
21	Assistant Administrator	1,401	1,448	35,507	24.52	21
22	Other Administrative	3,382	3,413	76,160	22.31	22
23	Office Manager					23
24	Clerical	11,112	12,754	232,763	18.25	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,806	2,080	55,405	26.64	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	2,929	3,150	85,746	27.22	33
34	TOTAL (lines 1 - 33)	306,472	338,477	\$ 5,337,731 *	\$ 15.77	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	264	\$ 24,341	01-03	35
36	Medical Director	Monthly	116,321	09-03	36
37	Medical Records Consultant	Monthly	368	10-03	37
38	Nurse Consultant	382	7,554	10-03	38
39	Pharmacist Consultant	Monthly	13,152	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	88	4,908	11-03	44
45	Social Service Consultant	62	3,449	12-03	45
46	Other(specify)				46
47					47
48	<u>Therapy Consultant</u>	18	900		48
49	TOTAL (lines 35 - 48)	813	\$ 170,993		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,892	\$ 94,546	10-03	50
51	Licensed Practical Nurses	7,606	380,309	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	9,498	\$ 474,855		53

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
William Prather	Administrator	0	\$ 147,579	Workers' Compensation Insurance	\$ 126,876	IDPH License Fee	\$	
Farhat Sharif	Administrative	0	54,763	Unemployment Compensation Insurance	73,212	Advertising: Employee Recruitment	48,892	
Moshe Polstein	Assistant Admin.	0	35,507	FICA Taxes	408,337	Health Care Worker Background Check		
Kathleen Brander	Dir of Reg. Mgmt.	0	1,202	Employee Health Insurance	317,283	(Indicate # of checks performed <u>623</u> )	9,264	
Marilyn Flaherty	VP of Medicare Reimb.	0	20,195	Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		IL Council on LTC	14,948	
				City Payroll Tax	9,756	Dues & Subscriptions	8,125	
				Union Pension Benefits	49,066	Licenses & Inspections	5,273	
				Dental Insurance	8,484	Alloc. From NuCare	1,786	
				Other Employee Benefits	52,703	See Supplemental Schedule	44	
				401K Matching Expense	5,050	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)	
\$ 259,246				\$ 1,050,767			\$ 88,333	
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			\$ 938,691			\$	Out-of-State Travel	\$
Clinical Consulting - Administrative Fees			77,304					
Christopher R. Correll(acting admin)			48,400				In-State Travel	
							Seminar Expense	11,154
							Allocated from NuCare	1,528
							Allocated from Clinical Consulting	223
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL	
\$ 1,064,395				\$			\$ 12,905	
C. Professional Services								
Vendor/Payee	Type		Amount					
Frost, Ruttenberg & Rothblatt	Accounting		\$ 23,125					
Personnel Planners	Unemployment Consultant		10,141					
CDW	Computer Expense		2,844					
Emdeon	Computer Expense		1,275					
Giftrap	Computer Expense		6,739					
HDSI	Computer Expense		6,823					
PSD Solutions	Computer Expense		15,452					
Cares Clinical Advisors	Quality Assurance		888					
MDI Achieve	Computer Expense		3,495					
See Attached	Legal		85,922					
Documentation Solutions	Healthcare Consulting		9,930					
See Supplemental Schedule			2,168					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 168,801								

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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 - \$14,948
- (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. \$ 6,295 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. \$ 165,345  
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% Ln14
  - 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.