

Facility Name & ID Number Central Plaza Home

0017038 Report Period Beginning: 1/1/11 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 _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	260	Intermediate (ICF)	260	94,900	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	260	TOTALS	260	94,900	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF	80,359			80,359	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	80,359			80,359	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.68%

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

989 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

none

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 12/1/63

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

YES Date _____ NO

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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
	A. General Services										
1	Dietary	351,076	44,052	14,400	409,528		409,528		409,528		1
2	Food Purchase		408,786		408,786	(29,835)	378,951	(2,886)	376,065		2
3	Housekeeping	463,125		83,288	546,413		546,413		546,413		3
4	Laundry		89,466	232,321	321,787		321,787		321,787		4
5	Heat and Other Utilities			296,334	296,334		296,334	1,867	298,201		5
6	Maintenance	292,219			292,219		292,219	2,961	295,180		6
7	Other (specify):*										7
8	TOTAL General Services	1,106,420	542,304	626,343	2,275,067	(29,835)	2,245,232	1,942	2,247,174		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,917,472	113,225	49,063	2,079,760		2,079,760		2,079,760		10
10a	Therapy										10a
11	Activities	132,285	46,059	15,367	193,711		193,711		193,711		11
12	Social Services	902,744		256,168	1,158,912		1,158,912	(202,000)	956,912		12
13	CNA Training										13
14	Program Transportation			6,518	6,518		6,518		6,518		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,952,501	159,284	327,116	3,438,901		3,438,901	(202,000)	3,236,901		16
	C. General Administration										
17	Administrative	462,310		1,003,356	1,465,666		1,465,666	(1,003,356)	462,310		17
18	Directors Fees			210,000	210,000		210,000	(150,000)	60,000		18
19	Professional Services			67,265	67,265		67,265	(3,674)	63,591		19
20	Dues, Fees, Subscriptions & Promotions			34,303	34,303		34,303	20	34,323		20
21	Clerical & General Office Expenses	675,835		188,266	864,101		864,101	(107,628)	756,473		21
22	Employee Benefits & Payroll Taxes			940,377	940,377	29,835	970,212		970,212		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,593	4,593		4,593		4,593		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			200,024	200,024		200,024	233	200,257		26
27	Other (specify):*										27
28	TOTAL General Administration	1,138,145		2,648,184	3,786,329	29,835	3,816,164	(1,264,405)	2,551,759		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,197,066	701,588	3,601,643	9,500,297		9,500,297	(1,464,463)	8,035,834		29

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

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

Facility Name & ID Number

Central Plaza Home

#0017038

Report Period Beginning:

1/1/11

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			106,976	106,976		106,976	8,027	115,003		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			35,128	35,128		35,128	106,622	141,750		32
33	Real Estate Taxes			297,539	297,539		297,539	5,040	302,579		33
34	Rent-Facility & Grounds			30,550	30,550		30,550	(15,561)	14,989		34
35	Rent-Equipment & Vehicles			8,757	8,757		8,757		8,757		35
36	Other (specify):*										36
37	TOTAL Ownership			478,950	478,950		478,950	104,128	583,078		37
	Ancillary Expense										
	E. Special Cost Centers										
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):*										43
44	TOTAL Special Cost Centers										44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,197,066	701,588	4,080,593	9,979,247		9,979,247	(1,360,335)	8,618,912		45

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	8,462	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,886)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,674)	19		17
18	Fines and Penalties	(13,007)	21		18
19	Entertainment	(10,033)	21		19
20	Contributions	(16,791)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,423,588)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,461,517)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	101,182		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 101,182		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,360,335)		37

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

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

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

Central Plaza Home

ID# 0017038

Report Period Beginning: 1/1/11

Ending: 12/31/11

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Allowable Fees	\$ (150,000)	18	1
2	Community Social Service	(202,000)	12	2
3	Non-Allowable Salaries	(66,667)	21	3
4	Fees	(1,003,356)	17	4
5	Resident Christmas Gifts	(1,130)	21	5
6	Non-Allowable Depreciation	(435)	30	6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,423,588)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,886)	0	0	0	0	0	0	0	0	0	0	(2,886)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,867	0	0	0	0	0	0	0	0	1,867	5
6	Maintenance	0	0	2,961	0	0	0	0	0	0	0	0	2,961	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,886)	0	4,828	0	1,942	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(202,000)	0	0	0	0	0	0	0	0	0	0	(202,000)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(202,000)	0	0	0	0	0	0	0	0	0	0	(202,000)	16
	C. General Administration													
17	Administrative	(1,003,356)	0	0	0	0	0	0	0	0	0	0	(1,003,356)	17
18	Directors Fees	(150,000)	0	0	0	0	0	0	0	0	0	0	(150,000)	18
19	Professional Services	(3,674)	0	0	0	0	0	0	0	0	0	0	(3,674)	19
20	Fees, Subscriptions & Promotions	0	0	20	0	0	0	0	0	0	0	0	20	20
21	Clerical & General Office Expenses	(107,628)	0	0	0	0	0	0	0	0	0	0	(107,628)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	233	0	0	0	0	0	0	0	0	233	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(1,264,658)	0	253	0	(1,264,405)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,469,544)	0	5,081	0	(1,464,463)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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)
	D. Ownership												
30	Depreciation	8,027	0	0	0	0	0	0	0	0	0	0	8,027 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	0	0	0	106,622	0	0	0	0	0	0	0	106,622 32
33	Real Estate Taxes	0	0	5,040	0	0	0	0	0	0	0	0	5,040 33
34	Rent-Facility & Grounds	0	0	(15,561)	0	0	0	0	0	0	0	0	(15,561) 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	8,027	0	(10,521)	106,622	0	104,128 37						
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,461,517)	0	(5,440)	106,622	0	(1,360,335) 45						

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

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 Attached		See Attached		See Attached		

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

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

1	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		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5 Utilities	\$	Barton Management, Inc.	100.00%	\$ 1,867	\$ 1,867	15
16	V	6 Repairs & Maint		Barton Management, Inc.		2,961	2,961	16
17	V							17
18	V							18
19	V	26 Insurance		Barton Management, Inc.		233	233	19
20	V	20 Dues,Licenses,Fees		Barton Management, Inc.		20	20	20
21	V	33 Real Estate Taxes		Barton Management, Inc.		5,040	5,040	21
22	V	34 Rent Office Space		Barton Management, Inc.		14,439	14,439	22
23	V							23
24	V							24
25	V							25
26	V	34 Rent	30,000	Barton Management, Inc.			(30,000)	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		\$ 30,000			\$ 24,560	\$ * (5,440)	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	32	Interest		Barton Healthcare LLC	100.00%	106,622	106,622	17
18	V								18
19	V								19
20	V								20
21	V	32	Interest		Barton Healthcare LLC				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			\$			\$ 106,622	\$ * 106,622	39

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending: 12/31/11

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								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

Facility Name & ID Number

Central Plaza Home

#

0017038

Report Period Beginning:

1/1/11

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	Irwan Jann	Director	Director	13.93	N/A	1	N/A	Director Fee	\$ 30,000	18-3	1
2	Jeff Ross	Relative	Maintenance	0.00	N/A	40	100.00	Maint Salary	76,494	6-1	2
3	Marla Coquillette	Stockholder	Social Service	4.50	See Attached	See Attached		Soc Serv	48,864	12-1	3
4	John Shlofrock	Stockholder	Administrative	8.80	See Attached	See Attached		Admin Sal	44,398	17-1	4
5	Elisa Zusman	Stockholder	Office	8.80	See Attached	See Attached		Office Sal	24,691	21-1	5
6	Paul Magit	Director	Director	3.60	N/A	1	N/A	Director Fee	30,000	18-3	6
7	Paul Magit	Stockholder	Administrative	3.60	See Attached			Admin Sal	25,000	21-1	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 279,447		13

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

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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 Barton Healthcare Inc.
 Street Address 465 Central
 City / State / Zip Code Northfield, IL 60093
 Phone Number (847-441-8200
 Fax Number (847-441-0800

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	32	Interest	Note Receivable	29.40	7	569,943	5.5	106,622	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				\$	569,943	\$	106,622	25

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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 Barton Management, Inc.
 Street Address 465 Central
 City / State / Zip Code Northfield, IL 60093
 Phone Number (847-441-8200)
 Fax Number (847-441-0800)

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Available Days	555,055	9	\$ 11,639	\$ 89,040	\$ 1,867	1
2	6	Repairs and Maintenance	Available Days	555,055	9	18,458	89,040	2,961	2
3									3
4	20	Dues,Licenses,Fees	Available Days	555,055	9	127	89,040	20	4
5	26	Insurance	Available Days	555,055	9	1,451	89,040	233	5
6	33	Real Estate Taxes	Available Days	555,055	9	31,421	89,040	5,040	6
7	34	Rent Office Space	Available Days	555,055	9	90,008	89,040	14,439	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					\$ 153,104	\$	\$ 24,560	25

Facility Name & ID Number Central Plaza Home # 0017038 Report Period Beginning: 1/1/11 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			
A. Directly Facility Related																				
Long-Term																				
1	Barton Healthcare LLC	X		Working Capital		1/27/95	\$ 5,500,000	\$ 652,899	demand	variable	\$ 34,020	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 5,500,000	\$ 652,899			\$ 34,020	9								
B. Non-Facility Related*																				
10												10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$	14								
15	TOTALS (line 9+line14)						\$ 5,500,000	\$ 652,899			\$ 34,020	15								

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

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

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2010 report.			\$	<u>288,555</u> 1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	<u>298,853</u> 2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>10,298</u> 3
4.	Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>301,117</u> 4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ <u>7,370</u> For <u>2008</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	<u>(7,370)</u> 6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>304,045</u> 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2006	<u>150,506</u>	8	
		2007	<u>148,158</u>	9	
		2008	<u>148,736</u>	10	
		2009	<u>150,673</u>	11	
		2010	<u>286,998</u>	12	
FOR BHF USE ONLY					
		13	FROM R. E. TAX STATEMENT FOR 2010	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Central Plaza Home COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017038

CONTACT PERSON REGARDING THIS REPORT _____

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>16-09-300-011-0000</u>	<u>324 N Pine</u>	\$ <u>764.00</u>	\$ <u>764.00</u>
2.	<u>16-09-300-004-0000</u>	<u>327 N Central</u>	\$ <u>62,925.00</u>	\$ <u>62,925.00</u>
3.	<u>16-09-300-005-0000</u>	<u>321 N Central</u>	\$ <u>224,414.00</u>	\$ <u>224,414.00</u>
4.	<u>16-08-405-020-0000</u>	<u>318 N Central</u>	\$ <u>4,243.00</u>	\$ <u>4,243.00</u>
5.	<u>Barton Management Alloc</u>	<u>See Attached</u>	\$ <u>81,123.00</u>	\$ <u>6,507.00</u>
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u><u>373,469.00</u></u>	\$ <u><u>298,853.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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.**

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

N/A

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

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

3. Current Period Amortization: _____ 4. Dates Incurred: See Attached

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Building</u>	<u>29,048</u>	<u>1974</u>	<u>\$ 57,000</u>	1
2	<u>Building-Parking Lot</u>		<u>2001</u>	<u>199,168</u>	2
3	TOTALS	29,048		\$ 256,168	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	260		1974	1964	\$ 385,508	\$	30	\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building Additions			1975	303,849		12.5			303,849	9
10	Building Additions			1976	53,526		12.5			53,526	10
11											11
12	Building Additions			1977	47,780		12.5			47,780	12
13	Building Additions			1978	66,037		2.5			66,037	13
14	Building Additions			1979	59,303		12.5			59,303	14
15	Building Additions			1980	24,816		12.5			24,816	15
16											16
17	Building Additions			1980	40,762		3			40,762	17
18	Building Additions			1981	34,255		3			34,255	18
19	Building Additions			1981	10,665		12.5			10,665	19
20	Building Additions			1982	13,492		10			13,492	20
21	Building Additions			1983	48,201		10			48,201	21
22	Building Additions			1984	52,327		10			52,327	22
23	Building Additions			1985	295,316		10			295,316	23
24	Building Additions			1986	144,407		10			144,407	24
25	Building Additions			1987	11,075		10			11,075	25
26	Building Additions			1988	10,240		10			10,240	26
27	Building Additions			1989	39,943		10			39,943	27
28	Building Additions			1990	65,848		10			65,848	28
29	Building Additions			1991	77,448		10			77,448	29
30	Building Additions			1992	89,051		10			89,051	30
31	Building Additions			1993	46,236		10			46,236	31
32	Building Additions			1994	220,966		10			220,966	32
33	Building Additions			1994	12,302		10			12,302	33
34	Building Additions			1994	1,430		10			1,430	34
35	Building Additions			1995	125,206	3,210	39	3,210		53,102	35
36	Curtains			1996	1,169	30	39	30		451	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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 Concrete Wall	1996	\$ 2,785	\$ 71	39	\$ 71		\$ 1,068	37
38 Boiler Repair	1996	4,763	122	39	122		1,835	38
39 Windows	1996	10,000	256	39	256		3,851	39
40 Water Heater	1996	5,100	131	39	131		1,970	40
41 Water Line	1996	1,985	51	39	51		767	41
42 Sidewalk Repairs	1996	2,464	63	39	63		948	42
43 Storm Windows	1996	10,679	274	39	274		4,121	43
44 Electrical Circuit	1996	22,780	584	39	584		8,784	44
45 Elevator Selector	1996	2,632	67	39	67		1,008	45
46 House Pump	1996	22,527	578	39	578		8,695	46
47 Water Gate	1996	2,165	56	39	56		842	47
48 Air Conditioner Circuits	1997	6,845	176	39	176		2,545	48
49 Alarm Detectors	1997	634	16	39	16		236	49
50 Bathtub Refinish	1997	9,152	235	39	235		3,154	50
51 Bathroom Remodel	1997	5,135	132	39	132		1,930	51
52 Boiler Flame	1997	2,769	71	39	71		997	52
53 Ceiling Tiles	1997	623	16	39	16		234	53
54 Circuit Breakers	1997	1,920	49	39	49		704	54
55 Concrete	1997	1,300	33	39	33		480	55
56 Curtains	1997	749	19	39	19		278	56
57 Doorways	1997	6,660	171	39	171		2,430	57
58 Electrical	1997	1,361	35	39	35		491	58
59 Elevator	1997	42,595	1,092	39	1,092		15,122	59
60 Emergency Light	1997	7,110	182	39	182		2,556	60
61 Fence	1997	4,500	115	39	115		1,653	61
62 Fire Alarm	1997	78,500	2,013	39	2,013		29,442	62
63 Flooring	1997	4,972	128	39	128		1,842	63
64 Kitchen Pipes	1997	2,200	56	39	56		796	64
65 Laundry Room	1997	24,750	634	39	634		9,344	65
66 Ramp Rail	1997	795	20	39	20		296	66
67 Remodeling	1997	141,653	3,632	39	3,632		48,264	67
68 Roof Repair	1997	14,458	371	39	371		5,488	68
69 Sensor Modules	1997	1,005	26	39	26		389	69
70 TOTAL (lines 4 thru 69)		\$ 2,728,724	\$ 14,715		\$ 14,715		\$ 1,985,388	70

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 2,728,724	\$ 14,715		\$ 14,715		\$ 1,985,388	1
2	1997	1,060	27	39	27		395	2
3	1997	11,978	307	39	307		4,516	3
4	1998	2,620	67	39	67		933	4
5	1998	608	16	39	16		222	5
6	1998	6,670	171	39	171		1,866	6
7	1998	1,778	46	39	46		604	7
8	1998	10,323	265	39	265		3,677	8
9	1998	1,600	41	39	41		552	9
10	1998	1,213	31	39	31		409	10
11	1998	11,660	299	39	299		3,899	11
12	1998	1,116	29	39	29		390	12
13	1998	5,053	130	39	130		1,805	13
14	1998	2,204	57	39	57		743	14
15	1998	3,800	97	39	97		1,338	15
16	1998	232	6	39	6		78	16
17	1998	11,565	297	39	297		4,022	17
18	1998	18,387	471	39	471		6,326	18
19	1998	4,787	123	39	123		1,655	19
20	1999	10,937	280	39	280		3,559	20
21	1999	8,338	213	39	214	1	2,671	21
22	1999	5,927	152	39	152		1,894	22
23	1999	4,225	108	39	108		1,374	23
24	1999	950	24	39	24		307	24
25	1999	985	25	39	25		309	25
26	1999	37,670	966	39	966		12,519	26
27	1999	1,304	33	39	33		417	27
28	1999	2,521	65	39	65		831	28
29	1999	11,740	301	39	301		3,750	29
30	1999	9,520	244	39	244		3,020	30
31	1999	1,050	27	39	27		325	31
32	1999	2,474	64	39	63	(1)	821	32
33	1999	5,422	139	39	139		2,321	33
34		\$ 2,928,441	\$ 19,836		\$ 19,836		\$ 2,052,936	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 2,928,441	\$ 19,836		\$ 19,836		\$ 2,052,936	1
2	1999	30,303	777	39	777		9,678	2
3	2000	3,900	100	39	100		1,179	3
4	2000	1,894	49	39	49		578	4
5	2000	749	19	39	19		210	5
6	2000	5,580	143	39	143		1,686	6
7	2000	1,724	44	39	44		504	7
8	2000	2,305	59	39	59		680	8
9	2000	2,300	59	39	59		676	9
10	2000	1,700	44	39	44		519	10
11	2000	8,131	208	39	208		2,453	11
12	2000	5,620	144	39	144		1,638	12
13	2000	66,705	1,710	39	1,710		20,023	13
14	2000	6,602	169	39	169		1,928	14
15	2000	11,840	304	39	304		3,625	15
16	2000	12,400	318	39	318		3,724	16
17	2000	3,100	79	39	79		892	17
18	2000	3,500	90	39	90		1,016	18
19	2000	15,441	396	39	396		4,626	19
20	2000	9,600	246	39	246		2,819	20
21	2000	4,650	119	39	119		1,364	21
22	2000	689	18	39	18		212	22
23	2000	2,734	70	39	70		831	23
24	2000	24,967	640	39	640		7,105	24
25	2001	880	23	39	23		246	25
26	2001	1,320	34	39	34		364	26
27	2001	880	23	39	23		246	27
28	2001	1,320	34	39	34		364	28
29	2001	1,997	51	39	51		546	29
30	2001	1,721	44	39	44		471	30
31	2001	990	25	39	25		268	31
32	2001	660	17	39	17		182	32
33	2001	4,950	127	39	127		1,360	33
34		\$ 3,169,593	\$ 26,019		\$ 26,019		\$ 2,124,949	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 3,169,593	\$ 26,019		\$ 26,019		\$ 2,124,949	1
2	2001	570	15	39	15		160	2
3	2001	570	15	39	15		160	3
4	2001	36,200	928	39	928		9,861	4
5	2001	2,660	68	39	68		723	5
6	2001	1,320	34	39	34		361	6
7	2001	440	11	39	11		117	7
8	2001	660	17	39	17		181	8
9	2001	4,050	104	39	104		1,105	9
10	2001	1,180	30	39	30		319	10
11	2001	2,450	63	39	63		664	11
12	2001	1,225	31	39	31		324	12
13	2001	8,080	207	39	207		2,165	13
14	2001	17,412	446	39	446		4,665	14
15	2001	4,000	103	39	103		1,069	15
16	2001	2,485	64	39	64		664	16
17	2001	28,083	720	39	720		7,350	17
18	2001	18,400	472	39	472		4,779	18
19	2001	2,900	74	39	74		749	19
20	2001	3,148	81	39	81		820	20
21	2001	1,725	44	39	44		446	21
22	2001	2,950	76	39	76		769	22
23	2001	7,528	193	39	193		1,938	23
24	2001	24,500	628	39	628		6,306	24
25	2001	4,950	127	39	127		1,275	25
26	2001	3,500	90	39	90		904	26
27	2001	1,340	34	39	34		341	27
28	2001	1,485	38	39	38		382	28
29	2001	1,635	42	39	42		422	29
30	2001	578	15	39	15		151	30
31	2001	16,979	435	39	435		4,385	31
32								32
33								33
34		\$ 3,372,596	\$ 31,224		\$ 31,224		\$ 2,178,504	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 3,372,596	\$ 31,224		\$ 31,224		\$ 2,178,504	1
2	2002	4,433	114	39	114		1,135	2
3	2002	3,870	99	39	99		961	3
4	2002	4,200	108	39	108		1,048	4
5	2002	5,600	144	39	144		1,362	5
6	2002	4,240	109	39	109		1,004	6
7	2002	15,294	392	39	392		3,577	7
8	2002	10,970	281	39	281		2,564	8
9	2002	2,965	76	39	76		687	9
10	2002	5,037	129	39	129		1,166	10
11	2002	3,370	86	39	86		814	11
12	2002	5,600	144	39	144		1,326	12
13	2003	2,819	72	39	72		645	13
14	2003	3,287	84	39	84		753	14
15	2003	512	13	39	13		117	15
16	2003	752	19	39	19		169	16
17	2003	5,130	132	39	132		1,171	17
18	2003	1,380	35	39	35		308	18
19	2003	10,250	263	39	263		2,225	19
20	2003	7,800	200	39	200		1,692	20
21	2003	18,986	487	39	487		4,079	21
22	2003	5,420	139	39	139		1,129	22
23	2004	35,300	905	39	905		7,128	23
24	2004	51,000	1,308	39	1,308		10,193	24
25	2004	20,800	533	39	533		4,154	25
26	2004	2,811	72	39	72		555	26
27	2004	26,000	667	39	667		5,142	27
28	2004	54,500	1,397	39	1,397		10,770	28
29	2004	6,500	167	39	167		1,287	29
30	2004	6,500	167	39	167		1,273	30
31	2004	6,500	167	39	167		1,273	31
32	2004	6,500	167	39	167		1,273	32
33								33
34		\$ 3,710,922	\$ 39,900		\$ 39,900		\$ 2,249,484	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 3,710,922	\$ 39,900		\$ 39,900		\$ 2,249,484	1
2	2004	6,500	167	39	167		1,273	2
3	2004	6,500	167	39	167		1,273	3
4	2004	6,500	167	39	167		1,273	4
5	2004	11,825	303	39	303		2,285	5
6	2004	5,478	140	39	140		1,056	6
7	2004	1,500	38	39	38		284	7
8	2004	3,600	92	39	92		686	8
9	2004	3,640	93	39	93		694	9
10	2004	41,900	1,074	39	1,074		7,742	10
11	2004	23,230	596	39	596		4,321	11
12	2004	54,928	1,408	39	1,408		10,032	12
13	2004	5,800	149	39	149		1,062	13
14	2004	79,311	2,034	39	2,034		14,493	14
15	2004	2,745	70	39	70		493	15
16	2005	6,139	157	39	157		1,093	16
17	2005	35,900	920	39	920		6,327	17
18	2005	35,900	920	39	920		6,250	18
19	2005	3,850	99	39	99		672	19
20	2005	3,300	85	39	85		577	20
21	2005	1,850	47	39	47		320	21
22	2005	35,900	920	39	920		6,173	22
23	2005	1,195	31	39	31		208	23
24	2005	1,660	43	39	43		285	24
25	2005	18,687	479	39	479		3,174	25
26	2005	82,790	2,123	39	2,123		14,067	26
27	2005	1,950	50	39	50		327	27
28	2005	1,150	29	39	29		190	28
29	2005	300	8	39	8		52	29
30	2005	8,000	205	39	205		1,341	30
31	2005	13,000	333	39	333		2,179	31
32	2005	26,800	687	39	687		4,380	32
33	2005	3,410	87	39	87		548	33
34		\$ 4,246,160	\$ 53,621		\$ 53,621		\$ 2,344,614	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 4,246,160	\$ 53,621		\$ 53,621		\$ 2,344,614	1
2	2005	11,000	282	39	282		1,751	2
3	2005	15,950	409	39	409		2,471	3
4	2006	4,900	126	39	126		751	4
5	2006	11,500	295	39	295		1,758	5
6	2006	3,818	98	39	98		584	6
7	2006	3,650	94	39	94		552	7
8								8
9	2006	2,175	56	39	56		329	9
10	2006	4,790	123	39	123		712	10
11	2006	4,350	112	39	112		648	11
12	2006	1,790	46	39	46		266	12
13	2006	19,703	505	39	505		2,841	13
14	2006	24,000	615	39	615		3,460	14
15	2006	3,350	86	39	86		484	15
16	2006	7,700	197	39	197		1,092	16
17	2006	38,500	987	39	987		5,471	17
18	2006	3,150	81	39	81		449	18
19	2006	4,800	123	39	123		620	19
20	2006	11,500	295	39	295		1,610	20
21	2006	4,100	105	39	105		556	21
22								22
23	2006	12,200	313	39	313		1,630	23
24	2006	1,370	35	39	35		182	24
25	2006	1,512	39	39	39		197	25
26	2006	1,584	41	39	41		207	26
27	2006	1,785	46	39	46		232	27
28	2006	2,784	71	39	71		358	28
29	2006	2,958	76	39	76		383	29
30	2006	2,062	53	39	53		267	30
31	2006	3,127	80	39	80		403	31
32								32
33								33
34		\$ 4,456,268	\$ 59,010		\$ 59,010		\$ 2,374,878	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 4,456,268	\$ 59,010		\$ 59,010		\$ 2,374,878	1
2	Tiles	2007	3,387	87	39	87		431	2
3	Installation	2007	1,216	31	39	31		154	3
4	Installation	2007	2,924	75	39	75		372	4
5									5
6									6
7									7
8	Boiler	2007	76,204	1,954	39	1,954		9,528	8
9	Cooler Door	2007	3,345	86	39	86		419	9
10	Boiler Repair	2007	2,782	71	39	71		341	10
11	Bathroom	2007	3,668	94	39	94		451	11
12									12
13	Tiles	2007	2,924	75	39	75		359	13
14	Tiles	2007	2,304	59	39	59		283	14
15	Tiles	2007	2,016	52	39	52		249	15
16	Tiles	2007	5,472	140	39	140		671	16
17	Tiles	2007	11,777	302	39	302		1,447	17
18									18
19	Repair Pump	2007	1,169	30	39	30		141	19
20	Repair Pump	2007	2,791	72	39	72		338	20
21									21
22	Storage Tanks	2007	8,445	217	39	217		1,022	22
23	Pump	2007	3,157	81	39	81		375	23
24									24
25									25
26	Electrical	2007	3,273	84	39	84		368	26
27	Elevator Repair	2007	6,302	162	39	162		709	27
28	Repair Valve	2007	3,587	92	39	92		403	28
29	Repair Roof	2007	6,400	164	39	164		704	29
30	Circulating pump	2007	3,784	97	39	97		408	30
31	Sound Wiring	2007	4,582	117	39	117		493	31
32	Repair Pipe	2007	7,500	192	39	192		808	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,625,277	\$ 63,344		\$ 63,344		\$ 2,395,352	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	
1		\$ 4,625,277	\$ 63,344		\$ 63,344	\$	\$ 2,395,352	1
2	2008	2,750	71	39	71		275	2
3								3
4	2008	2,447	63	39	63		218	4
5	2008	3,900	100	39	100		346	5
6	2008	9,165	235	39	235		774	6
7	2008	54,000	1,385	39	1,385		4,444	7
8	2008	3,957	101	39	101		307	8
9	2008	30,500	782	39	782		2,379	9
10	2008	2,721	70	39	70		213	10
11	2009	3,448	88	39	88		261	11
12	2009	11,915	306	39	306		829	12
13	2009	5,220	134	39	134		318	13
14	2009	2,079	53	39	53		122	14
15	2009	4,640	119	39	119		273	15
16	2010	4,694	120	39	120		215	16
17	2010	196,591	5,041	39	5,041		9,038	17
18	2010	48,028	1,231	39	1,231		1,591	18
19	2010	4,410	113	39	113		137	19
20	2010	3,240	83	39	83		100	20
21	2010	5,447	140	39	140		157	21
22	2011	7,300	133	39	187	54	133	22
23	2011	1,920	31	39	49	18	31	23
24	2011	8,360	134	39	214	80	134	24
25	2011	12,550	175	39	322	147	175	25
26	2011	2,400	23	39	62	39	23	26
27	2011	3,991	21	39	102	81	21	27
28	2011	7,480	24	39	192	168	24	28
29	2011	11,743	38	39	301	263	38	29
30	2011	1,145	1	39	29	28	1	30
31								31
32								32
33								33
34		\$ 5,081,318	\$ 74,159		\$ 75,037	\$ 878	\$ 2,417,929	34

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

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	\$ 122,446	\$ 11,032	\$ 18,250	\$ 7,218		\$ 99,600	71
72	Current Year Purchases	19,158	19,158	2,866	(16,292)		19,158	72
73	Fully Depreciated Assets	1,071,897		18,850	18,850		1,071,897	73
74								74
75	TOTALS	\$ 1,213,501	\$ 30,190	\$ 39,966	\$ 9,776		\$ 1,190,655	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	Facility	Chevy Blazer 1997	2000	\$ 21,295	\$	\$	\$		\$ 21,295	76
77	Facility	Nissan Pathfinder 2001	2002	26,104	417		(417)		26,104	77
78	Facility	Ford Van 2003	2002	28,925	1,775		(1,775)		27,935	78
79										79
80	TOTALS			\$ 76,324	\$ 2,192	\$	\$ (2,192)		\$ 75,334	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)	\$ 6,627,311	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 106,541	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 115,003	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 8,462	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,683,918	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions				_____			4
5	<u>Barton Management-Allocation-Central Office</u>				<u>14,439</u>			5
6					_____			6
7	TOTAL				\$ 14,439			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: \$ _____ Description: See Attached \$8,757

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	TOTAL		\$ _____	\$ _____	21

10. Effective dates of current rental agreement:
Beginning _____
Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	<u>/2012</u>	\$ _____
13.	<u>/2013</u>	\$ _____
14.	<u>/2014</u>	\$ _____

* 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?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			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		hrs	\$		\$		\$					\$			1
2	Licensed Speech and Language Development Therapist		hrs													2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist		hrs													4
5	Physician Care		visits													5
6	Dental Care		visits													6
7	Work Related Program		hrs													7
8	Habilitation		hrs													8
9	Pharmacy		# of prescripts													9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs													10
11	Academic Education		hrs													11
12	Other (specify):															12
13	Other (specify):															13
14	TOTAL			\$		\$		\$		\$		\$		\$		14

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning: 1/1/11

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 198,385	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>300,000</u>)	3,282,908		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	188,396		6
7	Other Prepaid Expenses	34,886		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from Others</u>	50,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,754,575	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,168		13
14	Buildings, at Historical Cost	311,666		14
15	Leasehold Improvements, at Historical Cost	4,729,753		15
16	Equipment, at Historical Cost	1,457,870		16
17	Accumulated Depreciation (book methods)	(4,187,894)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,567,563	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,322,138	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 643,643	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	256,828		30
31	Accrued Taxes Payable (excluding real estate taxes)	24,056		31
32	Accrued Real Estate Taxes(Sch.IX-B)	301,117		32
33	Accrued Interest Payable	1,108		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Due to Austin Mental Health</u>	210,000		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,436,752	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	652,899		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Line of Credit</u>	100,000		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 752,899	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,189,651	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,132,487	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,322,138	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,878,720	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,878,720	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(16,233)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(1,730,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,746,233)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 4,132,487	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,058,934	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,058,934	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,845	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,845	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Miscellaneous Income</u>	112	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 112	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,060,891	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,275,067	31
32	Health Care	3,438,901	32
33	General Administration	3,786,329	33
B. Capital Expense			
34	Ownership	478,950	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	67,320	36
D. Other Expenses (specify):			
37	<u>Prior Period Adjustment</u>	30,557	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,077,124	40
41	Income before Income Taxes (line 30 minus line 40)**	(16,233)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (16,233)	43

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

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

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

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

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

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	1,573	1,765	\$ 86,121	\$ 48.79	1
2	Assistant Director of Nursing	2,024	2,080	66,640	32.04	2
3	Registered Nurses	5,790	6,112	161,865	26.48	3
4	Licensed Practical Nurses	21,159	23,079	539,903	23.39	4
5	CNAs & Orderlies	81,070	87,939	1,033,254	11.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	11,635	12,819	132,285	10.32	10
11	Social Service Workers	48,139	52,393	902,744	17.23	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	25,144	27,980	351,076	12.55	15
16	Dishwashers					16
17	Maintenance Workers	18,453	19,082	292,219	15.31	17
18	Housekeepers	36,159	38,956	463,125	11.89	18
19	Laundry					19
20	Administrator	2,080	2,200	112,438	51.11	20
21	Assistant Administrator	2,080	2,080	57,350	27.57	21
22	Other Administrative	4,524	4,524	292,522	64.66	22
23	Office Manager					23
24	Clerical	14,823	15,927	675,835	42.43	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,889	2,065	29,689	14.38	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	276,542	299,001	\$ 5,197,066 *	\$ 17.38	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	320	\$ 14,400	1-3	35
36	Medical Director	196	9,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,650	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	3	248	12-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	312	15,367	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47	Substance Abuse	364	30,085	12-3	47
48	Psychiatric	390	23,835	12-3	48
49	TOTAL (lines 35 - 48)	1,681	\$ 95,185		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Gwen Washington	Asst. Admin		\$ 58,828	Workers' Compensation Insurance	\$ 102,459	IDPH License Fee	\$	
Jeffrey Ingrassia	Administrator		136,042	Unemployment Compensation Insurance	95,933	Advertising: Employee Recruitment	104	
John Shlofrock	Administrator	8.8	44,398	FICA Taxes	353,614	Health Care Worker Background Check		
Rick Duros	CEO		58,483	Employee Health Insurance	291,861	(Indicate # of checks performed 564)	5,642	
Gary Weintraub	Legal		68,912	Employee Meals	29,835	Patient Background Checks	149	
Arnie Kanter	Administrator		70,956	Illinois Municipal Retirement Fund (IMRF)*		Dues-Alliance for Living	20,280	
Elisa Shlofrock Zusman	Administrator		24,691	Employee Head Tax	4,536	Misc Dues, Subs & Licenses	2,183	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 462,310	Union Pension Contributions	35,450	City of Chicago License	642	
(List each licensed administrator separately.)				Employee Benefits-Others	56,524	IDPH Permit Fee	3,980	
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
Description			Amount		\$ 970,212	Less: Public Relations Expense	()	
			\$			Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 34,323	
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
C. Professional Services				Description	Line #	Amount	G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount				Description	Amount
			\$			\$	Out-of-State Travel	\$
SEE ATTACHED SCHEDULE			67,265				In-State Travel	
							Seminar Expense	4,593
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3)			\$ 67,265	TOTAL		\$	TOTAL	\$ 4,593
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning: 1/1/11

Ending: 12/31/11

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Decorating	12/05	\$ 3,167		\$ 1,055	\$	\$	\$	\$	\$	\$	\$
2	Decorating	12/06	4,729		1,576	1,577						
3	Decorating	12/08	1,018			339	339	340				
4	Decorating	12/09	243			81	81	81				
5	Decorating	12/10	1,246				415	415	416			
6	Decorating	12/11	377					126	126	125		
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 10,780		\$ 2,631	\$ 1,916	\$ 420	\$ 836	\$ 622	\$ 542	\$ 125	\$

Facility Name & ID Number Central Plaza Home

0017038

Report Period Beginning:

1/1/11

Ending:

12/31/11

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Only 'CNA's
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Alliance for Living \$20,280
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ n/a Line _____
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 67,320
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. \$ 29,835 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a
Attach invoices and a summary of services for all architect and appraisal fees