

Facility Name & ID Number The Imperial Grove Pavilion

0037754 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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	58,071	4,622	24,295	86,988	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	58,071	4,622	24,295	86,988	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.10%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO Non-allowable costs have been eliminated in Schedule V, Column 7.

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 01/31/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/01/98 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 18,751

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: 12/31/2010 Fiscal Year: 12/31/2010

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

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 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
	A. General Services										
1	Dietary	521,693	55,176	42,130	618,999		618,999	5,312	624,311		1
2	Food Purchase		573,053		573,053		573,053	(51,253)	521,800		2
3	Housekeeping	359,783	91,368		451,151		451,151	9,730	460,881		3
4	Laundry	140,171	24,992		165,163		165,163		165,163		4
5	Heat and Other Utilities			419,519	419,519		419,519	7,673	427,192		5
6	Maintenance	125,597	58,741	225,823	410,161		410,161	17,078	427,239		6
7	Other (specify):*										7
8	TOTAL General Services	1,147,244	803,330	687,472	2,638,046		2,638,046	(11,460)	2,626,586		8
	B. Health Care and Programs										
9	Medical Director			61,000	61,000		61,000		61,000		9
10	Nursing and Medical Records	4,663,715	433,053	78,337	5,175,105		5,175,105	32,088	5,207,193		10
10a	Therapy	1,168,590		123,139	1,291,729		1,291,729		1,291,729		10a
11	Activities	295,704	18,014	116	313,834		313,834		313,834		11
12	Social Services	71,238		49,866	121,104		121,104		121,104		12
13	CNA Training										13
14	Program Transportation							17,960	17,960		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	6,199,247	451,067	312,458	6,962,772		6,962,772	50,049	7,012,821		16
	C. General Administration										
17	Administrative	389,958		1,052,254	1,442,212		1,442,212	(1,018,561)	423,651		17
18	Directors Fees										18
19	Professional Services			167,198	167,198		167,198	(1,507)	165,691		19
20	Dues, Fees, Subscriptions & Promotions			105,981	105,981		105,981	(2,735)	103,246		20
21	Clerical & General Office Expenses	501,714	10,640	200,926	713,280		713,280	153,831	867,111		21
22	Employee Benefits & Payroll Taxes			1,312,479	1,312,479		1,312,479	51,164	1,363,643		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,223	7,223		7,223	2,954	10,177		24
25	Other Admin. Staff Transportation			26,562	26,562		26,562	(16,429)	10,133		25
26	Insurance-Prop.Liab.Malpractice			367,360	367,360		367,360	29,484	396,844		26
27	Other (specify):* Home Office Benefit							47,593	47,593		27
28	TOTAL General Administration	891,672	10,640	3,239,983	4,142,295		4,142,295	(754,206)	3,388,089		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,238,163	1,265,037	4,239,913	13,743,113		13,743,113	(715,617)	13,027,496		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 The Imperial Grove Pavilion

#0037754

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			202,800	202,800		202,800	525,118	727,918			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			35,317	35,317		35,317	803,844	839,161			32
33	Real Estate Taxes							571,644	571,644			33
34	Rent-Facility & Grounds			1,767,063	1,767,063		1,767,063	(1,766,711)	352			34
35	Rent-Equipment & Vehicles			34,810	34,810		34,810	7,405	42,215			35
36	Other (specify):*							74,371	74,371			36
37	TOTAL Ownership			2,039,990	2,039,990		2,039,990	215,671	2,255,661			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,054,468	17,010	1,071,478		1,071,478		1,071,478			39
40	Barber and Beauty Shops			134,767	134,767		134,767		134,767			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):* Non-Allowable Cos			575,849	575,849		575,849	(575,849)				43
44	TOTAL Special Cost Centers		1,054,468	863,406	1,917,874		1,917,874	(575,849)	1,342,025			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	8,238,163	2,319,505	7,143,309	17,700,977		17,700,977	(1,075,796)	16,625,181			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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/10

Ending:

12/31/10

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	(8,184)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	28,112	30		9
10	Interest and Other Investment Income	(35,317)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,258)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(540)	43		18
19	Entertainment	(23,698)	43		19
20	Contributions	(45,100)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(270,000)	43		24
25	Fund Raising, Advertising and Promotional	(114,732)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(20,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg 5A	(218,656)	Vari.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (709,374)		\$	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)	(366,422)	Vari.	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (366,422)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,075,796)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Labs - Part A	\$ (40,495)	43	1
2	X-Rays - Part A	(33,842)	43	2
3	Offset Misc. Income Copy Med Records	(179)	10	3
4	Offset Miscellaneous Income - TV	(89)	2	4
5	Offset Miscellaneous Income	(108)	1	5
6	To disallow lobbying expense	(7,423)	20	6
7	Employee Meals Reclass to Employee Benefit	(51,164)	2	7
8	Employee Meals Reclass to Employee Benefit	51,164	22	8
9	Disallow Non-Allowable Legal Expenses	(17,285)	19	9
10	Adjust Real-Estate Tax Bill	(96,676)	21	10
11	Patient Transportation Cost	17,960	14	11
12	Patient Transportation Cost	(17,960)	25	12
13	To Reverse A/P Accrual for Legal	(4,500)	19	13
14	Settlement Received	(18,000)	43	14
15	Un-supported Training Cost	(60)	24	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(218,656)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

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	(108)	0	0	0	5,420	0	0	0	0	0	0	5,312	1
2	Food Purchase	(51,253)	0	0	0	0	0	0	0	0	0	0	(51,253)	2
3	Housekeeping	0	0	0	0	9,730	0	0	0	0	0	0	9,730	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,822	0	4,851	0	0	0	0	0	0	7,673	5
6	Maintenance	0	0	6,877	0	10,201	0	0	0	0	0	0	17,078	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(51,361)	0	9,699	0	30,202	0	0	0	0	0	0	(11,460)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(179)	0	0	32,267	0	0	0	0	0	0	0	32,088	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	17,960	0	0	0	0	0	0	0	0	0	0	17,960	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	17,782	0	0	32,267	0	0	0	0	0	0	0	50,049	16
	C. General Administration													
17	Administrative	0	0	(1,018,561)	0	0	0	0	0	0	0	0	(1,018,561)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,785)	0	10,953	36	9,289	0	0	0	0	0	0	(1,507)	19
20	Fees, Subscriptions & Promotions	(7,423)	0	1,467	36	3,185	0	0	0	0	0	0	(2,735)	20
21	Clerical & General Office Expenses	(96,676)	9,080	174,393	26,532	40,502	0	0	0	0	0	0	153,831	21
22	Employee Benefits & Payroll Taxes	51,164	0	0	0	0	0	0	0	0	0	0	51,164	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(60)	0	1,255	183	1,576	0	0	0	0	0	0	2,954	24
25	Other Admin. Staff Transportation	(17,960)	0	1,278	253	0	0	0	0	0	0	0	(16,429)	25
26	Insurance-Prop.Liab.Malpractice	0	27,685	1,799	0	0	0	0	0	0	0	0	29,484	26
27	Other (specify):*	0	0	39,437	8,156	0	0	0	0	0	0	0	47,593	27
28	TOTAL General Administration	(92,740)	36,765	(787,979)	35,196	54,552	0	0	0	0	0	0	(754,206)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(126,319)	36,765	(778,280)	67,463	84,754	0	0	0	0	0	0	(715,617)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

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	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	28,112	465,772	13,264	189	17,781	0	0	0	0	0	0	525,118	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(35,317)	798,718	3,967	220	36,256	0	0	0	0	0	0	803,844	32
33	Real Estate Taxes	0	554,640	7,734	0	9,270	0	0	0	0	0	0	571,644	33
34	Rent-Facility & Grounds	0	(1,767,063)	352	0	0	0	0	0	0	0	0	(1,766,711)	34
35	Rent-Equipment & Vehicles	0	0	4,792	0	2,613	0	0	0	0	0	0	7,405	35
36	Other (specify):*	0	74,371	0	0	0	0	0	0	0	0	0	74,371	36
37	TOTAL Ownership	(7,205)	126,438	30,109	409	65,920	0	0	0	0	0	0	215,671	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(575,849)	0	0	0	0	0	0	0	0	0	0	(575,849)	43
44	TOTAL Special Cost Centers	(575,849)	0	0	0	0	0	0	0	0	0	0	(575,849)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(709,374)	163,203	(748,171)	67,872	150,674	0	0	0	0	0	0	(1,075,796)	45

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
Robert Hartman	30%	See Attached Schedule 6A		See Attached Schedule 6B		
Barry Carr	10%					
Michael Harris	20%					
Jack Rajchenbach	20%					
Bernard Hollander	20%					

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	21 Office Expense	\$	The Claridge, L.L.C.	100.00%	\$ 9,080	\$ 9,080	1
2	V	30 Depreciation		The Claridge, L.L.C.	100.00%	465,772	465,772	2
3	V	32 Interest		The Claridge, L.L.C.	100.00%	780,465	780,465	3
4	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	18,253	18,253	4
5	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	554,640	554,640	5
6	V	34 Rent	1,767,063	The Claridge, L.L.C.	100.00%		(1,767,063)	6
7	V	36 Insurance		The Claridge, L.L.C.	100.00%	74,371	74,371	7
8	V	26 Insurance		The Claridge, L.L.C.	100.00%	27,685	27,685	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,767,063			\$ 1,930,266	\$ * 163,203	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	<u>5</u> Utilities	\$	NuCare Management Company	70.00%	\$ 2,822	\$ 2,822
16	V	<u>6</u> Repairs and Maintenance		NuCare Management Company	70.00%	6,877	6,877
17	V	<u>17</u> Management Fees	1,052,254	NuCare Management Company	70.00%	17,787	(1,034,467)
18	V	<u>19</u> Professional Fees		NuCare Management Company	70.00%	10,953	10,953
19	V	<u>20</u> Dues, Subscriptions		NuCare Management Company	70.00%	1,467	1,467
20	V	<u>21</u> Office Expense		NuCare Management Company	70.00%	174,393	174,393
21	V	<u>24</u> Education and Seminars		NuCare Management Company	70.00%	1,255	1,255
22	V	<u>25</u> Other Admin Transportation		NuCare Management Company	70.00%	1,278	1,278
23	V	<u>26</u> Insurance		NuCare Management Company	70.00%	1,799	1,799
24	V	<u>27</u> Employee Benefits		NuCare Management Company	70.00%	38,794	38,794
25	V	<u>30</u> Depreciation Expense		NuCare Management Company	70.00%	8,635	8,635
26	V	<u>32</u> Interest & Amortization		NuCare Management Company	70.00%	3,967	3,967
27	V	<u>33</u> Real Estate Taxes		NuCare Management Company	70.00%	7,734	7,734
28	V	<u>34</u> Facility Rent		NuCare Management Company	70.00%	352	352
29	V	<u>35</u> Equipment Rental		NuCare Management Company	70.00%	4,792	4,792
30	V	<u>30</u> Depreciation Expense		NuCare Management Company	70.00%	4,629	4,629
31	V	<u>17</u> Administrative		NuCare Management Company	70.00%	80,000	5,906
32	V	<u>17</u> Administrative		NuCare Management Company	70.00%	40,000	10,000
33	V	<u>27</u> Employee Benefits		NuCare Management Company	70.00%	3,234	239
34	V	<u>27</u> Employee Benefits		NuCare Management Company	70.00%	1,617	404
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,052,254			\$ 412,385	\$ * (748,171)

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/10

Ending: 12/31/10

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 Nursing and Medical Records	\$	Cinical Consulting Services, LLC		\$ 32,267	\$	32,267	15
16	V	19 Professional Fees		Cinical Consulting Services, LLC		36		36	16
17	V	20 Dues, Subscriptions		Cinical Consulting Services, LLC		36		36	17
18	V	21 Office Expense		Cinical Consulting Services, LLC		26,532		26,532	18
19	V	24 Education and Seminars		Cinical Consulting Services, LLC		183		183	19
20	V	25 Other Admin Transportation		Cinical Consulting Services, LLC		253		253	20
21	V	27 Employee Benefits		Cinical Consulting Services, LLC		8,156		8,156	21
22	V	30 Depreciation Expense		Cinical Consulting Services, LLC		157		157	22
23	V	32 Interest & Amortization		Cinical Consulting Services, LLC		220		220	23
24	V	30 Depreciation Expense		Cinical Consulting Services, LLC		32		32	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		\$			\$ 67,872	\$ *	67,872	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	1 Dietary	\$	ITEX-A.K. CARE	70.00%	\$ 5,420	\$	5,420	15
16	V	3 Housekeeping		ITEX-A.K. CARE	70.00%	9,730		9,730	16
17	V	5 Utilities		ITEX-A.K. CARE	70.00%	4,851		4,851	17
18	V	6 Repair and Maintenance		ITEX-A.K. CARE	70.00%	10,201		10,201	18
19	V	19 Professional Services		ITEX-A.K. CARE	70.00%	9,289		9,289	19
20	V	20 Dues and Subscriptions		ITEX-A.K. CARE	70.00%	3,185		3,185	20
21	V	21 Clerical		ITEX-A.K. CARE	70.00%	40,502		40,502	21
22	V	24 Education & Seminar		ITEX-A.K. CARE	70.00%	1,576		1,576	22
23	V	30 Depreciation		ITEX-A.K. CARE	70.00%	17,766		17,766	23
24	V	32 Interest		ITEX-A.K. CARE	70.00%	36,256		36,256	24
25	V	33 Real Estate Taxes		ITEX-A.K. CARE	70.00%	9,270		9,270	25
26	V	35 Equipment Rental		ITEX-A.K. CARE	70.00%	2,613		2,613	26
27	V	30 Depreciation		ITEX-A.K. CARE	70.00%	15		15	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		\$			\$ 150,674	\$ *	150,674	39

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

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

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	Member	Administrative	40.00	124,404	2.96	0.07	Salary	\$ 75,596	17(1)	1
2	Michael Harris	Administrative	Administrative	20.00	36,000	16.17	0.40	MF & Salary	83,420	17(1&7)	2
3	Robert Hartman	Administrative	Administrative	30.00	74,094	1.48	0.04	Salary	5,906	17(7)	3
4	Barry Carr	Administrative	Administrative	10.00	30,000	2.5	0.06	Salary	10,000	17(7)	4
5											5
6					See Schedule 7A for listing						6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 174,922		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 The Imperial Grove Pavilion

0037754

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

Name of Related Organization NuCare Management Company
 Street Address 7257 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

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	5	Utilities	Bed days available	1,226,110	13	\$ 38,227	\$ 90,520	\$ 2,822	1
2	6	Repairs and Maintenance	Bed days available	1,226,110	13	93,156	90,520	6,877	2
3	17	Management Fees	Bed days available	1,226,110	13	240,928	240,928	17,787	3
4	19	Professional Fees	Bed days available	1,226,110	13	148,362	90,520	10,953	4
5	20	Dues, Subscriptions	Bed days available	1,226,110	13	19,864	90,520	1,467	5
6	21	Office Expense	Bed days available	1,226,110	13	2,362,190	2,024,369	174,393	6
7	24	Education and Seminars	Bed days available	1,226,110	13	16,998	90,520	1,255	7
8	25	Other Admin Transportation	Bed days available	1,226,110	13	17,306	90,520	1,278	8
9	26	Insurance	Bed days available	1,226,110	13	24,362	90,520	1,799	9
10	27	Employee Benefits	Bed days available	1,226,110	13	525,475	90,520	38,794	10
11	30	Depreciation Expense	Bed days available	1,226,110	13	116,967	90,520	8,635	11
12	32	Interest & Amortization	Bed days available	1,226,110	13	53,729	90,520	3,967	12
13	33	Real Estate Taxes	Bed days available	1,226,110	13	104,761	90,520	7,734	13
14	34	Facility Rent	Bed days available	1,226,110	13	4,765	90,520	352	14
15	35	Equipment Rental	Bed days available	1,226,110	13	64,914	90,520	4,792	15
16	30	Depreciation Expense	Direct allocation			4,629		4,629	16
17	17	Administrative	Hours		13	80,000	80,000	5,906	17
18	17	Administrative	Hours		3	40,000	40,000	10,000	18
19	27	Employee Benefits	Hours		13	3,234		239	19
20	27	Employee Benefits	Hours		3	1,617		404	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 3,961,484	\$ 2,385,297	\$ 304,083	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 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	Nursing and Medical Records	Bed days available	1,226,110	13	\$ 437,066	\$ 437,066	90,520	\$ 32,267	1
2	19	Professional Fees	Bed days available	1,226,110	13	484		90,520	36	2
3	20	Dues, Subscriptions	Bed days available	1,226,110	13	488		90,520	36	3
4	21	Office Expense	Bed days available	1,226,110	13	359,377	319,300	90,520	26,532	4
5	24	Education and Seminars	Bed days available	1,226,110	13	2,480		90,520	183	5
6	25	Other Admin Transportation	Bed days available	1,226,110	13	3,430		90,520	253	6
7	27	Employee Benefits	Bed days available	1,226,110	13	110,468		90,520	8,156	7
8	30	Depreciation Expense	Bed days available	1,226,110	13	2,132		90,520	157	8
9	32	Interest & Amortization	Bed days available	1,226,110	13	2,985		90,520	220	9
10	30	Depreciation Expense	Direct allocation			32			32	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					\$ 918,942	\$ 756,366		\$ 67,872	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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 ITEX - A.K. CARE
 Street Address 6633 North Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60645
 Phone Number (847) 676-2122
 Fax Number (847) 679-4606

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	Dietary	Bed days available	358,430	4	\$ 21,460	\$ 90,520	\$ 5,420	1
2	3	Housekeeping	Bed days available	358,430	4	38,527	90,520	9,730	2
3	5	Utilities	Bed days available	358,430	4	19,208	90,520	4,851	3
4	6	Repair and Maintenance	Bed days available	358,430	4	40,392	90,520	10,201	4
5	19	Professional Services	Bed days available	358,430	4	36,782	90,520	9,289	5
6	20	Dues and Subscriptions	Bed days available	358,430	4	12,612	90,520	3,185	6
7	21	Clerical	Bed days available	358,430	4	160,377	90,520	40,502	7
8	26	Insurance	Bed days available	358,430	4	6,239	90,520	1,576	8
9	30	Depreciation	Bed days available	358,430	4	70,348	90,520	17,766	9
10	32	Interest	Bed days available	358,430	4	143,562	90,520	36,256	10
11	33	Real Estate Taxes	Bed days available	358,430	4	36,706	90,520	9,270	11
12	35	Equipment Rental	Bed days available	358,430	4	10,346	90,520	2,613	12
13	30	Depreciation	Direct Allocation			15		15	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					\$ 596,574	\$	\$ 150,674	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Imperial Grove Pavilion

0037754

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			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 14,031,415	3/31/38	0.0525	\$ 780,465	1							
2	Judy Harris Trust		X	Purchase of van	\$746.00	10/1/03	62,697		8/30/10	0.0675	185	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/10	0.0800		6							
7	Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	1,685,269	11/30/10	0.0825	35,132	7							
8												8							
9	TOTAL Facility Related				\$746.00		\$ 24,165,797	\$ 16,266,684			\$ 815,782	9							
B. Non-Facility Related*																			
10											Amortization of loan costs	18,253	10						
11											Allocation from management co.	40,443	11						
12											Interest income offset	(35,317)	12						
13													13						
14	TOTAL Non-Facility Related						\$	\$			\$ 23,379	14							
15	TOTALS (line 9+line14)						\$ 24,165,797	\$ 16,266,684			\$ 839,161	15							

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2009 report.				\$	327,954	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2009			\$	477,693	2
3. Under or (over) accrual (line 2 minus line 1).				\$	149,739	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	501,577	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			Adjust taxes paid to 67%		(96,676)	
			Allocation from mgmt co.		17,004	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	571,644	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2005	460,655	8	FOR BHF USE ONLY 13 FROM R. E. TAX STATEMENT FOR 2009 \$ 13 14 PLUS APPEAL COST FROM LINE 5 \$ 14 15 LESS REFUND FROM LINE 6 \$ 15 16 AMOUNT TO USE FOR RATE CALCULATION \$ 16		
	2006	404,712	9			
	2007	400,391	10			
	2008	404,409	11			
	2009	477,693	12			
2009 Real Estate Tax Accrual Based on Prior Year	* 2009 Real Estate Tax Bill		568,682			
		Imperial portion for F/S	477,693 84%			
		Imperial portion for cost report	381,017 67%			
			(96,676)			

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (847) 933-2600 FAX #: (847) 933-2601

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>568,681.53</u>	\$ <u>381,016.94</u>
2.	<u>10-35-312-022-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>41,334.65</u>	\$ <u>9,270.00</u>
3.	<u>10-27-319-028-0000</u>	<u>Nursing Home-Mgmt. Co. Alloc</u>	\$ <u>81,288.74</u>	\$ <u>7,734.00</u>
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>691,304.92</u></u>	\$ <u><u>398,020.94</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 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 The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete Number of Stories 6

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).

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A
 (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>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from Management Company</u>			<u>11,222</u>	<u>2</u>
3	TOTALS			\$ 51,222	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,335	\$	40	\$ 360,933	\$ 360,933	\$ 4,421,429	4
5										5
6	Allocated from Related Parties:									6
7	ITEX	1992		405,097		35	11,574	11,574	203,512	7
8	NuCare	2004		100,996		35	2,886	2,886	20,560	8
	Improvement Type**									
9	Leasehold Improvements	1992		60,378		20	3,019	3,019	56,052	9
10	Leasehold Improvements	1993		59,308		20	2,965	2,965	51,889	10
11	Leasehold Improvements	1994		10,638		20	532	532	8,778	11
12	Leasehold Improvements	1995		43,191		20	2,160	2,160	33,479	12
13	Furnace	1996		1,843		20	92	92	1,334	13
14	Door Locks	1996		2,357		20	118	118	1,711	14
15	Windows	1996		8,365		20	418	418	6,062	15
16	Electrical Wiring	1996		4,880		20	244	244	3,538	16
17	Fence	1996		1,067		20	53	53	770	17
18	Gutters	1996		1,574		20	79	79	1,144	18
19	Brick Wall	1996		2,560		20	128	128	1,856	19
20	Ceiling Lights	1996		5,501		20	275	275	3,978	20
21	Nurse Station	1996		2,500		20	125	125	1,802	21
22	Countertops	1996		2,610		20	131	131	1,897	22
23	Convection Oven	1996		7,515		20	376	376	5,450	23
24	Boiler	1996		2,927		20	146	146	2,118	24
25	Fence	1997		1,050		20			1,050	25
26	Electrical Improvements	1997		1,671		20	84	84	1,133	26
27	Nurse Call Station	1997		3,501		20	175	175	2,363	27
28	Public Address System	1997		1,360		20	68	68	918	28
29	Brick Wall	1997		5,110		20	256	256	3,455	29
30	Floor Tile	1997		21,705		20	1,085	1,085	14,649	30
31	Fire Doors	1997		4,096		20	205	205	2,766	31
32	Carpeting	1997		3,243		20	162	162	2,187	32
33	Inspection Improvements	1997		9,884		20	494	494	6,670	33
34	Door Restrictors	1997		8,475		20	424	424	5,723	34
35	Fire Alarm	1997		2,082		20	104	104	1,395	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 The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/10

Ending:

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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	
37	Sheet Metal	1998	\$ 11,981	\$	20	\$ 599	\$ 599	\$ 7,488	37
38	Lighting	1998	7,156		20	358	358	4,475	38
39	Screens	1998	2,704		20	135	135	1,688	39
40	Piping	1998	4,145		20	207	207	2,588	40
41	Fire Alarms & Fire Proofing	1998	12,534		20	627	627	7,837	41
42	Tile	1998	967		20	49	49	612	42
43	Driveway	1998	7,342		20	367	367	4,588	43
44	Tuckpointing	1998	39,242		20	1,962	1,962	24,524	44
45	Ground Fuel Tank	1999	17,985		20	899	899	10,339	45
46	Carpet	1999	28,114		20	1,406	1,406	16,169	46
47	Wallcovering	1999	36,585		20	1,830	1,830	21,044	47
48	Floor in Dining Room	1999	9,850		20	493	493	5,669	48
49	Signs	1999	1,765		20	88	88	1,012	49
50	Electrical Work	1999	20,508		20	1,025	1,025	11,788	50
51	Brick & Masonry Work	1999	12,345		20	617	617	7,095	51
52	Gas Line Improvements	1999	1,633		20	82	82	943	52
53	Alarm System	1999	1,388		20	69	69	794	53
54	Wallcovering	2000	21,554		20	1,078	1,078	11,319	54
55	Flooring	2000	13,293		20	664	664	6,972	55
56	Carpet	2000	8,284		20	414	414	4,347	56
57	Over Bed Lights	2000	4,593		20	230	230	2,415	57
58	Compactor	2000	6,800		20	340	340	3,570	58
59	Paging System	2000	9,909		20	496	496	5,208	59
60	CCTV System	2000	5,456		20	272	272	2,856	60
61	Wander Guard System	2000	18,540		20	928	928	9,744	61
62	Handrails, Kickplates, Wallbases	2000	6,038		20	302	302	3,171	62
63	Fuel Tank Project	2000	1,444		20	72	72	756	63
64	FirstQ System	2000	1,378		20	68	68	714	64
65	Chain Link Fence	2000	745		20	38	38	399	65
66	Alarm System	2000	5,051		20	252	252	2,646	66
67	Service P.A. System	2000	1,924		20	96	96	1,008	67
68	Remodel 13 Bedrooms	2000	18,112		20	906	906	9,513	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,562,184	\$		\$ 406,279	\$ 406,279	\$ 5,062,958	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

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Report Period Beginning:

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Ending:

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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	Totals from Page 12A, Carried Forward		\$ 15,562,184	\$		\$ 406,279	\$ 406,279	\$ 5,062,958	1
2	Repair Elevator	2000	990		20	50	50	525	2
3	Remodel Smoking Room	2000	23,565		20	1,178	1,178	12,369	3
4	Remodel Old Smoking Room to Library	2000	4,690		20	234	234	2,457	4
5	Remodel 1st Floor	2000	10,540		20	528	528	5,544	5
6	Remodel 6th Floor Dining Room	2000	4,970		20	248	248	2,604	6
7	Remodel 3rd Floor Dining Room	2000	959		20	48	48	504	7
8	Call Station	2000	4,475		20	224	224	2,352	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830		20	192	192	1,824	10
11	Masonry repair	2001	15,227		20	762	762	7,269	11
12	Stainless steel toilet bars	2001	1,645		20	80	80	760	12
13	Masonry repair	2001	3,700		20	186	186	1,767	13
14	New tile	2001	3,633		20	182	182	1,730	14
15	Tile coating	2001	4,540		20	228	228	2,166	15
16	New Wanderguard system	2001	4,407		20	220	220	1,651	16
17	New relay rack	2001	3,788		20	189	189	1,341	17
18	CCTV	2002	1,146		20	57	57	485	18
19	CCTV	2002	1,440		20	72	72	612	19
20	Masonry repair	2002	10,000		20	500	500	4,250	20
21	Roof repair	2002	3,350		20	168	168	2,187	21
22	Masonry repair	2002	15,760		20	788	788	6,698	22
23	Masonry repair	2002	4,275		20	214	214	1,819	23
24	Locking system	2002	1,843		20	92	92	782	24
25	Pallet warmer	2002	3,272		20	164	164	1,394	25
26	Cooler/freezer doors	2003	3,391		20	170	170	1,275	26
27	Doors	2003	13,650		20	683	683	5,123	27
28	Fence	2003	1,259		20	63	63	472	28
29	Stem repair, heater gasket	2003	1,667		20	84	84	630	29
30	Nubrite coil	2003	572		20	29	29	217	30
31	High voltage, valve	2003	1,432		20	72	72	540	31
32	Gravel removal	2003	4,750		20	238	238	1,785	32
33	Switches, exit glass, thermometer	2003	10,945		20	548	548	4,109	33
34	TOTAL (lines 1 thru 33)		\$ 15,734,680	\$		\$ 414,770	\$ 414,770	\$ 5,140,199	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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Ending:

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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	Totals from Page 12B, Carried Forward		\$ 15,734,680	\$		\$ 414,770	\$ 414,770	\$ 5,140,199	1
2	Riser cleaning, pipe fitting	2003	1,311		20	66	66	495	2
3	Locks	2003	5,123		20	258	258	1,935	3
4	Cable	2003	2,300		20	114	114	855	4
5	Downspout	2003	950		20	48	48	360	5
6	Carpet	2003	780		20	40	40	300	6
7	Handrails	2003	1,595		20	80	80	600	7
8	Washer	2003	1,352		20	68	68	510	8
9	Outdoor card reader	2003	1,124		20	56	56	420	9
10	Transport	2003	1,271		20	64	64	480	10
11	Security system	2003	25,405		20	1,270	1,270	9,525	11
12	Alarm system	2003	7,587		20	378	378	2,835	12
13	Tile	2003	10,408		20	520	520	3,900	13
14	Nurse call system	2003	2,583		20	130	130	975	14
15	Carpet	2004	853		20	42	42	273	15
16	Wanderguard system	2004	5,834		20	292	292	1,898	16
17	Kitchen repairs	2004	3,513		20	176	176	1,144	17
18	Keys and locks	2004	1,001		20	100	100	650	18
19	Tile	2004	2,837		20	142	142	923	19
20	Wiring	2004	3,679		20	184	184	1,196	20
21	Electrical line	2004	600		20	30	30	195	21
22	Elevator repair	2004	4,800		20	240	240	1,560	22
23	Dryer repair	2004	730		20	36	36	234	23
24	Wiring	2004	5,900		20	296	296	1,924	24
25	CCTV system	2004	8,480		20	424	424	2,756	25
26	Pump monitoring relay	2004	830		20	42	42	273	26
27	30 amp line	2004	2,805		20	140	140	910	27
28	Lexan face panels	2004	2,492		20	124	124	806	28
29	Security system	2004	854		20	42	42	273	29
30	Wireless call system	2004	1,925		20	96	96	624	30
31	Roofing	2004	1,660		20	84	84	546	31
32	Data cable	2004	614		20	30	30	195	32
33	Safety switches	2004	1,850		20	92	92	598	33
34	TOTAL (lines 1 thru 33)		\$ 15,847,726	\$		\$ 420,474	\$ 420,474	\$ 5,180,367	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

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Ending:

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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	Totals from Page 12C, Carried Forward		\$ 15,847,726	\$		\$ 420,474	\$ 420,474	\$ 5,180,367	1
2	Safety locks	2004	7,596		20	380	380	2,470	2
3	Locks	2004	1,566		20	78	78	507	3
4	Activity room phones	2004	5,571		20	278	278	1,807	4
5	Roof flashing	2004	2,500		20	126	126	819	5
6	Brick firewall	2004	16,000		20	800	800	5,200	6
7	Exit door alarm system	2004	4,116		20	206	206	1,339	7
8	Roofing	2004	1,500		20	76	76	494	8
9	Wallpaper	2004	24,748		20	1,238	1,238	8,047	9
10	Bathroom renovation	2004	2,070		20	104	104	676	10
11	Carpet	2004	589		20	30	30	195	11
12	Video recorder and wiring	2004	5,378		20	268	268	1,742	12
13	Electrical smoke door closer	2004	4,145		20	208	208	1,352	13
14	Wanderguard system	2004	2,819		20	140	140	910	14
15	Interior design	2004	2,927		20	146	146	949	15
16	Generator	2005	4,108		20	205	205	1,128	16
17	Security camera	2005	1,230		20	62	62	341	17
18	Wallcoverings	2005	6,976		20	349	349	1,919	18
19	Carpet	2005	23,239		20	1,162	1,162	6,391	19
20	Telephone system	2005	2,465		20	123	123	677	20
21	Hand held transmitters	2005	4,130		20	207	207	1,138	21
22	Digital keypad	2005	1,498		20	75	75	412	22
23	Armstrong Tiles	2005	1,047		20	52	52	286	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	12,898	24
25	Rubber cove base	2005	857		20	43	43	236	25
26	Canopies	2005	5,868		20	293	293	1,612	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	9,570	27
28	Lamps	2005	1,535		20	77	77	423	28
29	Interior design services	2005	8,164		20	408	408	2,244	29
30	Elevator	2005	54,840		20	2,741	2,741	15,077	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	8,052	31
32	Art work	2005	27,208		20	1,360	1,360	7,480	32
33	Signs	2005	1,071		20	54	54	297	33
34	TOTAL (lines 1 thru 33)		\$ 16,184,469	\$		\$ 437,312	\$ 437,312	\$ 5,277,055	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

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Report Period Beginning:

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Ending:

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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	Totals from Page 12D, Carried Forward		\$ 16,184,469	\$		\$ 437,312	\$ 437,312	\$ 5,277,055	1
2	Handrails	2005	3,344		20	167	167	919	2
3	Paint	2005	773		20	39	39	214	3
4	Carpeting	2005	66,986		20	3,349	3,349	18,420	4
5	Vent gas pipe	2005	1,370		20	69	69	379	5
6	Landscaping	2005	16,026		20	801	801	4,406	6
7	Roof	2005	64,300		20	3,215	3,215	17,683	7
8	Corner guards	2005	1,279		20	64	64	352	8
9	Flooring	2006	15,305		20	765	765	3,444	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246		20	312	312	1,405	10
11	Wallpaper	2006	12,584		20	629	629	2,832	11
12	Door Alarms	2006	4,272		20	214	214	961	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584		20	679	679	3,057	13
14	Lobby Signage	2006	5,348		20	267	267	1,204	14
15	Door Controller	2006	2,691		20	135	135	605	15
16	Sprinkler System	2006	4,942		20	247	247	1,112	16
17	Cabinets	2006	26,199		20	1,310	1,310	5,895	17
18	Dining Room Column	2006	3,800		20	190	190	855	18
19	Window Treatments	2006	112,936		20	5,647	5,647	25,410	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	6,285	20
21	Handrails	2006	7,848		20	392	392	1,766	21
22	Carpeting	2006	50,970		20	2,549	2,549	11,468	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	7,234	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	11,970	24
25	Condensor	2006	73,494		20	3,675	3,675	16,536	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	1,232	26
27	Tuckpointing	2006	5,900		20	295	295	1,328	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	11,858	28
29	Dining Room Remodel	2006	15,925		20	796	796	3,583	29
30	Awnings	2006	4,000		20	200	200	900	30
31	Cabinetry	2006	1,975		20	99	99	444	31
32	Smoke Detectors	2006	2,447		20	122	122	550	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,880,474	\$		\$ 472,112	\$ 472,112	\$ 5,441,363	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/10

Ending:

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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	Totals from Page 12E, Carried Forward		\$ 16,880,474	\$		\$ 472,112	\$ 472,112	\$ 5,441,363	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140		20	457	457	1,600	2
3	4th Floor Painting & Lighting	2007	3,559		20	178	178	623	3
4	Tile Flooring Replaced	2007	3,846		20	192	192	673	4
5	Telephone System	2007	64,130		20	3,207	3,207	11,223	5
6	Flooring Repair	2007	11,554		20	578	578	2,022	6
7	Hot Water Piping	2007	11,343		20	567	567	1,985	7
8	Built-In Cabinets	2007	11,000		20	550	550	1,925	8
9	Ceiling Tiles	2007	4,050		20	203	203	709	9
10	Drapery Track System	2007	10,753		20	538	538	1,882	10
11	Pull Chain Outlets	2007	8,395		20	420	420	1,469	11
12	Removal of Cables & Moldings	2007	6,000		20	300	300	1,050	12
13	16 Channel Digital Video Processor	2007	3,365		20	168	168	589	13
14	Fireproofing 6th Floor	2007	5,197		20	260	260	909	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041		20	402	402	1,407	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338		20	417	417	1,459	16
17	Wallpapering	2007	3,600		20	180	180	630	17
18	Brick Wall	2007	21,888		20	1,094	1,094	3,830	18
19	Air-condition System	2007	5,633		20	282	282	986	19
20	Remove & Replace Closet Carriers	2007	4,000		20	200	200	700	20
21	Limestone Wall Repair	2007	23,000		20	1,150	1,150	4,025	21
22	4th Floor Hallway & Dinning Room Floors	2007	42,400		20	2,120	2,120	7,420	22
23	Drain Pipe & Water Lines installed	2007	4,120		20	206	206	721	23
24	4th Floor Nursing Station Cabinets	2007	11,000		20	550	550	1,925	24
25	Boiler Repairs	2007	3,990		20	200	200	698	25
26	4th & 6th Capering	2007	5,612		20	281	281	982	26
27	Paint Elevators	2007	3,071		20	154	154	537	27
28	Wood Moldings for 20 rooms	2007	2,680		20	134	134	469	28
29	Security System Installed	2007	21,708		20	1,085	1,085	3,799	29
30	Repair Groen Skillet in Kitchen	2007	3,113		20	156	156	545	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,204,999	\$		\$ 488,339	\$ 488,339	\$ 5,498,154	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

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Report Period Beginning:

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Ending:

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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	Totals from Page 12F, Carried Forward		\$ 17,204,999	\$		\$ 488,339	\$ 488,339	\$ 5,498,154	1
2	Cabinets & Tiles	2008	6,045		20	302	302	756	2
3	Windows	2008	110,553		20	5,528	5,528	13,819	3
4	Painting Cellings	2008	9,564		20	478	478	1,196	4
5	Plubming Values	2008	7,985		20	399	399	998	5
6	Doors	2008	2,719		20	136	136	340	6
7	Front Desk & Nursing Stations	2008	15,920		20	796	796	1,990	7
8	Wall Paper	2008	2,890		20	145	145	361	8
9	Counter Tops	2009	18,438		20	922	922	1,383	9
10	Blind & Shade	2009	19,905		20	995	995	1,493	10
11	Door Locks & Closers	2009	14,166		20	708	708	1,062	11
12	Roof Replacement	2009	18,000		20	900	900	1,350	12
13	Bulletin Wall Cabinets	2009	22,919		20	1,146	1,146	1,719	13
14	Window & Exterier Wall Repairs	2009	78,400		20	3,920	3,920	5,880	14
15	Replace Waste Water Line	2009	9,850		20	493	493	739	15
16	Elevator Repairs	2009	14,120		20	706	706	1,059	16
17	AC Repairs	2009	9,526		20	476	476	714	17
18	Counter Tops Nurse Station	2010	3,000		20	75	75	75	18
19	Nurse Call Box & System	2010	71,909		20	1,798	1,798	1,798	19
20	2nd Floor Replace Floor & Wall Tile and Carpet	2010	18,501		20	463	463	463	20
21	Cooling Tower Replace Valves & Gaskets	2010	3,657		20	91	91	91	21
22	Power Connect & Wireless Cabling	2010	5,796		20	145	145	145	22
23	Sprinklers Run to Elevator Shafts	2010	7,765		20	194	194	194	23
24	Wallpaper & Paint 15 Rooms	2010	17,885		20	447	447	447	24
25	Hallway Carpeting, Painting, and Floor Repairs	2010	31,665		20	792	792	792	25
26	Dinning Rooms Wallpapering & Painting	2010	2,545		20	64	64	64	26
27	4th Floor Hallways Flooring & Painting	2010	7,100		20	178	178	178	27
28	Overhaul 3 Washers	2010	4,823		20	121	121	121	28
29									29
30									30
31									31
32	Depreciation Per GL	2010		668,572			(668,572)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,740,645	\$ 668,572		\$ 510,755	\$ (157,817)	\$ 5,537,379	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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	Totals from Page 12G, Carried Forward		\$ 17,740,645	\$ 668,572		\$ 510,755	\$ (157,817)	\$ 5,537,379	1
2	Allocated from NuCare:								2
3	Security & Fire Alarm System	2004	2,007			100	100	652	3
4	Sprinkler System	2005	9,207			594	594	3,156	4
5	Renovation - Alarm System	2003	865			43	43	308	5
6	Renovation and Buildout	2004	17,556			879	879	5,897	6
7	Data Cables, Lights, Heat Exchanger	2005	1,041			52	52	305	7
8	Renovation - Cooling Unit	2006	1,411			71	71	308	8
9	Asphalt and Carpet	2008	1,488			74	74	168	9
10	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers,	2009	75,390			3,770	3,770	4,714	10
11	Alarm Systems, Kitchen Remodel, Wallcoverings, etc..)								11
12	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repa	2010	3,681			93	93	93	12
13	Allocated from ITEX:								13
14	Building Improvements - 1993	1993	50,973			2,548	2,548	45,128	14
15	Building Improvements - 1994	1994	27,379			1,369	1,369	22,287	15
16	Building Improvements - 1995	1995	4,666			233	233	3,545	16
17	Drapes and Carpeting	1996	264			13	13	199	17
18	Buildout of Offices	1997	7,871			394	394	5,313	18
19	Steel Doors and Fiberglass Covers	1999	874			44	44	524	19
20	Phone System and Heat Exchanger	2005	3,827			(1,603)	(1,603)	1,029	20
21	Concrete Steps, Sprinklers, & Generator	2007	4,738			(343)	(343)	772	21
22	Roof Top Air Conditioner & Roof	2008	16,059			597	597	1,541	22
23	Concrete steps	2009	984			99	99	148	23
24	Security System and Cameras and Valve Switches	2010	2,142			39	39	39	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)		\$ 17,973,068	\$ 668,572		\$ 519,821	\$ (148,751)	\$ 5,633,505	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/10

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	\$ 2,795,670	\$	\$ 189,772	\$ 189,772	10	\$ 2,499,168	71
72	Current Year Purchases	212,361		10,618	10,618	10	10,618	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co. & Related Parties	265,359		7,653	7,653	3-10	217,305	74
75	TOTALS	\$ 3,273,390	\$	\$ 208,043	\$ 208,043		\$ 2,727,091	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	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$	\$		\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	Patient Care	2003 Ford Van	2003	49,856					49,856	78
79	Allocated from Mgmt. Co. & Related Parties			654		54	54		54	79
80	TOTALS			\$ 101,709	\$	\$ 54	\$ 54		\$ 101,109	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 21,399,389	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 668,572	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 727,918	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 59,346	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,461,706	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		Allocation from management co. & Real Estate, LLC			352			6
7	TOTAL				\$ 352			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 N/A N/A

9. Option to Buy: YES NO Terms: N/A *

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: \$ 42,215 Description: Copier 16021, Therapy Equip. 17342, Storage 1447, Management Alloc. 7405

(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			N/A		18
19					19
20					20
21	TOTAL		\$	\$	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>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L10A, C3	hrs	\$	255	18,353	\$	255	\$ 18,353	1
2	Licensed Speech and Language Development Therapist	L10A, C3	hrs		86	6,207		86	6,207	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10A, C3	hrs		282	20,327		282	20,327	4
5	Physician Care	L39, C3	visits		208	15,000		208	15,000	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				1,033,333		1,033,333	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 Schedule 16A</u>				1,061	78,368	21,135	1,061	99,503	13
14	TOTAL			\$	1,892	\$ 138,255	\$ 1,054,468	1,892	\$ 1,192,723	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

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2010 to 12/31/2010

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

<u>Service</u>	<u>Line Reference</u>	<u>Outside Practioner Units</u>	<u>Cost</u>	<u>Supplies</u>
Ambulance	L39, C3		2,010	
Respiratory Therapy	L10, C3	1,061	76,358	
Air Flotation Mattresses	L39, C2			15,644
Oxygen	L39, C2			5,491
Total		<u>1,061</u>	<u>78,368</u>	<u>21,135</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 3,465,977	\$ 4,098,895	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>1,257,018</u>)	2,743,499	3,247,499	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	121,049	211,003	6
7	Other Prepaid Expenses	519,727	519,727	7
8	Accounts Receivable (owners or related parties)	1,263,313	1,663,578	8
9	Other(specify): <u>See Schedule 17A</u>	6,338,646	6,338,646	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 14,452,211	\$ 16,079,348	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		51,222	13
14	Buildings, at Historical Cost		14,943,429	14
15	Leasehold Improvements, at Historical Cost	1,649,739	3,029,639	15
16	Equipment, at Historical Cost	2,533,081	3,375,099	16
17	Accumulated Depreciation (book methods)	(2,393,116)	(8,461,706)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		694,311	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Cost</u>		498,465	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,789,704	\$ 14,130,459	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,241,915	\$ 30,209,807	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 558,842	\$ 558,842	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	554,676	554,676	30
31	Accrued Taxes Payable (excluding real estate taxes)	15,258	15,258	31
32	Accrued Real Estate Taxes(Sch.IX-B)		501,577	32
33	Accrued Interest Payable		64,603	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Schedule 17A</u>	8,195,572	8,930,529	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,324,348	\$ 10,625,485	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,235,269	16,266,684	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,235,269	\$ 16,266,684	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,559,617	\$ 26,892,169	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,682,298	\$ 3,317,638	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,241,915	\$ 30,209,807	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2010 to

12/31/2010

Schedule 17A

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

		After
<u>Line 9 - Other Current Assets (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Employee Advances	81,412	81,412
Insurance Claims Exchange	19,741	19,741
Accrued Management Fees	770,047	770,047
Due from Related Parties	5,467,446	5,467,446
Total Line 9 - Other Current Assets (specify):	<u>6,338,646</u>	<u>6,338,646</u>

C. Current Liabilities

		After
<u>Line 36 - Other Current Liabilities (specify):</u>	<u>Operating</u>	<u>Consolidation</u>
Deposits	-	-
Accrued Expenses	316,269	316,269
Accrued City	2,808	2,808
Accrued Utilities	(8,473)	(8,473)
Due to Employees-Old P/R Checks	15,682	15,682
Due Ivy Apt at Imperial-Bank	7,412,933	7,412,933
Due Related Parties	56,088	791,045
Due Imperial Building Partnership	400,265	400,265
Total Line 36 - Other Current Liabilities (specify):	<u>8,195,572</u>	<u>8,930,529</u>

See Accountants' Compilation Report

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,019,085	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,019,085	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,163,210	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(1,500,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 663,210	17
	B. Transfers (Itemize):		
18	Rounding	3	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 3	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,682,298	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754Report Period Beginning: 01/01/10Ending: 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,758,176	1
2	Discounts and Allowances for all Levels	(1,838,337)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,919,839	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,513,181	6
7	Oxygen	8,279	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,521,460	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,998,792	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	176,033	19
20	Radiology and X-Ray	64,000	20
21	Other Medical Services	91,853	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,330,678	23
D. Non-Operating Revenue			
24	Contributions	2	24
25	Interest and Other Investment Income***	91,763	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 91,765	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	445	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 445	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,864,187	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,638,046	31
32	Health Care	6,962,772	32
33	General Administration	4,142,295	33
B. Capital Expense			
34	Ownership	2,039,990	34
C. Ancillary Expense			
35	Special Cost Centers	1,782,094	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,700,977	40
41	Income before Income Taxes (line 30 minus line 40)**	2,163,210	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,163,210	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
Entity files on the cash basis.

*** 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 **The Imperial Grove Pavilion**

0037754

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	2,679	3,114	\$ 248,634	\$ 79.84	1
2	Assistant Director of Nursing	1,443	1,806	69,902	38.71	2
3	Registered Nurses	48,868	53,875	1,658,144	30.78	3
4	Licensed Practical Nurses	28,968	32,902	788,995	23.98	4
5	CNAs & Orderlies	131,026	143,599	1,448,741	10.09	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	29,418	31,703	1,168,590	36.86	8
9	Activity Director	2,239	2,794	63,805	22.83	9
10	Activity Assistants	24,054	26,313	231,899	8.81	10
11	Social Service Workers	2,825	2,970	71,238	23.99	11
12	Dietician	1,687	2,086	72,725	34.87	12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	14,532	15,750	179,783	11.42	14
15	Cook Helpers/Assistants	25,078	28,236	269,185	9.53	15
16	Dishwashers	0	0			16
17	Maintenance Workers	8,272	8,661	125,597	14.50	17
18	Housekeepers	31,256	34,182	359,783	10.53	18
19	Laundry	13,865	15,181	140,171	9.23	19
20	Administrator	6,991	7,177	389,958	54.33	20
21	Assistant Administrator	0	0			21
22	Other Administrative	0	0			22
23	Office Manager	0	0			23
24	Clerical	25,649	28,010	501,714	17.91	24
25	Vocational Instruction	0	0			25
26	Academic Instruction	0	0			26
27	Medical Director	0	0			27
28	Qualified MR Prof. (QMRP)	0	0			28
29	Resident Services Coordinator	7,730	8,340	318,210	38.16	29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	2,761	2,907	131,089	45.09	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	409,342	449,605	\$ 8,238,163 *	\$ 18.32	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	1,001	42,130	1(3)	35
36	Medical Director	Monthly	61,000	9(3)	36
37	Medical Records Consultant	43	2,136	10(3)	37
38	Nurse Consultant	3,499	23,987	10(3)	38
39	Pharmacist Consultant	Monthly	13,617	10(3)	39
40	Physical Therapy Consultant	Monthly	1,894	10A(3)	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	10	598	12(3)	45
46	Other(specify)				46
47	Medical Consultant	Monthly	116	10(3)	47
48					48
49	TOTAL (lines 35 - 48)	4,553	\$ 145,478		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,103	38,597	10(3)	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,103	\$ 38,597		53

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

Provider #: 0037754

1/1/2010 to 12/31/2010

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Total (agree to Schedule V, line 19, column 3)		<u>167,198</u>
Disallowed legal fees:		
To Reverse A/P Accrual for Legal		(4,500)
Non-Allowable Legal		<u>(17,285)</u>
		<u>(21,785)</u>
Professional fees allocated from NuCare:		
Legal		5,855
Accounting		1,338
Consulting		<u>3,760</u>
		<u>10,953</u>
Professional fees allocated from Clinical Consulting Services, LLC		
Professional Fees Net		36
Legal		-
Accounting		<u>-</u>
		<u>36</u>
Professional fees allocated from ITEX		
Data Processing		8,205
Legal		1,084
Accounting		<u>-</u>
		<u>9,289</u>
Total (agree to Schedule V, line 19, column 8)		<u><u>165,691</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/10

Ending:

12/31/10**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. Illinois Council on Long-Term Care \$20,992
- (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. \$ 27,670 Line 10, 2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 135,780
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. \$ 51,164 Has any meal income been offset against related costs? No 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. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained? Adequate records have been maintained.
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT