



Facility Name & ID Number Central Plaza Residential Home

# 0017038 Report Period Beginning: 1/1/10 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 \_\_\_\_\_

	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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	260	Intermediate (ICF)	260	94,900	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	260	TOTALS	260	94,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	85,069			85,069	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	85,069			85,069	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.64%

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

715 (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 12/1/63

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

**IV. ACCOUNTING BASIS**

ACCRUAL  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 &amp; ID Number

Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

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	336,079	52,818	15,200	404,097		404,097		404,097		1
2	Food Purchase		399,934		399,934	(27,685)	372,249	(2,569)	369,680		2
3	Housekeeping	461,893		106,058	567,951		567,951		567,951		3
4	Laundry		89,472		89,472		89,472		89,472		4
5	Heat and Other Utilities			224,443	224,443		224,443	1,987	226,430		5
6	Maintenance	332,040		395,424	727,464		727,464	3,348	730,812		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,130,012	542,224	741,125	2,413,361	(27,685)	2,385,676	2,766	2,388,442		8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	1,865,193	107,116	52,649	2,024,958		2,024,958		2,024,958		10
10a	Therapy										10a
11	Activities	159,998	43,561	8,836	212,395		212,395		212,395		11
12	Social Services	760,827		477,078	1,237,905		1,237,905	(400,000)	837,905		12
13	CNA Training										13
14	Program Transportation			2,955	2,955		2,955		2,955		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,786,018	150,677	541,518	3,478,213		3,478,213	(400,000)	3,078,213		16
	<b>C. General Administration</b>										
17	Administrative	514,689		1,058,855	1,573,544		1,573,544	(1,058,855)	514,689		17
18	Directors Fees			210,000	210,000		210,000	(150,000)	60,000		18
19	Professional Services			109,263	109,263		109,263	(44,804)	64,459		19
20	Dues, Fees, Subscriptions & Promotions			30,580	30,580		30,580		30,580		20
21	Clerical & General Office Expenses	748,103		126,515	874,618		874,618	(146,453)	728,165		21
22	Employee Benefits & Payroll Taxes			925,567	925,567	27,685	953,252		953,252		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,373	11,373		11,373		11,373		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			224,224	224,224		224,224	208	224,432		26
27	Other (specify):*							125	125		27
28	<b>TOTAL General Administration</b>	1,262,792		2,696,377	3,959,169	27,685	3,986,854	(1,399,779)	2,587,075		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,178,822	692,901	3,979,020	9,850,743		9,850,743	(1,797,013)	8,053,730		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number

Central Plaza Residential Home

#0017038

Report Period Beginning:

1/1/10

Ending:

12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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>D. Ownership</b>											
30	Depreciation			140,671	140,671		140,671	(25,357)	115,314			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,959	35,959		35,959	123,155	159,114			32
33	Real Estate Taxes			415,234	415,234		415,234	6,847	422,081			33
34	Rent-Facility & Grounds			30,525	30,525		30,525	(18,076)	12,449			34
35	Rent-Equipment & Vehicles			15,350	15,350		15,350		15,350			35
36	Other (specify):*			44,567	44,567		44,567		44,567			36
37	<b>TOTAL Ownership</b>			682,306	682,306		682,306	86,569	768,875			37
	<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			142,350	142,350		142,350		142,350			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			142,350	142,350		142,350		142,350			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,178,822	692,901	4,803,676	10,675,399		10,675,399	(1,710,444)	8,964,955			45

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

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(25,357)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,569)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(44,804)	19		17
18	Fines and Penalties	(50)	21		18
19	Entertainment	(15,430)	21		19
20	Contributions	(63,126)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,676,702)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,828,038)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	117,594		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 117,594		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	\$ (1,710,444)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Central Plaza Residential Home

ID# 0017038

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Fees	\$ (150,000)	18	1
2	Community Social Service	(400,000)	12	2
3	Non-Allowable Salaries	(66,667)	21	3
4	Fees	(1,058,855)	17	4
5	Resident Christmas Gifts	(1,180)	21	5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(1,676,702)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,569)	0	0	0	0	0	0	0	0	0	0	(2,569)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,987	0	0	0	0	0	0	0	0	1,987	5
6	Maintenance	0	0	3,348	0	0	0	0	0	0	0	0	3,348	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(2,569)</b>	<b>0</b>	<b>5,335</b>	<b>0</b>	<b>2,766</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(400,000)	0	0	0	0	0	0	0	0	0	0	(400,000)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(400,000)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(400,000)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(1,058,855)	0	0	0	0	0	0	0	0	0	0	(1,058,855)	17
18	Directors Fees	(150,000)	0	0	0	0	0	0	0	0	0	0	(150,000)	18
19	Professional Services	(44,804)	0	0	0	0	0	0	0	0	0	0	(44,804)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(146,453)	0	0	0	0	0	0	0	0	0	0	(146,453)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	208	0	0	0	0	0	0	0	0	208	26
27	Other (specify):*	0	0	125	0	0	0	0	0	0	0	0	125	27
28	<b>TOTAL General Administration</b>	<b>(1,400,112)</b>	<b>0</b>	<b>333</b>	<b>0</b>	<b>(1,399,779)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(1,802,681)</b>	<b>0</b>	<b>5,668</b>	<b>0</b>	<b>(1,797,013)</b>	<b>29</b>							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(25,357)	0	0	0	0	0	0	0	0	0	0	(25,357) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	0	0	0	123,155	0	0	0	0	0	0	0	123,155 32
33	Real Estate Taxes	0	0	6,847	0	0	0	0	0	0	0	0	6,847 33
34	Rent-Facility & Grounds	0	0	(18,076)	0	0	0	0	0	0	0	0	(18,076) 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	<b>TOTAL Ownership</b>	<b>(25,357)</b>	<b>0</b>	<b>(11,229)</b>	<b>123,155</b>	<b>0</b>	<b>86,569 37</b>						
	<b>Ancillary Expense</b>												
	<b>E. Special Cost Centers</b>												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(1,828,038)</b>	<b>0</b>	<b>(5,561)</b>	<b>123,155</b>	<b>0</b>	<b>(1,710,444) 45</b>						

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

Ending:

12/31/10

**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		

**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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Barton Management, Inc.	100.00%	\$ 1,987	\$ 1,987
16	V	6 Repairs & Maint		Barton Management, Inc.		3,348	3,348
17	V						
18	V						
19	V	26 Insurance		Barton Management, Inc.		208	208
20	V	27 Emp. Ben Gen. Admin		Barton Management, Inc.		125	125
21	V	33 Real Estate Taxes		Barton Management, Inc.		6,847	6,847
22	V	34 Rent Office Space		Barton Management, Inc.		11,924	11,924
23	V						
24	V						
25	V						
26	V	34 Rent	30,000	Barton Management, Inc.			(30,000)
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 30,000			\$ 24,439	\$ * (5,561)

\* 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	32	Interest		Barton Healthcare LLC	100.00%	123,155	123,155	17
18	V								18
19	V	32	Interest		Barton Healthcare LLC				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			\$			\$ 123,155	\$ * 123,155	39

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

Facility Name &amp; ID Number

Central Plaza Residential Home

#

0017038

Report Period Beginning:

1/1/10

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	Irwan Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	\$ 30,000	18-3	1
2	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	76,494	6-1	2
3	Marla Coquillette	Stockholder	Social Service	4.50	See Attached	See Attached		Soc Serv	66,666	12-1	3
4	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	33,333	17-1	4
5	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	18,333	21-1	5
6	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	6
7	Paul Magit	Stockholder	Administrative	3.60	See Attached			Admin Sal	25,000	21-1	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 279,826		13

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

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

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 Barton Healthcare Inc  
 Street Address 465 Central  
 City / State / Zip Code Northfield, IL  
 Phone Number ( 847-441-8200  
 Fax Number ( 847-441-0800

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	32	Interest	29.40	7	658,319		5.50	123,155	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				\$ 658,319	\$		\$ 123,155	25

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

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 Barton Management Inc  
 Street Address 465 Central  
 City / State / Zip Code Norhfield, IL  
 Phone Number ( 847-441-8200  
 Fax Number ( 847-441-0800

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	Available Days	562,164	9	\$ 11,770	\$ 94,900	\$ 1,987	1
2	6	Repairs and Maintenance	Available Days	562,164	9	19,835	94,900	3,348	2
3									3
4									4
5	26	Insurance	Available Days	562,164	9	1,231	94,900	208	5
6	27	Emp. Ben. Gen. Admin	Available Days	562,164	9	739	94,900	125	6
7	33	Real Estate Taxes	Available Days	562,164	9	40,562	94,900	6,847	7
8	34	Rent Office Space	Available Days	562,164	9	70,633	94,900	11,924	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					\$ 144,770	\$	\$ 24,439	25

Facility Name & ID Number

Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

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	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 692,499	demand	variable	\$ 35,959	1							
2												2							
3												3							
4												4							
5												5							
<b>Working Capital</b>																			
6												6							
7												7							
8												8							
9	<b>TOTAL Facility Related</b>						\$ 5,500,000	\$ 692,499			\$ 35,959	9							
<b>B. Non-Facility Related*</b>																			
10												10							
11												11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14							
15	<b>TOTALS (line 9+line14)</b>						\$ 5,500,000	\$ 692,499			\$ 35,959	15							

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

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

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

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2009 report.		\$	<b>147,258</b>	<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>286,998</b>	<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>139,740</b>	<b>3</b>
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>288,555</b>	<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>6,214</u> For <u>2007</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<b>(6,214)</b>	<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>422,081</b>	<b>7</b>

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2005	<b>149,657</b>	<b>8</b>
	2006	<b>150,506</b>	<b>9</b>
	2007	<b>148,158</b>	<b>10</b>
	2008	<b>148,736</b>	<b>11</b>
	2009	<b>150,673</b>	<b>12</b>

	<b>FOR BHF USE ONLY</b>		
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2009	\$	<b>13</b>
<b>14</b>	PLUS APPEAL COST FROM LINE 5	\$	<b>14</b>
<b>15</b>	LESS REFUND FROM LINE 6	\$	<b>15</b>
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION	\$	<b>16</b>

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**2009 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Central Plaza Residential Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017038

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE 847-441-8200 FAX #: 847-441-0800

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

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>16-09-300-011-0000</u>	<u>324 N Pine</u>	\$ <u>733.00</u>	\$ <u>733.00</u>
2. <u>16-09-300-004-0000</u>	<u>327 N Central</u>	\$ <u>60,300.00</u>	\$ <u>60,300.00</u>
3. <u>16-09-300-005-0000</u>	<u>321 N Central</u>	\$ <u>215,052.00</u>	\$ <u>215,052.00</u>
4. <u>16-08-405-020-0000</u>	<u>318 N Central</u>	\$ <u>4,066.00</u>	\$ <u>4,066.00</u>
5. <u>Barton Management Alloc</u>	<u>See Attached</u>	\$ <u>81,123.00</u>	\$ <u>6,847.00</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>361,274.00</u></u>	\$ <u><u>286,998.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 90,310 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories Wing#1-Wing#2-4

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).

N/A

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: Loan Amortization 2. Number of Years Over Which it is Being Amortized: See Attached

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: See Attached

Nature of Costs: See Attached  
(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>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	<u>1</u>
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	<u>2</u>
3	<b>TOTALS</b>	<b>29,048</b>		<b>\$ 256,168</b>	<b>3</b>

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	260		1974	1964	\$ 385,508	\$	30	\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Building Additions		1975		303,849		12.5			303,849	9
10	Building Additions		1976		53,526		12.5			53,526	10
11											11
12	Building Additions		1977		47,780		12.5			47,780	12
13	Building Additions		1978		66,037		2.5			66,037	13
14	Building Additions		1979		59,303		12.5			59,303	14
15	Building Additions		1980		24,816		12.5			24,816	15
16											16
17	Building Additions		1980		40,762		3			40,762	17
18	Building Additions		1981		34,255		3			34,255	18
19	Building Additions		1981		10,665		12.5			10,665	19
20	Building Additions		1982		13,492		10			13,492	20
21	Building Additions		1983		48,201		10			48,201	21
22	Building Additions		1984		52,327		10			52,327	22
23	Building Additions		1985		295,316		10			295,316	23
24	Building Additions		1986		144,407		10			144,407	24
25	Building Additions		1987		11,075		10			11,075	25
26	Building Additions		1988		10,240		10			10,240	26
27	Building Additions		1989		39,943		10			39,943	27
28	Building Additions		1990		65,848		10			65,848	28
29	Building Additions		1991		77,448		10			77,448	29
30	Building Additions		1992		89,051		10			89,051	30
31	Building Additions		1993		46,236		10			46,236	31
32	Building Additions		1994		220,966		10			220,966	32
33	Building Additions		1994		12,302		10			12,302	33
34	Building Additions		1994		1,430		10			1,430	34
35	Building Additions		1996		125,206	3,210	39	3,210		49,892	35
36	Curtains		1996		1,169	30	39	30		421	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71	\$	\$ 997	37
38 Boiler Repair	1996	4,763	122	39	122		1,713	38
39 Windows	1996	10,000	256	39	256		3,595	39
40 Water Heater	1996	5,100	131	39	131		1,839	40
41 Water Line	1996	1,985	51	39	51		716	41
42 Sidewalk Repairs	1996	2,464	63	39	63		885	42
43 Storm Windows	1996	10,679	274	39	274		3,847	43
44 Electrical Circuit	1996	22,780	584	39	584		8,200	44
45 Elevator Selector	1996	2,632	67	39	67		941	45
46 House Pump	1996	22,527	578	39	578		8,117	46
47 Water Gate	1996	2,165	56	39	56		786	47
48 Air Conditioner Circuits	1997	6,845	176	39	176		2,369	48
49 Alarm Detectors	1997	634	16	39	16		220	49
50 Bathtub Refinish	1997	9,152	235	39	235		2,919	50
51 Bathroom Remodel	1997	5,135	132	39	132		1,798	51
52 Boiler Flame	1997	2,769	71	39	71		926	52
53 Ceiling Tiles	1997	623	16	39	16		218	53
54 Circuit Breakers	1997	1,920	49	39	49		655	54
55 Concrete	1997	1,300	33	39	33		447	55
56 Curtains	1997	749	19	39	19		259	56
57 Doorways	1997	6,660	171	39	171		2,259	57
58 Electrical	1997	1,361	35	39	35		456	58
59 Elevator	1997	42,595	1,092	39	1,092		14,030	59
60 Emergency Light	1997	7,110	182	39	182		2,374	60
61 Fence	1997	4,500	115	39	115		1,538	61
62 Fire Alarm	1997	78,500	2,013	39	2,013		27,429	62
63 Flooring	1997	4,972	128	39	128		1,714	63
64 Kitchen Pipes	1997	2,200	56	39	56		740	64
65 Laundry Room	1997	24,750	634	39	634		8,710	65
66 Ramp Rail	1997	795	20	39	20		276	66
67 Remodeling	1997	141,653	3,632	39	3,632		44,632	67
68 Roof Repair	1997	14,458	371	39	371		5,117	68
69 Sensor Modules	1997	1,005	26	39	26		363	69
70 TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715	\$	\$ 1,970,673	70

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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>		\$ 2,728,724	\$ 14,715		\$ 14,715		\$ 1,970,673	1
2	Water Valves	1997	1,060	27	39	27		368	2
3	Windows	1997	11,978	307	39	307		4,209	3
4	Bath Tub Refinish	1998	2,620	67	39	67		866	4
5	Blinds	1998	608	16	39	16		206	5
6	Electrical	1998	6,670	171	39	171		1,695	6
7	Elevator Remodel	1998	1,778	46	39	46		558	7
8	Emergency Lights	1998	10,323	265	39	265		3,412	8
9	Flooring	1998	1,600	41	39	41		511	9
10	Heat Pump	1998	1,213	31	39	31		378	10
11	Masonry/Electrical	1998	11,660	299	39	299		3,600	11
12	Paneling	1998	1,116	29	39	29		361	12
13	Remodeling	1998	5,053	130	39	130		1,675	13
14	Replace Pipes	1998	2,204	57	39	57		686	14
15	Roofing	1998	3,800	97	39	97		1,241	15
16	Spec. Consult	1998	232	6	39	6		72	16
17	Walk In Cooler	1998	11,565	297	39	297		3,725	17
18	Windows	1998	18,387	471	39	471		5,855	18
19	Wiring	1998	4,787	123	39	123		1,532	19
20	Activity Area	1999	10,937	280	39	280		3,279	20
21	Air Cleaners	1999	8,338	213	39	214	1	2,458	21
22	Café Line	1999	5,927	152	39	152		1,742	22
23	Doors	1999	4,225	108	39	108		1,266	23
24	Drain Line	1999	950	24	39	24		283	24
25	Electrical Panel	1999	985	25	39	25		284	25
26	Fire Dumper	1999	37,670	966	39	966		11,553	26
27	Flooring	1999	1,304	33	39	33		384	27
28	Heat Booster	1999	2,521	65	39	65		766	28
29	Masonry/Tuckpoint	1999	11,740	301	39	301		3,449	29
30	Renovate Elevator	1999	9,520	244	39	244		2,776	30
31	Roof Repair	1999	1,050	27	39	27		298	31
32	Spec. Consult	1999	2,474	64	39	63	(1)	757	32
33	Tubs & Valves	1999	5,422	139	39	139		2,182	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,928,441	\$ 19,836		\$ 19,836		\$ 2,033,100	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 12B, Carried Forward</b>		\$ 2,928,441	\$ 19,836		\$ 19,836	\$	\$ 2,033,100	1
2	<u>Windows</u>	1999	30,303	777	39	777		8,901	2
3	<u>Air Cleaners</u>	2000	3,900	100	39	100		1,079	3
4	<u>Bathroom Valve</u>	2000	1,894	49	39	49		529	4
5	<u>Carpeting</u>	2000	749	19	39	19		191	5
6	<u>CPU Unit</u>	2000	5,580	143	39	143		1,543	6
7	<u>Door Parts</u>	2000	1,724	44	39	44		460	7
8	<u>Electrical Panel</u>	2000	2,305	59	39	59		621	8
9	<u>Elevator Switch</u>	2000	2,300	59	39	59		617	9
10	<u>Fire Alarm Pump</u>	2000	1,700	44	39	44		475	10
11	<u>Fire Code Improvement</u>	2000	8,131	208	39	208		2,245	11
12	<u>Fire Damper</u>	2000	5,620	144	39	144		1,494	12
13	<u>Fire System</u>	2000	66,705	1,710	39	1710		18,313	13
14	<u>Hand Rails</u>	2000	6,602	169	39	169		1,759	14
15	<u>Masonry</u>	2000	11,840	304	39	304		3,321	15
16	<u>Paint and Drywall</u>	2000	12,400	318	39	318		3,406	16
17	<u>Remodel Fire Pump Room</u>	2000	3,100	79	39	79		813	17
18	<u>Remodel Laundry Room</u>	2000	3,500	90	39	90		926	18
19	<u>Remodeling</u>	2000	15,441	396	39	396		4,230	19
20	<u>Remove Walls</u>	2000	9,600	246	39	246		2,573	20
21	<u>Shower Valves</u>	2000	4,650	119	39	119		1,245	21
22	<u>Sprinkler</u>	2000	689	18	39	18		194	22
23	<u>Steam Line</u>	2000	2,734	70	39	70		761	23
24	<u>Windows</u>	2000	24,967	640	39	640		6,465	24
25	<u>Heat Detectors</u>	2001	880	23	39	23		223	25
26	<u>Fire Alarm</u>	2001	1,320	34	39	34		330	26
27	<u>Pipe Add On Devices</u>	2001	880	23	39	23		223	27
28	<u>Pipe Add On Devices</u>	2001	1,320	34	39	34		330	28
29	<u>Fire Alarm</u>	2001	1,997	51	39	51		495	29
30	<u>Heat Detectors</u>	2001	1,721	44	39	44		427	30
31	<u>Heat Detectors</u>	2001	990	25	39	25		243	31
32	<u>Heat Detectors</u>	2001	660	17	39	17		165	32
33	<u>Water Heater</u>	2001	4,950	127	39	127		1,233	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,098,930	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 12C, Carried Forward</b>		\$ 3,169,593	\$ 26,019		\$ 26,019	\$	\$ 2,098,930	1
2	Wood Door	2001	570	15	39	15		145	2
3	Wood Door	2001	570	15	39	15		145	3
4	HVAC	2001	36,200	928	39	928		8,933	4
5	Heat Detectors	2001	2,660	68	39	68		655	5
6	Fire Alarm	2001	1,320	34	39	34		327	6
7	Panel	2001	440	11	39	11		106	7
8	Testing	2001	660	17	39	17		164	8
9	Plumbing	2001	4,050	104	39	104		1,001	9
10	Electrical	2001	1,180	30	39	30		289	10
11	Masonry	2001	2,450	63	39	63		601	11
12	Cubicle Curtains	2001	1,225	31	39	31		293	12
13	Reroof	2001	8,080	207	39	207		1,958	13
14	Elevator Repair	2001	17,412	446	39	446		4,219	14
15	Fencing	2001	4,000	103	39	103		966	15
16	Electrical	2001	2,485	64	39	64		600	16
17	Excavating/Paving	2001	28,083	720	39	720		6,630	17
18	Windows	2001	18,400	472	39	472		4,307	18
19	Windows	2001	2,900	74	39	74		675	19
20	Boiler Parts	2001	3,148	81	39	81		739	20
21	Iron Gate	2001	1,725	44	39	44		402	21
22	Front Walk	2001	2,950	76	39	76		693	22
23	Electrical	2001	7,528	193	39	193		1,745	23
24	Shower Room	2001	24,500	628	39	628		5,678	24
25	Water Heater	2001	4,950	127	39	127		1,148	25
26	Generator	2001	3,500	90	39	90		814	26
27	Plumbing	2001	1,340	34	39	34		307	27
28	Plumbing	2001	1,485	38	39	38		344	28
29	Plumbing	2001	1,635	42	39	42		380	29
30	Plumbing	2001	578	15	39	15		136	30
31	Smoke & Stobe Add Ons	2001	16,979	435	39	435		3,950	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,372,596	\$ 31,224		\$ 31,224	\$	\$ 2,147,280	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 12D, Carried Forward</b>		\$ 3,372,596	\$ 31,224		\$ 31,224		\$ 2,147,280	1
2	Water Heater	2002	4,433	114	39	114		1,021	2
3	Roof Repair	2002	3,870	99	39	99		862	3
4	Remodel Weight Room	2002	4,200	108	39	108		940	4
5	remove Fire Escapes	2002	5,600	144	39	144		1,218	5
6	Electrical Work	2002	4,240	109	39	109		895	6
7	Plumbing Café	2002	15,294	392	39	392		3,185	7
8	Wiring Panels	2002	10,970	281	39	281		2,283	8
9	Wiring	2002	2,965	76	39	76		611	9
10	Replace Water Heater	2002	5,037	129	39	129		1,037	10
11	Steam Heat Repair	2002	3,370	86	39	86		728	11
12	Tuckpoint	2002	5,600	144	39	144		1,182	12
13	Kitchen Hood Fire Suspension	2003	2,819	72	39	72		573	13
14	Sewer Pipe	2003	3,287	84	39	84		669	14
15	Tile	2003	512	13	39	13		104	15
16	Pipe Replacement	2003	752	19	39	19		150	16
17	Air Conditioning Work	2003	5,130	132	39	132		1,039	17
18	Fence	2003	1,380	35	39	35		273	18
19	Roof Repair	2003	10,250	263	39	263		1,962	19
20	AC Compressor	2003	7,800	200	39	200		1,492	20
21	Breaker Panels	2003	18,986	487	39	487		3,592	21
22	Electrical Work	2003	5,420	139	39	139		990	22
23	Remodeling	2004	35,300	905	39	905		6,223	23
24	Coffe Shop	2004	51,000	1,308	39	1308		8,885	24
25	Laundry/Hall	2004	20,800	533	39	533		3,621	25
26	Sink	2004	2,811	72	39	72		483	26
27	Renovation-2nd Floor	2004	26,000	667	39	667		4,475	27
28	Game Room	2004	54,500	1,397	39	1397		9,373	28
29	Bathroom	2004	6,500	167	39	167		1,120	29
30	Bathrooms#406	2004	6,500	167	39	167		1,106	30
31	Bathrooms#408	2004	6,500	167	39	167		1,106	31
32	Bathrooms#301	2004	6,500	167	39	167		1,106	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,710,922	\$ 39,900		\$ 39,900		\$ 2,209,584	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 12E, Carried Forward</b>		\$ 3,710,922	\$ 39,900		\$ 39,900	\$	\$ 2,209,584	1
2	Bathrooms#201	2004	6,500	167	39	167		1,106	2
3	Bathrooms#405	2004	6,500	167	39	167		1,106	3
4	Bathrooms#215	2004	6,500	167	39	167		1,106	4
5	Electromedia	2004	11,825	303	39	303		1,982	5
6	Electrical	2004	5,478	140	39	140		916	6
7	Drywall/Paint	2004	1,500	38	39	38		246	7
8	Scissor Gate	2004	3,600	92	39	92		594	8
9	Tubs	2004	3,640	93	39	93		601	9
10	Hall	2004	41,900	1,074	39	1,074		6,668	10
11	Bathroom	2004	23,230	596	39	596		3,725	11
12	Bathroom	2004	54,928	1,408	39	1,408		8,624	12
13	Roof/Fan	2004	5,800	149	39	149		913	13
14	Boiler	2004	79,311	2,034	39	2,034		12,459	14
15	Bathroom	2004	2,745	70	39	70		423	15
16	Gas Boiler	2005	6,139	157	39	157		936	16
17	3rd Floor Remodel	2005	35,900	920	39	920		5,407	17
18	4th Floor Remodel	2005	35,900	920	39	920		5,330	18
19	Workrooms	2005	3,850	99	39	99		573	19
20	Freight Elevator	2005	3,300	85	39	85		492	20
21	Cooler Floor	2005	1,850	47	39	47		273	21
22	5th Floor Hall	2005	35,900	920	39	920		5,253	22
23	Shelves	2005	1,195	31	39	31		177	23
24	Circulating Pump	2005	1,660	43	39	43		242	24
25	Roof Top A/C	2005	18,687	479	39	479		2,695	25
26	Remodeling Projects	2005	82,790	2,123	39	2,123		11,944	26
27	5th Floor Hall	2005	1,950	50	39	50		277	27
28	3rd Floor Hall	2005	1,150	29	39	29		161	28
29	4th Floor Hall	2005	300	8	39	8		44	29
30	1st Floor Hall	2005	8,000	205	39	205		1,136	30
31	Bathroom Remodeling	2005	13,000	333	39	333		1,846	31
32	Bathroom Remodeling	2005	26,800	687	39	687		3,693	32
33	Cooler Door	2005	3,410	87	39	87		461	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,290,993	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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	
1		\$ 4,246,160	\$ 53,621		\$ 53,621	\$	\$ 2,290,993	1
2	2005	11,000	282	39	282		1,469	2
3	2005	15,950	409	39	409		2,062	3
4	2006	4,900	126	39	126		625	4
5	2006	11,500	295	39	295		1,463	5
6	2006	3,818	98	39	98		486	6
7	2006	3,650	94	39	94		458	7
8								8
9	2006	2,175	56	39	56		273	9
10	2006	4,790	123	39	123		589	10
11	2006	4,350	112	39	112		536	11
12	2006	1,790	46	39	46		220	12
13	2006	19,703	505	39	505		2,336	13
14	2006	24,000	615	39	615		2,845	14
15	2006	3,350	86	39	86		398	15
16	2006	7,700	197	39	197		895	16
17	2006	38,500	987	39	987		4,484	17
18	2006	3,150	81	39	81		368	18
19	2006	4,800	123	39	123		497	19
20	2006	11,500	295	39	295		1,315	20
21	2006	4,100	105	39	105		451	21
22								22
23	2006	12,200	313	39	313		1,317	23
24	2006	1,370	35	39	35		147	24
25	2006	1,512	39	39	39		158	25
26	2006	1,584	41	39	41		166	26
27	2006	1,785	46	39	46		186	27
28	2006	2,784	71	39	71		287	28
29	2006	2,958	76	39	76		307	29
30	2006	2,062	53	39	53		214	30
31	2006	3,127	80	39	80		323	31
32								32
33								33
34		\$ 4,456,268	\$ 59,010		\$ 59,010	\$	\$ 2,315,868	34

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

Facility Name &amp; ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

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 12G, Carried Forward</b>		\$ 4,456,268	\$ 59,010		\$ 59,010	\$	\$ 2,315,868	1
2	<u>Tiles</u>	2007	3,387	87	39	87		344	2
3	<u>Installation</u>	2007	1,216	31	39	31		123	3
4	<u>Installation</u>	2007	2,924	75	39	75		297	4
5									5
6									6
7									7
8	<u>Boiler</u>	2007	76,204	1,954	39	1,954		7,574	8
9	<u>Cooler Door</u>	2007	3,345	86	39	86		333	9
10	<u>Boiler Repair</u>	2007	2,782	71	39	71		270	10
11	<u>Bathroom</u>	2007	3,668	94	39	94		357	11
12									12
13	<u>Tiles</u>	2007	2,924	75	39	75		284	13
14	<u>Tiles</u>	2007	2,304	59	39	59		224	14
15	<u>Tiles</u>	2007	2,016	52	39	52		197	15
16	<u>Tiles</u>	2007	5,472	140	39	140		531	16
17	<u>Tiles</u>	2007	11,777	302	39	302		1,145	17
18									18
19	<u>Repair Pump</u>	2007	1,169	30	39	30		111	19
20	<u>Repair Pump</u>	2007	2,791	72	39	72		266	20
21									21
22	<u>Storage Tanks</u>	2007	8,445	217	39	217		805	22
23	<u>Pump</u>	2007	3,157	81	39	81		294	23
24									24
25									25
26	<u>Electrical</u>	2007	3,273	84	39	84		284	26
27	<u>Elevator Repair</u>	2007	6,302	162	39	162		547	27
28	<u>Repair Valve</u>	2007	3,587	92	39	92		311	28
29	<u>Repair Roof</u>	2007	6,400	164	39	164		540	29
30	<u>Circulating pump</u>	2007	3,784	97	39	97		311	30
31	<u>Sound Wiring</u>	2007	4,582	117	39	117		376	31
32	<u>Repair Pipe</u>	2007	7,500	192	39	192		616	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,625,277	\$ 63,344		\$ 63,344	\$	\$ 2,332,008	34

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

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10

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 12H, Carried Forward</b>		\$ 4,625,277	\$ 63,344		\$ 63,344	\$	\$ 2,332,008	1
2	Roof, Downspout	2008	2,750	71	39	71		204	2
3									3
4	Wallpaper	2008	2,447	63	39	63		155	4
5	Freight Elevator	2008	3,900	100	39	100		246	5
6	Wall Divider	2008	9,165	235	39	235		539	6
7	Drain System	2008	54,000	1,385	39	1,385		3,059	7
8	Security Light	2008	3,957	101	39	101		206	8
9	Elevator	2008	30,500	782	39	782		1,597	9
10	Hall Renovate	2008	2,721	70	39	70		143	10
11	Replace Steam Trap	2009	3,448	88	39	88		173	11
12	Tuckpointing	2009	11,915	306	39	306		523	12
13	Tubs	2009	5,220	134	39	134		184	13
14	Flooring	2009	2,079	53	39	53		69	14
15	Tub Refinishing	2009	4,640	119	39	119		154	15
16	Windows	2010	4,694	95	39	120	25	95	16
17	Sprinklers	2010	196,591	3,997	39	5,041	1,044	3,997	17
18	Fire Alarm	2010	48,028	360	39	1,231	871	360	18
19	Pump Room Pipe	2010	4,410	24	39	113	89	24	19
20	Electrical	2010	3,240	17	39	83	66	17	20
21	Dining Room Work	2010	5,447	17	39	140	123	17	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 (lines 1 thru 33)</b>		\$ 5,024,429	\$ 71,361		\$ 73,579	\$ 2,218	\$ 2,343,770	34

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	\$ 122,406	\$ 14,923	\$ 18,193	\$ 3,270		\$ 88,975	71
72	Current Year Purchases	50,402	50,402	8,370	(42,032)		50,402	72
73	Fully Depreciated Assets	1,132,691		14,737	14,737		1,132,691	73
74								74
75	TOTALS	\$ 1,305,499	\$ 65,325	\$ 41,300	\$ (24,025)		\$ 1,272,068	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	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$	\$	\$		\$ 21,295	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	1,775		(1,775)		25,687	77
78	Facility	Ford Van 2003	2002	28,925	1,775		(1,775)		26,160	78
79										79
80	TOTALS			\$ 76,324	\$ 3,550	\$	\$ (3,550)		\$ 73,142	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)	\$ 6,662,420 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 140,236 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 114,879 83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (25,357) 84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,688,980 85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning:

1/1/10

Ending: 12/31/10

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	<u>Barton Management-Allocation-Central Office</u>				<u>11,924</u>			5
6								6
7	<b>TOTAL</b>				\$ <b>11,924</b>			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? \_\_\_\_\_

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description:  YES  NO See Attached \$15,350

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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			
		1	2	3	4
		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.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5					
					Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$		\$	\$		\$	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.**

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning: 1/1/10

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	\$ 4,313,824	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>250,000</u> )	342,394		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	185,191		6
7	Other Prepaid Expenses	26,659		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,868,068	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	4,729,753		15
16	Equipment, at Historical Cost	1,381,824		16
17	Accumulated Depreciation (book methods)	(4,080,918)		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):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 2,598,493	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 7,466,561	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 156,886	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	202,532		30
31	Accrued Taxes Payable (excluding real estate taxes)	19,802		31
32	Accrued Real Estate Taxes(Sch.IX-B)	288,555		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes	44,567		35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Due to Austin Mental Health</u>	183,000		36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 895,342	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	692,499		41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 692,499	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 1,587,841	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 5,878,720	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 7,466,561	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>5,816,947</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</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>5,816,947</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>61,773</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>61,773</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>5,878,720</b>	<b>24</b> *

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

**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	\$ 10,690,079	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,690,079	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	45,586	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 45,586	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Misc Income</u>	1,508	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,508	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,737,173	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,413,361	31
32	Health Care	3,478,213	32
33	General Administration	3,959,169	33
<b>B. Capital Expense</b>			
34	Ownership	682,307	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	142,350	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,675,400	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	61,773	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 61,773	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ If not, please attach a reconciliation.

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

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

Facility Name & ID Number **Central Plaza Residential Home**

# **0017038**

Report Period Beginning:

1/1/10

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	1,848	2,217	\$ 86,387	\$ 38.97	1
2	Assistant Director of Nursing	1,800	1,840	58,284	31.68	2
3	Registered Nurses	5,869	6,155	157,086	25.52	3
4	Licensed Practical Nurses	21,066	22,682	526,994	23.23	4
5	CNAs & Orderlies	76,314	82,659	1,006,194	12.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	13,126	14,041	159,998	11.40	10
11	Social Service Workers	43,455	46,643	760,827	16.31	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,598	26,604	336,079	12.63	15
16	Dishwashers					16
17	Maintenance Workers	23,170	24,382	332,040	13.62	17
18	Housekeepers	38,044	41,444	461,893	11.14	18
19	Laundry					19
20	Administrator	2,080	2,200	100,000	45.45	20
21	Assistant Administrator	2,080	2,200	57,000	25.91	21
22	Other Administrative	4,524	4,524	357,689	79.06	22
23	Office Manager					23
24	Clerical	16,748	17,817	748,103	41.99	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	1,800	2,136	30,248	14.16	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	276,522	297,544	\$ 5,178,822 *	\$ 17.41	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	340	\$ 15,200	1-3	35
36	Medical Director	196	9,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,650	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	62	2,945	12-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	196	8,836	11-3	44
45	Social Service Consultant	370	16,766	12-3	45
46	Other(specify)				46
47	Substance Abuse	592	32,722	12-3	47
48	Psychiatric	416	24,645	12-3	48
49	TOTAL (lines 35 - 48)	2,268	\$ 112,364		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,424	\$ 41,399	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,424	\$ 41,399		53

**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	
<u>SEE ATTACHED SCHEDULE</u>			\$ <u>514,689</u>	Workers' Compensation Insurance		\$ <u>105,582</u>	IDPH License Fee		\$ <u>150</u>	
				Unemployment Compensation Insurance		<u>63,310</u>	Advertising: Employee Recruitment		<u>615</u>	
				FICA Taxes		<u>390,842</u>	Health Care Worker Background Check (Indicate # of checks performed <u>180</u> )		<u>1,803</u>	
				Employee Health Insurance		<u>318,376</u>	<u>Patient Background Checks</u> <u>151</u>		<u>1,510</u>	
				Employee Meals		<u>27,685</u>	<u>Dues-Alliance for Living</u>		<u>15,600</u>	
				Illinois Municipal Retirement Fund (IMRF)*			<u>Misc Dues, Subs &amp; Licenses</u>		<u>7,060</u>	
				<u>Employee Head Tax</u>		<u>6,048</u>	<u>City of Chicago License</u>		<u>1,442</u>	
				<u>Union Pension Contributions</u>		<u>34,721</u>	<u>IDPH Permit Fee</u>		<u>2,400</u>	
				<u>Employee Benefits-Others</u>		<u>6,688</u>				
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b> (List each licensed administrator separately.)										
							Less: Public Relations Expense	( )		
							Non-allowable advertising	( )		
							Yellow page advertising	( )		
							<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>		<b>\$ <u>30,580</u></b>	
				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>		<b>\$ <u>953,252</u></b>				
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
			\$				\$	Out-of-State Travel	\$	
								In-State Travel		
								Seminar Expense	<u>11,373</u>	
								Entertainment Expense	( )	
								(agree to Sch. V, line 24, col. 8)		
								<b>TOTAL</b>	<b>\$ <u>11,373</u></b>	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b> (Attach a copy of any management service agreement)										
C. Professional Services			Amount	TOTAL			Amount			
Vendor/Payee	Type		\$				\$			
<u>SEE ATTACHED SCHEDULE</u>			<u>109,263</u>							
<b>TOTAL (agree to Schedule V, line 19, column 3)</b> (If total legal fees exceed \$5,000, attach copy of invoices.)			<b>\$ <u>109,263</u></b>				<b>\$</b>			

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Central Plaza Residential Home

# 0017038

Report Period Beginning: 1/1/10

Ending: 12/31/10

**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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Decorating	12/05	\$ 3,167		\$ 1,055	\$	\$	\$	\$	\$	\$	\$
2	Decorating	12/06	4,729		1,576	1,577						
3	Decorating	12/08	1,018			339	339	340				
4	Decorating	12/09	243			81	81	81				
5	Decorating	12/10	1,246				415	415	416			
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>		\$ 10,403		\$ 2,631	\$ 1,916	\$ 420	\$ 836	\$ 496	\$ 416	\$	\$

Facility Name & ID Number Central Plaza Residential Home# 0017038

Report Period Beginning:

1/1/10Ending: 12/31/10**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only 'CNA's
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Alliance for Living \$15,600
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line \_\_\_\_\_
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 142,350  
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. \$ 27,685 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a  
Attach invoices and a summary of services for all architect and appraisal fees.