



Facility Name & ID Number Bronzeville Park Nursing & Living Center

# 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	302	Skilled (SNF)	302	110,230	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	302	TOTALS	302	110,230	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF			12,427	12,427	8
9	SNF/PED					9
10	ICF	71,710	4,942	5,418	82,070	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	71,710	4,942	17,845	94,497	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.73%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 302 and days of care provided 11,457

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: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

**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	364,429	98,851	45,328	508,608		508,608		508,608		1
2	Food Purchase		532,646		532,646		532,646	(279)	532,367		2
3	Housekeeping		10,323	334,812	345,135		345,135		345,135		3
4	Laundry	5,468	82,166	212,045	299,679		299,679		299,679		4
5	Heat and Other Utilities			301,654	301,654		301,654	(7,094)	294,560		5
6	Maintenance	108,513	124,298	258,109	490,920		490,920	12,396	503,316		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>478,410</b>	<b>848,284</b>	<b>1,151,948</b>	<b>2,478,642</b>		<b>2,478,642</b>	<b>5,023</b>	<b>2,483,665</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			117,000	117,000		117,000		117,000		9
10	Nursing and Medical Records	4,159,392	1,095,370	257,297	5,512,059		5,512,059	(32,542)	5,479,517		10
10a	Therapy	171,694			171,694		171,694		171,694		10a
11	Activities	150,100	42,135	1,625	193,860		193,860		193,860		11
12	Social Services	182,830		1,881	184,711		184,711		184,711		12
13	CNA Training										13
14	Program Transportation			4,610	4,610		4,610		4,610		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>4,664,016</b>	<b>1,137,505</b>	<b>382,413</b>	<b>6,183,934</b>		<b>6,183,934</b>	<b>(32,542)</b>	<b>6,151,392</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	80,200		1,160,163	1,240,363		1,240,363	(1,042,436)	197,927		17
18	Directors Fees										18
19	Professional Services			167,346	167,346	(5,708)	161,638	(18,874)	142,764		19
20	Dues, Fees, Subscriptions & Promotions			116,801	116,801		116,801	(51,468)	65,333		20
21	Clerical & General Office Expenses	315,480	78,673	856,597	1,250,750		1,250,750	(561,972)	688,778		21
22	Employee Benefits & Payroll Taxes			1,059,811	1,059,811		1,059,811		1,059,811		22
23	Inservice Training & Education										23
24	Travel and Seminar			29,602	29,602		29,602	(8,420)	21,182		24
25	Other Admin. Staff Transportation			5,321	5,321		5,321	1,260	6,581		25
26	Insurance-Prop.Liab.Malpractice			600,314	600,314		600,314	18,358	618,672		26
27	Other (specify):*							67,336	67,336		27
28	<b>TOTAL General Administration</b>	<b>395,680</b>	<b>78,673</b>	<b>3,995,955</b>	<b>4,470,308</b>	<b>(5,708)</b>	<b>4,464,600</b>	<b>(1,596,215)</b>	<b>2,868,385</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,538,106</b>	<b>2,064,462</b>	<b>5,530,316</b>	<b>13,132,884</b>	<b>(5,708)</b>	<b>13,127,176</b>	<b>(1,623,734)</b>	<b>11,503,442</b>		<b>29</b>

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center #0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

## 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			261,687	261,687		261,687	149,854	411,541			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			69,555	69,555		69,555	762,072	831,627			32
33	Real Estate Taxes					5,708	5,708	485,940	491,648			33
34	Rent-Facility & Grounds			2,167,443	2,167,443		2,167,443	(2,160,895)	6,548			34
35	Rent-Equipment & Vehicles			23,852	23,852		23,852	4,308	28,160			35
36	Other (specify):*							74,095	74,095			36
37	<b>TOTAL Ownership</b>			2,522,537	2,522,537	5,708	2,528,245	(684,626)	1,843,619			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	6,062	670,410	1,218,617	1,895,089		1,895,089		1,895,089			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			543,864	543,864		543,864		543,864			42
43	Other (specify):*	180,700		222,595	403,295		403,295	(403,295)	0			43
44	<b>TOTAL Special Cost Centers</b>	186,762	670,410	1,985,076	2,842,248		2,842,248	(403,295)	2,438,953			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,724,868	2,734,872	10,037,929	18,497,669		18,497,669	(2,711,655)	15,786,014			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,203)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(169,011)	30		9
10	Interest and Other Investment Income	(95)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(279)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(8,059)	24		19
20	Contributions	(19,475)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(763,776)	21		24
25	Fund Raising, Advertising and Promotional	(26,036)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(559,469)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (1,556,402)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,155,253)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,155,253)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (2,711,655)		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	52

SEE ACCOUNTANTS' COMPILATION REPORT

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/11

Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Payroll-Community Related	\$ (1,189)	21	1
2	Patients Needs	(15,304)	10	2
3	Patients Clothing	(21,815)	10	3
4	Veterans-Pharmacy	(4,793)	10	4
5	Bank Charges	(24,924)	21	5
6	Jury Duty Income	(69)	10	6
7	Out of State Seminar	(1,010)	24	7
8	Building Co. - Professional Fees	(11,619)	19	8
9	Building Co. - Bank Fees	(280)	21	9
10	Building Co. - Amortization	(6,946)	36	10
11	Building Co. - Misc. Licenses & Taxes	(6,004)	20	11
12	Non-Allowable Fees	(222,595)	43	12
13	Medical Records Revenue	(998)	10	13
14	Misc Income	(587)	21	14
15	Marketing Salary	(7,381)	43	15
16	Guest Service Dir. Salary	(43,225)	43	16
17	Annual Reports	(175)	20	17
18	Non-Allowable Legal Fees	(52,860)	19	18
19	Capitalized R&M	(5,732)	06	19
20	Additional R&M	5,413	06	20
21	Non-reimbursable Salaries	(130,094)	43	21
22	COPE Dues	(7,284)	20	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>	(559,469)		49

Bronzeville Park Nursing & Living Center

ID# 0040592

Report Period Beginning: 01/01/11

Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(279)											(279)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(10,203)		3,109									(7,094)	5
6	Maintenance	(319)		12,359		356							12,396	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(10,801)</b>		<b>15,468</b>		<b>356</b>							<b>5,023</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(42,978)				10,436							(32,542)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(42,978)</b>				<b>10,436</b>							<b>(32,542)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(970,553)	9,649	(81,532)							(1,042,436)	17
18	Directors Fees													18
19	Professional Services	(64,479)	11,619	33,986									(18,874)	19
20	Fees, Subscriptions & Promotions	(58,974)	6,004	1,459		43							(51,468)	20
21	Clerical & General Office Expenses	(790,756)	280	206,916		21,588							(561,972)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(9,069)		372		277							(8,420)	24
25	Other Admin. Staff Transportation			867		394							1,260	25
26	Insurance-Prop.Liab.Malpractice		17,390	968									18,358	26
27	Other (specify):*			65,537	477	1,322							67,336	27
28	<b>TOTAL General Administration</b>	<b>(923,277)</b>	<b>35,293</b>	<b>(660,449)</b>	<b>10,126</b>	<b>(57,908)</b>							<b>(1,596,215)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(977,056)</b>	<b>35,293</b>	<b>(644,982)</b>	<b>10,126</b>	<b>(47,116)</b>							<b>(1,623,734)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(169,011)	307,526	11,176		163							149,854	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(95)	758,635	3,346		186							762,072	32
33	Real Estate Taxes		475,505	10,435									485,940	33
34	Rent-Facility & Grounds		(2,161,445)	550									(2,160,895)	34
35	Rent-Equipment & Vehicles			4,308									4,308	35
36	Other (specify):*	(6,946)	81,041										74,095	36
37	<b>TOTAL Ownership</b>	<b>(176,052)</b>	<b>(538,738)</b>	<b>29,815</b>		<b>349</b>							<b>(684,626)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(403,295)											(403,295)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(403,295)</b>											<b>(403,295)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(1,556,402)</b>	<b>(503,445)</b>	<b>(615,167)</b>	<b>10,126</b>	<b>(46,767)</b>							<b>(2,711,655)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 2,161,445	Chevy Chase Associates	100.00%	\$	(2,161,445)	1
2	V	32 Interest	141	Chevy Chase Associates	100.00%	758,776	758,635	2
3	V	19 Professional Fees		Chevy Chase Associates	100.00%	11,619	11,619	3
4	V	21 Bank Fees		Chevy Chase Associates	100.00%	280	280	4
5	V	30 Depreciation		Chevy Chase Associates	100.00%	307,526	307,526	5
6	V	36 Amortization		Chevy Chase Associates	100.00%	6,946	6,946	6
7	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	475,505	475,505	7
8	V	26 Property & Liability Insurance		Chevy Chase Associates	100.00%	17,390	17,390	8
9	V	20 Misc. Licenses & Taxes		Chevy Chase Associates	100.00%	6,004	6,004	9
10	V	36 MIP Expense		Chevy Chase Associates	100.00%	74,095	74,095	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 2,161,586			\$ 1,658,141	\$ * (503,445)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,109	\$ 3,109
16	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	12,359	12,359
17	V	17 ADMIN. - NON-OWNER		NUCARE SERVICES CORP.	100.00%	19,478	19,478
18	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	33,986	33,986
19	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	1,459	1,459
20	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	206,916	206,916
21	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	372	372
22	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	867	867
23	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	968	968
24	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	65,537	65,537
25	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	11,176	11,176
26	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	3,346	3,346
27	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	10,435	10,435
28	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	550	550
29	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	4,308	4,308
30	V						
31	V						
32	V	17 Administrative Fees	990,031	NUCARE SERVICES CORP.	100.00%		(990,031)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 990,031			\$ 374,864	\$ * (615,167)

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center

# 0040592

Report Period Beginning: 01/01/11

Ending: 12/31/11

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:				
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)				
15	V	17 ADMIN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	9,649	\$	9,649	15		
16	V	17 ADMIN. - B. CARR		NUCARE SERVICES CORP.	100.00%				16		
17	V	17 ADMIN. - M. HARTMAN		NUCARE SERVICES CORP.	100.00%				17		
18	V								18		
19	V								19		
20	V	27 EMP. BEN. - G. JENICH		NUCARE SERVICES CORP.	100.00%	477		477	20		
21	V	27 EMP. BEN. - B. CARR		NUCARE SERVICES CORP.	100.00%				21		
22	V	27 EMP. BEN. - M. HARTMAN		NUCARE SERVICES CORP.	100.00%				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		\$				\$	10,126	\$ *	10,126	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	6 MINOR EQUIPMENT	\$	CLINICAL CONSULTING SERVICES, LLC	100.00%	\$ 356	\$	356	15
16	V	10 CLINICAL SALARIES		CLINICAL CONSULTING SERVICES, LLC	100.00%	10,436		10,436	16
17	V	19 PROFESSIONAL FEES		CLINICAL CONSULTING SERVICES, LLC	100.00%				17
18	V	20 DUES, LICENSE & INSPECTION		CLINICAL CONSULTING SERVICES, LLC	100.00%	43		43	18
19	V	21 OFFICE WAGES		CLINICAL CONSULTING SERVICES, LLC	100.00%	20,225		20,225	19
20	V	21 OFFICE EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,363		1,363	20
21	V	24 CONTINUING EDUCATION / SEMINAR		CLINICAL CONSULTING SERVICES, LLC	100.00%	277		277	21
22	V	25 AUTO EXPENSE		CLINICAL CONSULTING SERVICES, LLC	100.00%	394		394	22
23	V	27 PAYROLL TAXES		CLINICAL CONSULTING SERVICES, LLC	100.00%	105		105	23
24	V	27 OTHER EMPLOYEE BENEFITS		CLINICAL CONSULTING SERVICES, LLC	100.00%	1,217		1,217	24
25	V	30 DEPRECIATION		CLINICAL CONSULTING SERVICES, LLC	100.00%	163		163	25
26	V	32 INTEREST		CLINICAL CONSULTING SERVICES, LLC	100.00%	186		186	26
27	V								27
28	V								28
29	V	17 Administrative Fees	81,532	CLINICAL CONSULTING SERVICES, LLC	100.00%			(81,532)	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		\$ 81,532			\$ 34,765	\$ *	(46,767)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Workers Compensation	\$ 109,591	Diamond Insurance	100.00%	\$ 109,591	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 109,591			\$ 109,591	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	\$ *	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	BARRY & RANDY CARR	4.750%	CALIFORNIA GARDENS CORP.	CHICAGO	CHEVY ASSOCIATES	LINCOLNWOOD	BUILDING CO.	1
2	BERNARD HOLLANDER FAMILY TRUST	4.750%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	CLINICAL CONSULTING SERV.	LINCOLNWOOD	CLINICAL CONSULTING	2
3	GARY HOKIN	25.000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	QUEST SERVICES CORP.	LINCOLNWOOD	MARKETING	3
4	GERRY JENICH	5.000%	FOREST VILLA NURSING & REHABILITATION CENTER, L.L.C.	NILES	DBD REHABILITAION SERV.	CHICAGO	PSYCHIATRIC SERVICES	4
5	RAJCHENBACH FAMILY TRUST	4.750%	JACKSON CORP.	CHICAGO	JEM REHABILITATION SERV.	CHICAGO	PSYCHIATRIC SERVICES	5
6	ROBERT HARTMAN	55.750%	MONROE CORP.	CHICAGO	JLR MANAGEMENT	LINCOLNWOOD	MANAGEMENT CO.	6
7			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	7
8			THE RENAISSANCE AT HILLSIDE, INC.	HILLSIDE	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	8
9			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	9
10			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO	NUCARE SERVICES	LINCOLNWOOD	BOOKEEPING / MANAGEME	10
11			RENAISSANCE EAST	MESA, ARIZONA	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	11
12			RENAISSANCE PARK SOUTH,LLC	CHICAGO	DRAKE LOUIS ENTERPRISE, LI	LINCOLNWOOD	MANAGEMENT CO.	12
13			RENAISSANCE VILLAGE AL	MESA, ARIZONA				13
14			RENAISSANCE VILLAGE IL	MESA, ARIZONA				14
15			RENAISSANCE WEST	MESA, ARIZONA				15
16			CLAREMONT - HANOVER PARK	HANOVER PARK				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	David Hartman	Relative	Administrative	0%	See Attached	1.01	2.53%		\$	1
2	Gerry Jenich	Owner	Administrative	5%	See Attached	1.93	4.83%	Alloc. Salary	9,649	17-7
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 9,649	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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	AVAIL. CENSUS DAYS	1,283,340	16	\$ 36,192	\$ 110,230	\$ 3,109	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	1,283,340	16	143,887	110,230	12,359	2
3	17	ADMIN. - NON-OWNER	AVAIL. CENSUS DAYS	1,283,340	16	226,766	211,441	19,478	3
4	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	16	395,673	110,230	33,986	4
5	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	1,283,340	16	16,986	110,230	1,459	5
6	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	1,283,340	16	2,408,992	(706,320)	206,916	6
7	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,283,340	16	4,332	110,230	372	7
8	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	1,283,340	16	10,088	110,230	867	8
9	26	INSURANCE	AVAIL. CENSUS DAYS	1,283,340	16	11,273	110,230	968	9
10	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	1,283,340	16	763,008	110,230	65,537	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	16	130,120	110,230	11,176	11
12	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,283,340	16	38,953	110,230	3,346	12
13	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,283,340	16	121,491	110,230	10,435	13
14	34	PARKING LOT RENT	AVAIL. CENSUS DAYS	1,283,340	16	6,400	110,230	550	14
15	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,283,340	16	50,154	110,230	4,308	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 4,364,315	\$	\$ 374,864	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - G. JENICH	AVG. HOURS WORKED	10	5	50,000	2	9,649	1
2	17	ADMIN. - B. CARR	AVG. HOURS WORKED	10	4	40,000			2
3	17	ADMIN. - M. HARTMAN	AVG. HOURS WORKED	10	1	116,135			3
4									4
5									5
6	27	EMP. BEN. - G. JENICH	AVG. HOURS WORKED	10	5	2,471	2	477	6
7	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	10	4	1,977			7
8	27	EMP. BEN. - M. HARTMAN	AVG. HOURS WORKED	10	1	5,737			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					\$ 216,319	\$ 206,135	\$ 10,126	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	MINOR EQUIPMENT	AVAIL. CENSUS DAYS	1,283,340	17	\$ 4,147	\$ 110,230	\$ 356	1
2	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,283,340	17	121,500	110,230	10,436	2
3	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,283,340	17		110,230		3
4	20	DUES, LICENSE & INSPECTIO	AVAIL. CENSUS DAYS	1,283,340	17	500	110,230	43	4
5	21	OFFICE WAGES	AVAIL. CENSUS DAYS	1,283,340	17	235,467	235,467	20,225	5
6	21	OFFICE EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	15,872	110,230	1,363	6
7	24	CONTINUING EDUCATION / ST	AVAIL. CENSUS DAYS	1,283,340	17	3,225	110,230	277	7
8	25	AUTO EXPENSE	AVAIL. CENSUS DAYS	1,283,340	17	4,586	110,230	394	8
9	27	PAYROLL TAXES	AVAIL. CENSUS DAYS	1,283,340	17	1,222	110,230	105	9
10	27	OTHER EMPLOYEE BENEFITS	AVAIL. CENSUS DAYS	1,283,340	17	14,168	110,230	1,217	10
11	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,283,340	17	1,896	110,230	163	11
12	32	INTEREST	AVAIL. CENSUS DAYS	1,283,340	17	2,164	110,230	186	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					\$ 404,746	\$ 356,967	\$ 34,765	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	Workers Compensation	Direct Allocation		\$	\$		\$ 109,591	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 109,591	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

**VIII. ALLOCATION OF INDIRECT COSTS**

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

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

# **0040592**

Report Period Beginning:

**01/01/11**

Ending: **12/31/11**

**VIII. ALLOCATION OF INDIRECT COSTS**

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

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

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Bronzeville Park Nursing &amp; Living Center

# 0040592

Report Period Beginning:

01/01/11

Ending:

12/31/11

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	HUD Loan Payable		X	Mortgage				\$	14,712,084			\$	758,776	1						
2														2						
3														3						
4														4						
5	See Supplemental Schedule													5						
<b>Working Capital</b>																				
6	Bank of America		X	Working Capital					3,000,000				69,555	6						
7														7						
8	See Supplemental Schedule													8						
9	TOTAL Facility Related							\$	17,712,084			\$	828,331	9						
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X										(95)	10						
11	Interest Income - Bldg. Co		X										(141)	11						
12	Allocated from NuCare		X										3,346	12						
13	See Supplemental Schedule												186	13						
14	TOTAL Non-Facility Related							\$				\$	3,296	14						
15	TOTALS (line 9+line14)							\$	17,712,084			\$	831,627	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 74,095 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park Nursing & Living Center # 0040592 Report Period Beginning: 01/01/11 Ending: 12/31/11

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

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15	Allocated from Clinical Constl. Servcs.	X								186										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									186										

\* 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.)



# 2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0040592  
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda  
 TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(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>17-34-119-049-0000</u>	<u>Long Term Care Property</u>	\$ <u>302,013.89</u>	\$ <u>302,013.89</u>
2.	<u>17-34-119-048-0000</u>	<u>Long Term Care Property</u>	\$ <u>149,607.67</u>	\$ <u>149,607.67</u>
3.	<u>See Attached</u>	<u>Home Office Allocation</u>	\$ <u>81,875.48</u>	\$ <u>6,680.91</u>
4.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
<b>TOTALS</b>			\$ <u><u>533,497.04</u></u>	\$ <u><u>458,302.47</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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.**

# 2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Bronzeville Park Nursing & Living Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0040592

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

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>			\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln/Clinical Consultant</u>			<u>13,056</u>	<u>2</u>
3	<b>TOTALS</b>	<b>80,457</b>		<b>\$ 253,056</b>	<b>3</b>

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1977	\$ 4,471,948	\$ 307,526	35	\$ 127,770	\$ (179,756)	\$ 3,411,755	4
5			1984	92,611		35	2,646	2,646	73,317	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1980	8,303		20				9
10	Various		1981	1,872		20				10
11	Various		1982	5,523		20				11
12	Various		1983	1,550		20				12
13	Various		1984	5,062		20				13
14	Various		1985	24,500		20				14
15	Various		1986	8,802		20				15
16	Various		1987	5,151		20				16
17	Various		1988	14,372		20				17
18	Various		1989	55,710		20				18
19	Various		1990	4,899		20				19
20	Various		1991	9,582		20				20
21	Various		1992	4,834		20				21
22	Various		1993	13,785		20				22
23	Various		1994	23,773		20	897	897	15,382	23
24	Various		1995	20,890		20	1,045	1,045	17,280	24
25	Various		1996	87,605		20	4,380	4,380	67,412	25
26	Various		1997	40,122		20	1,976	1,976	29,734	26
27	Various		1998	132,735		20	6,637	6,637	88,580	27
28	Various		1999	419,788		20	20,989	20,989	257,814	28
29	Various		2000	90,604		20	4,530	4,530	51,954	29
30	Various		2001	75,436		20	3,772	3,772	39,415	30
31	Various		2002	39,859		20	4,333	4,333	38,032	31
32	Various		2003	55,783		20	4,127	4,127	40,038	32
33	Various		2004	70,089		20	7,009	7,009	53,367	33
34	Various		2005	356,449		20	22,010	22,010	215,425	34
35	Various		2006	75,373		20	5,275	5,275	30,511	35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park Nursing & Living Center

# 0040592

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		142,031			10,575	10,575	44,090	67
68		248,789	8,232		7,085	(1,147)	45,917	68
69			261,687			(261,687)		69
70		\$ 6,607,830	\$ 577,445		\$ 235,056	\$ (342,389)	\$ 4,520,023	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,607,830	\$ 577,445		\$ 235,056	\$ (342,389)	\$ 4,520,023	1
2	Laundry Panel Electric Wiring	2008	2,750		20	275	275	1,008	2
3	Wall Covering, Floor Work	2008	79,052		20	7,905	7,905	30,303	3
4	Wall Work, Painting, Flooring	2008	28,021		20	2,802	2,802	8,873	4
5	1St Floor Corridor Replacement Of Cove Base And Vct, Prep Floor	2008	38,109		20	3,811	3,811	12,385	5
6	1St Floor Corridor Extra Wall Covering	2008	2,567		20			2,567	6
7	Cornice, Roller Shades, Curtain	2008	23,418		20	2,342	2,342	7,221	7
8	8 Magnetic Door Holders	2009	3,610		20	516	516	1,418	8
9	Replacing Door In Laundry Room	2009	2,963		20	296	296	790	9
10	Repairing Lights On Westside Of Building	2009	3,560		20	356	356	920	10
11	Repairing Cracks In Windows And Foundation	2009	7,000		20	700	700	1,808	11
12	2Nd Floor Renovation-Chair Rails For Resident Rooms	2009	6,600		20	396	396	1,023	12
13	Dayroom & Nurses Station- New Walls, Paint/Wallcovering, Floor	2009	56,018		20	5,602	5,602	14,471	13
14	Quarry Deser Tiles, Cardona Field Tiles	2009	3,377		20	225	225	582	14
15	Ceramic Tiles	2009	4,000		20	267	267	667	15
16	1St Floor Renovation-Ceramic Tiles On Kitchen Floor	2009	5,400		20	334	334	834	16
17	Exhaust Fans On Roof	2009	3,513		20	351	351	878	17
18	Adhesive Vinyl Tile	2009	2,671		20	134	134	323	18
19	Electrical, Faucets, Flooring, Corner Guard- 4Th Floor	2009	20,913		20	1,100	1,100	2,566	19
20	Adhesive Vinyl Tile	2009	2,690		20	179	179	418	20
21	Out Door Patio Renovation-New Electronic Door	2009	4,590		20	230	230	516	21
22	Repair Of Broken Sewer	2009	6,015		20	602	602	1,353	22
23	Parts Of Air Conditioning Unit	2009	9,000		20	750	750	2,187	23
24	16 Dvr Digital Monitor System With Super Camera	2009	2,843		20	284	284	687	24
25	Elevator Repair	2009	2,800		20	140	140	397	25
26	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Fl	2010	4,400		20	293	293	587	26
27	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	626	27
28	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	291	291	558	28
29	Clean Wood Fence And Put Protective Coat	2010	8,800		20	880	880	1,540	29
30	Chiller Replacement Project	2010	126,400		20	18,057	18,057	31,600	30
31	4 Exhaust Fans #7-10	2010	7,078		20	1,416	1,416	2,241	31
32	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	977	977	1,546	32
33	8 Sets, 3-Position Assist Rails	2010	2,587		20	129	129	205	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,089,495	\$ 577,445		\$ 287,008	\$ (290,438)	\$ 4,653,122	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,089,495	\$ 577,445		\$ 287,008	\$ (290,438)	\$ 4,653,122	1
2	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sh	2010	3,650		20	243	243	365	2
3	4 Red Oak Architectural Grade Doors, 3 Machine Cylander Lock,	2010	5,796		20	290	290	435	3
4	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Sho	2010	9,158		20	916	916	1,297	4
5	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	580	580	822	5
6	Electrical Work	2010	6,540		20	654	654	927	6
7	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	462	462	654	7
8	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8,	2010	5,496		20	366	366	519	8
9	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Co	2010	2,739		20	228	228	323	9
10	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, S	2010	5,980		20	598	598	797	10
11	Materials For 3Rd Floor Shower Room Project - Wraparound Bar	2010	9,159		20	916	916	1,221	11
12	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	607	607	759	12
13	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	365	365	456	13
14	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywa	2010	5,800		20	580	580	725	14
15	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floori	2010	6,107		20	611	611	713	15
16	Cctv Installation Nursing Station, Elevator Area	2010	6,980		20	349	349	698	16
17	Bathroom 1St Flr S. & 2Nd Flr N. Side Tub/Shower/Faucet	2010	11,983		20	599	599	1,198	17
18	Vaudeville Laminate	2010	2,680		20	134	134	268	18
19	Shower Room Tile Flooring	2010	3,195		20	160	160	320	19
20	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	524	524	1,049	20
21	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	431	431	862	21
22	Shower Room Project - Shower Tile Flooring	2010	5,954		20	298	298	595	22
23	Power & Cable Outlets	2010	3,600		20	180	180	360	23
24	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	133	133	133	24
25	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	291	25
26	New Roof For Canopies And Repair Existing Roof Around The Bu	2011	3,800		20	317	317	317	26
27	Removal Of Old Concrete Pad And Construct New Concrete Pad	2011	71,000		20	1,667	1,667	1,667	27
28	Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat	2011	2,700		20	150	150	150	28
29	Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb	2011	3,240		20	189	189	189	29
30	Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up	2011	2,902		20	169	169	169	30
31	Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated Ul "B"	2011	2,611		20	114	114	114	31
32	Install New Storm Drain Pipe	2011	5,200		20	260	260	260	32
33	2Nd Floor Bathroms - Toilets, Vanity, Hardware, Etc...	2011	7,163		20	49	49	49	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,328,861	\$ 577,445		\$ 300,436	\$ (277,009)	\$ 4,671,823	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

# **0040592**

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,328,861	\$ 577,445		\$ 300,436	\$ (277,009)	\$ 4,671,823	1
2	1 Commercial Gas Water Heater	2011	6,067		20	455	455	455	2
3	Installation 16 Medium Duty Door Closers	2011	3,108		20	155	155	155	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 7,338,036	\$ 577,445		\$ 301,047	\$ (276,398)	\$ 4,672,434	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	Various	2004			20	619	619	4,470	9
10	Bar Cabinets	2007	4,500		20	450	450	2,250	10
11	New Flooring	2007	4,500		20	300	300	1,500	11
12	Door Circuitry And Wiring Components	2007	3,950		20	395	395	1,843	12
13	Fencing	2007	2,600		20	173	173	765	13
14	Lavatory Faucets	2007	2,849		20	190	190	807	14
15									15
16	Telephone System	2007	22,988		20	3,284	3,284	15,052	16
17	Perga Flooring	2008	2,800		20	140	140	350	17
18	Sliding Door	2008	5,346		20	400	400	1,599	18
19	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	1,680	19
20	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	1,828	20
21	Canopy Projector	2008	5,325		20	266	266	1,065	21
22	Kitchen Station	2008	2,500		20	125	125	500	22
23	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	1,243	23
24	Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	1,476	24
25	Install & Furnish New Fire Doors	2009	7,980		20	399	399	1,197	25
26	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	1,401	26
27	Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	899	27
28	New Pump for Suction Diffuser	2009	4,640		20	232	232	696	28
29	Roof Exhaust Fans	2009	5,990		20	300	300	899	29
30	Concrete Wall	2009	6,000		20	300	300	900	30
31	1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	750	31
32	Repair Radiator	2009	6,133		20	307	307	920	32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>	\$	\$		\$	\$	\$	34
			<b>142,031</b>		<b>10,575</b>	<b>10,575</b>	<b>44,090</b>	

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Related Party Information</b>	\$	\$		\$	\$	\$		1
2	<b>Buildings:</b>								2
3	<u>Allocated from 7257 N. Lincoln</u>	2004	111,317	2,854	35	3,180	326	25,842	3
4	<u>Allocated from Clinical Consulting</u>	2004	6,184	159	35	177	18	1,436	4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9	<u>Allocated from Nucare</u>	2003	1,006	44	20	50	6	409	9
10	<u>Allocated from Nucare</u>	2004	80,272	888	20	1,023	135	7,884	10
11	<u>Allocated from Nucare</u>	2005	1,211	53	20	61	8	415	11
12	<u>Allocated from Nucare</u>	2006	1,642	71	20	82	11	440	12
13	<u>Allocated from Nucare</u>	2008	1,731	75	20	86	11	282	13
14	<u>Allocated from Nucare</u>	2009	27,866	3,811	20	1,393	(2,418)	3,636	14
15	<u>Allocated from Nucare</u>	2010	4,282	186	20	214	28	323	15
16	<u>Allocated from Nucare</u>	2011	231	10	20	11	1	11	16
17									17
18									18
19	<u>Allocated from 7257 N. Lincoln</u>	2005	10,148	77	20	655	578	4,133	19
20	<u>Allocated from 7257 N. Lincoln</u>	2004	2,212		20	111	111	830	20
21									21
22	<u>Allocated from Clinical Consulting</u>	2005	564	4	20	36	32	230	22
23	<u>Allocated from Clinical Consulting</u>	2004	123		20	6	6	46	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 248,789	\$ 8,232		\$ 7,085	\$ (1,147)	\$ 45,917	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,040,331	\$ 2,752	\$ 100,850	\$ 98,098	10	\$ 588,178	71
72	Current Year Purchases	111,201	322	9,318	8,996	10	9,318	72
73	Fully Depreciated Assets	623,296		174	174	10	623,296	73
74								74
75	TOTALS	\$ 1,774,828	\$ 3,074	\$ 110,342	\$ 107,268		\$ 1,220,792	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare	2011	\$ 761	\$ 33	\$ 152	\$ 119	5	\$ 215	76
77										77
78										78
79										79
80	TOTALS			\$ 761	\$ 33	\$ 152	\$ 119		\$ 215	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,366,681	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 580,552	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 411,541	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (169,011)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,893,441	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage				5,998			5
6	Allocated from Nucare				550			6
7	TOTAL				\$ 6,548			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 27,672 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Car Rental		\$	489	17
18					18
19					19
20					20
21	TOTAL		\$	489	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. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 440,695	\$				\$	440,695	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					217,332						217,332	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs					431,221						431,221	4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescrpts							571,039				571,039	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify): <u>See Supplemental</u>				6,062			129,369		99,371				234,802	13	
14	TOTAL			\$	6,062			\$ 1,218,617	\$	670,410			\$	1,895,089	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**Report Period Beginning: **01/01/11**

Ending:

**12/31/11****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/11**

(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	\$ 17,433	\$ 355,148	1
2	Cash-Patient Deposits	8,253	8,253	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	5,920,295	5,920,295	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	19,000	19,000	5
6	Prepaid Insurance	222,778	290,869	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	983,698	1,419,802	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 7,171,457	\$ 8,013,367	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	2,331,262	8,117,072	15
16	Equipment, at Historical Cost	1,548,920	2,184,037	16
17	Accumulated Depreciation (book methods)	(2,603,923)	(8,603,532)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>		192,768	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,276,259	\$ 8,109,471	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,447,716	\$ 16,122,838	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,907,027	\$ 1,907,027	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	3,000,000	3,000,000	29
30	Accrued Salaries Payable	305,679	305,679	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,901	24,901	31
32	Accrued Real Estate Taxes(Sch.IX-B)		476,303	32
33	Accrued Interest Payable		62,772	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	1,927,936	1,976,643	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 7,194,303	\$ 7,782,085	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,712,084	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 14,712,084	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,194,303	\$ 22,494,169	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,253,413	\$ (6,371,331)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,447,716	\$ 16,122,838	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(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>2,057,749</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>See Attached</b>	<b>(370,906)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,686,843</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(433,430)</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>(433,430)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,253,413</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park Nursing & Living Center**# **0040592**Report Period Beginning: **01/01/11**Ending: **12/31/11**

**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	\$ 14,448,308	1
2	Discounts and Allowances for all Levels	(613,000)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 13,835,308</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,812,348	6
7	Oxygen	15,137	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 2,827,485</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,045,430	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	85,772	19
20	Radiology and X-Ray	28,632	20
21	Other Medical Services	218,895	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,378,729</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	95	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 95</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	22,622	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 22,622</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 18,064,239</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,478,642	31
32	Health Care	6,183,934	32
33	General Administration	4,470,308	33
<b>B. Capital Expense</b>			
34	Ownership	2,522,537	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,298,384	35
36	Provider Participation Fee	543,864	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 18,497,669</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(433,430)</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (433,430)</b>	<b>43</b>

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

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

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

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

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

# **0040592**

Report Period Beginning:

**01/01/11**

Ending:

**12/31/11**

**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	1,401	2,181	\$ 120,250	\$ 55.14	1
2	Assistant Director of Nursing	1,533	1,778	74,370	41.83	2
3	Registered Nurses	45,992	49,613	1,322,864	26.66	3
4	Licensed Practical Nurses	35,139	38,770	931,167	24.02	4
5	CNAs & Orderlies	148,616	163,359	1,603,752	9.82	5
6	CNA Trainees					6
7	Licensed Therapist	160	160	6,062	37.89	7
8	Rehab/Therapy Aides	14,440	15,862	171,694	10.82	8
9	Activity Director	1,989	2,126	43,565	20.49	9
10	Activity Assistants	10,720	11,582	106,535	9.20	10
11	Social Service Workers	7,263	7,868	169,556	21.55	11
12	Dietician	1,878	2,110	51,766	24.53	12
13	Food Service Supervisor					13
14	Head Cook	5,295	6,003	73,206	12.19	14
15	Cook Helpers/Assistants	23,973	25,775	239,457	9.29	15
16	Dishwashers					16
17	Maintenance Workers	5,214	5,673	108,513	19.13	17
18	Housekeepers					18
19	Laundry	387	479	5,468	11.42	19
20	Administrator	971	1,048	63,428	60.52	20
21	Assistant Administrator	72	72	2,250	31.25	21
22	Other Administrative	160	160	14,522	90.76	22
23	Office Manager	376	416	12,686	30.50	23
24	Clerical	14,427	15,421	302,794	19.64	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	953	1,054	27,992	26.56	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	6,931	7,358	272,971	37.10	33
34	TOTAL (lines 1 - 33)	327,890	358,868	\$ 5,724,868 *	\$ 15.95	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	1,069	\$ 45,328	01-03	35
36	Medical Director	Monthly	117,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	385	7,618	10-03	38
39	Pharmacist Consultant	Monthly	16,722	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	29	1,625	11-03	44
45	Social Service Consultant	33	1,881	12-03	45
46	Other(specify)				46
47	Medical Consultant	Monthly	5,000	10-03	47
48					48
49	TOTAL (lines 35 - 48)	1,516	\$ 195,174		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1,381	\$ 69,021	10-03	50
51	Licensed Practical Nurses	3,179	158,936	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	4,560	\$ 227,957		53

SEE ACCOUNTANTS' COMPILATION REPORT

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
William Prather	Administrator	0	\$ 47,810	Workers' Compensation Insurance	\$ 109,591	IDPH License Fee	\$		
John P. Stare	Administrator	0	15,617	Unemployment Compensation Insurance	103,779	Advertising: Employee Recruitment	16,796		
Donald-Jay J. Evans	Assist. Admin.	0	2,250	FICA Taxes	437,953	Health Care Worker Background Check			
Marilyn Flaherty	VP of MC Reimb	0	14,522	Employee Health Insurance	154,353	(Indicate # of checks performed <u>409</u> )	7,418		
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Trade Assoc Dues	29,228		
				City Payroll Tax	7,556	Dues & Subscriptions	2,494		
				Pension Benefits	190,284	Licenses & Inspections	7,895		
				Dental Insurance	8,657	Advertising & Promotion	26,036		
				Other Employee Benefits	43,391	See Supplemental Schedule	1,502		
				401K Matching Expense	3,945	Less: Public Relations Expense	( )		
				Vision Insurance	301	Non-allowable advertising	(26,036)		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 80,199				\$ 1,059,811			\$ 65,333		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
NuCare Services Corp. - Administrative Fee			\$ 990,031			\$	Out-of-State Travel	\$	
Clinical Consulting - Administrative Fees			81,532						
Christopher R. Correll (acting admin)			88,600				In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense		20,533
\$ 1,160,163				\$			Allocated from NuCare		372
							Allocated from Clinical Consulting		277
							Entertainment Expense		( )
							(agree to Sch. V, line 24, col. 8)		
							TOTAL		\$ 21,182
C. Professional Services									
Vendor/Payee	Type		Amount						
Frost, Ruttenberg & Rothblatt	Accounting		\$ 28,375						
See Attached	Legal		74,815						
Personnel Planners	UC Tax Consultant		6,948						
CDW	Computer Expense		3,608						
Emdeon	Computer Expense		693						
Giftrap	Computer Expense		2,408						
HDSI	Computer Expense		3,922						
PSD Solutions	Computer Expense		10,360						
Optima HC Solutions	Computer Expense		803						
MDI Achieve	Computer Expense		25,046						
Transworld	Computer Expense		1,325						
See Supplemental Schedule			9,044						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL					
\$ 167,346				\$					

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ICLTC \$29,264; IAssoc. of HC Fac. \$7,248
- (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. \$ 4,474 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES        NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO        If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. Chevy Chase Nursing Center, #34892, 07/01/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 543,864  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$        Has any meal income been offset against related costs? No Indicate the amount. \$
- (16) Travel and Transportation
  - a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
  - c. What percent of all travel expense relates to transportation of nurses and patients? 100% ln 14
  - d. Have vehicle usage logs been maintained? N/A
  - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
  - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
  - g. Does the facility transport residents to and from day training? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ Yes**
- (17) Has an audit been performed by an independent certified public accounting firm? 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**