

Facility Name & ID Number Covenant Health Care Center - Northbrook

0033779 Report Period Beginning: 02/01/11 Ending: 01/31/12

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	102	Skilled (SNF)	102	37,230	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	102	TOTALS	102	37,230	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	7,167	17,866	4,248	29,281	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,167	17,866	4,248	29,281	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.65%

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)

N/A

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 01/20/1972

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 102 and days of care provided 4,248

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 1/31 Fiscal Year: 1/31

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

Facility Name & ID Number Covenant Health Care Center - Northbrook # 0033779 Report Period Beginning: 02/01/11 Ending: 01/31/12

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 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	294,422	45,245	114,471	454,138		454,138	(15,761)	438,377		1
2	Food Purchase		312,752		312,752	#REF!	#REF!	(4,665)	#REF!		2
3	Housekeeping	161,368	30,182	1,968	193,518		193,518		193,518		3
4	Laundry	27,267	14,957	85,846	128,070		128,070		128,070		4
5	Heat and Other Utilities			157,355	157,355		157,355		157,355		5
6	Maintenance	101,545	10,073	177,087	288,705		288,705	(5,037)	283,668		6
7	Other (specify):*										7
8	TOTAL General Services	584,602	413,209	536,727	1,534,538	#REF!	#REF!	(25,463)	#REF!		8
	B. Health Care and Programs										
9	Medical Director			16,560	16,560		16,560		16,560		9
10	Nursing and Medical Records	2,531,614	79,028	26,772	2,637,414		2,637,414	(1,013)	2,636,401		10
10a	Therapy										10a
11	Activities	189,889		113	190,002		190,002		190,002		11
12	Social Services	125,994	8,703	421	135,118		135,118	(5,354)	129,764		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,847,497	87,731	43,866	2,979,094		2,979,094	(6,367)	2,972,727		16
	C. General Administration										
17	Administrative	88,531		423,960	512,491		512,491	(423,960)	88,531		17
18	Directors Fees										18
19	Professional Services			43,481	43,481	#REF!	#REF!	(7,467)	#REF!		19
20	Dues, Fees, Subscriptions & Promotions			41,947	41,947		41,947	(5,281)	36,666		20
21	Clerical & General Office Expenses	170,414	16,847	13,174	200,435		200,435	100,334	300,769		21
22	Employee Benefits & Payroll Taxes			869,280	869,280	#REF!	#REF!		#REF!		22
23	Inservice Training & Education										23
24	Travel and Seminar			10,329	10,329		10,329		10,329		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			131,620	131,620		131,620		131,620		26
27	Other (specify):*										27
28	TOTAL General Administration	258,945	16,847	1,533,791	1,809,583	#REF!	#REF!	(336,374)	#REF!		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,691,044	517,787	2,114,384	6,323,215	#REF!	#REF!	(368,204)	#REF!		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification	Reclassified Total	Adjustments	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			468,945	468,945		468,945	98,596	567,541			30
31	Amortization of Pre-Op. & Org.			7,098	7,098		7,098		7,098			31
32	Interest			87,633	87,633		87,633	(73,894)	13,739			32
33	Real Estate Taxes					#REF!	#REF!		#REF!			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			9,306	9,306		9,306		9,306			35
36	Other (specify):*											36
37	TOTAL Ownership			572,982	572,982	#REF!	#REF!	24,702	#REF!			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		157,287	434,844	592,131		592,131	(2,706)	589,425			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			171,545	171,545		171,545		171,545			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		157,287	606,389	763,676		763,676	(2,706)	760,970			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,691,044	675,074	3,293,755	7,659,873	#REF!	#REF!	(346,208)	#REF!			45

#REF!

*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	(4,665)	02		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	98,596	30		9
10	Interest and Other Investment Income	(73,894)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		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				19
20	Contributions	(2,500)	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	(137,344)	21		24
25	Fund Raising, Advertising and Promotional	(2,781)	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	(39,997)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (162,585)		\$	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)	(183,623)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (183,623)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (346,208)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Covenant Health Care Center - Northbrook

ID# 0033779

Report Period Beginning: 02/01/11

Ending: 01/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Transportation revenue	\$ (5,235)	12	1
2	Maintenance services revenue	(459)	06	2
3	Transfer temp restr for oper	(495)	21	3
4	Other services revenue	(169)	21	4
5	Guest Apartment revenue	(4,465)	06	5
6	Other operating income	(1,995)	21	6
7	Apartment upgrades	(113)	06	7
8	Dining services procurement rebates	(15,761)	01	8
9	Ancillary services procurement rebates	(2,706)	39	9
10	Nursing services procurement rebates	(1,013)	10	10
11	Social services procurement rebates	(119)	12	11
12	Legal services - Adj	(7,467)	19	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	(39,997)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Covenant Health Care Center - Northbrook# 0033779

Report Period Beginning:

02/01/11

Ending:

01/31/12**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	(15,761)											(15,761)	1
2	Food Purchase	(4,665)											(4,665)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities													5
6	Maintenance	(5,037)											(5,037)	6
7	Other (specify):*													7
8	TOTAL General Services	(25,463)											(25,463)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(1,013)											(1,013)	10
10a	Therapy													10a
11	Activities													11
12	Social Services	(5,354)											(5,354)	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(6,367)											(6,367)	16
	C. General Administration													
17	Administrative		(423,960)										(423,960)	17
18	Directors Fees													18
19	Professional Services	(7,467)											(7,467)	19
20	Fees, Subscriptions & Promotions	(5,281)											(5,281)	20
21	Clerical & General Office Expenses	(140,003)	240,337										100,334	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*													27
28	TOTAL General Administration	(152,751)	(183,623)										(336,374)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(184,581)	(183,623)										(368,204)	29

STATE OF ILLINOIS

Facility Name & ID Number Covenant Health Care Center - Northbrook

0033779

Report Period Beginning:

02/01/11

Ending:

Summary B

01/31/12

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	98,596											98,596	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(73,894)											(73,894)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	24,702											24,702	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(2,706)											(2,706)	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	(2,706)											(2,706)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(162,585)	(183,623)										(346,208)	45

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
<u>Covenant Retirement Communities</u>	<u>100%</u>	<u>See 6-Supp</u>				
<u>See Supplemental for related party information</u>						

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	<u>17 Management Service Fees</u>	\$ <u>423,960</u>	<u>Covenant Retirement Communities</u>		\$	\$ <u>(423,960)</u>	1
2	V	<u>21 IS Services Fees Software</u>	<u>20,968</u>	<u>Covenant Retirement Communities</u>			<u>(20,968)</u>	2
3	V	<u>21 Other Operating Expense</u>	<u>22,171</u>	<u>Covenant Retirement Communities</u>			<u>(22,171)</u>	3
4	V	<u>21 Centralized Billing - CRC</u>	<u>50,434</u>	<u>Covenant Retirement Communities</u>			<u>(50,434)</u>	4
5	V	<u>21 Office Expense - CRC Allocation</u>		<u>Covenant Retirement Communities</u>		<u>333,910</u>	<u>333,910</u>	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		\$ <u>517,533</u>			\$ <u>333,910</u>	\$ * <u>(183,623)</u>	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: 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	Total		\$			\$	\$ *	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	Total		\$			\$	0	\$ *	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	Curtis B. Anderson	BOD	Covenant Village Care Center - Florida	Plantation, FL				1
2	Rev. Richard B. Berry	BOD	Michaelsen Health Center	Batavia, IL				2
3	Dan Danielson	BOD	Windsor Park Manor	Carol Stream, IL				3
4	James Elving	BOD	Covenant Village Care Center - Turlock	Turlock, CA				4
5	Marc Espinosa	BOD	Mount Miguel Covenant Village	Spring Valley, CA				5
6	Lorene Flewellen	BOD	Samarkand Skilled Nursing	Santa Barbara, CA				6
7	Beverly A. Freeman	BOD	Colonial Acres Care Center	Golden Valley, MN				7
8	Rhoda Friesen	BOD	Covenant Vilage of the Great Lakes	Grand Rapids, MI				8
9	Mary Miller	BOD	Covenant Village of Colorado	Westminster, CO				9
10	Cletus Moll	BOD	Pilgrim Manor	Cromwell, CT				10
11	Joyce Peterson	BOD	Covenant Shores	Mercer Island, WA				11
12	Norton Richards	BOD						12
13	Walter L. Schiller	BOD						13
14	Jean Stebinger	BOD						14
15	Anne Vining	BOD						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 Covenant Health Care Center - Northbrook # 0033779 Report Period Beginning: 02/01/11 Ending: 01/31/12

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	See PG6-SUPP								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	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 Covenant Health Care Center - Northbrook

0033779

Report Period Beginning:

02/01/11

Ending: 01/31/12

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 Covenant Retirement Communities
 Street Address 5700 Old Orchard Road
 City / State / Zip Code Skokie, IL 60077
 Phone Number (773) 878-2294
 Fax Number (773) 878-2289

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	21	Office Expense - CRC Allocation	Total Expense		\$	\$		\$ 333,910	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				\$	\$		\$ 333,910	25

Facility Name & ID Number Covenant Health Care Center - Northbrook

0033779

Report Period Beginning:

02/01/11

Ending: 01/31/12

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

Facility Name & ID Number Covenant Health Care Center - Northbrook

0033779

Report Period Beginning:

02/01/11

Ending: 01/31/12

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

Facility Name & ID Number Covenant Health Care Center - Northbrook # 0033779 Report Period Beginning: 02/01/11 Ending: 01/31/12

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	IL Revenue Refundable Bonds		X	Capital Improvements	\$1,204.00	1998	\$	\$ 281,903	12/1/2015	variable	\$ 14,448	1								
2	IL Tax Exempt Bonds		X	Capital Improvements	\$6,577.00	2002		1,245,371	12/1/2015	variable	73,185	2								
3												3								
4												4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related				\$7,781.00		\$	\$ 1,527,274			\$ 87,633	9								
B. Non-Facility Related*																				
10	Interest Income		X								(73,894)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (73,894)	14								
15	TOTALS (line 9+line14)						\$	\$ 1,527,274			\$ 13,739	15								

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.				\$	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.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	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 \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2007	_____	8		
	2008	_____	9		
	2009	_____	10		
	2010	_____	11		
	2011	_____	12		
N/A Facility does not pay real estate taxes					
				FOR BHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2011 \$
				14	PLUS APPEAL COST FROM LINE 5 \$
				15	LESS REFUND FROM LINE 6 \$
				16	AMOUNT TO USE FOR RATE CALCULATION \$

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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Covenant Health Care Center - Northbrook COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0033779
 CONTACT PERSON REGARDING THIS REPORT Andrew B. Cutler
 TELEPHONE (847) 374-0400 FAX #: (847) 374-0420

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(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>N/A</u>	<u></u>	\$ <u></u>	\$ <u></u>
2.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></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>
TOTALS			\$ <u><u></u></u>	\$ <u><u></u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 77,894 B. General Construction Type: Exterior Brick Masonry Frame Steel Studded Number of Stories 1

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).

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: 28,680 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: 7,098 4. Dates Incurred: _____

Nature of Costs: Amortization of original issue discount and debt 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>1973</u>	<u>\$ 70,721</u>	1
2					2
3	TOTALS			\$ 70,721	3

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	102	1974	1974	\$ 1,467,409	\$	40	\$ 36,685	\$ 36,685	\$ 1,394,038	4
5		1975	1975	2,250		40	56	56	2,080	5
6		1976	1976	1,916		40	48	48	1,725	6
7		1977	1977	2,769		40	69	69	2,422	7
8		1978	1978	7,643		40	191	191	6,496	8
Improvement Type**										
9	Various		1979	18,220		20			18,220	9
10	Various		1980	20,844		20			20,844	10
11	Various		1981	38,116		20			38,116	11
12	Various		1982	17,734		20			1,709,834	12
13	Various		1984	13,999		20			16,014	13
14	Various		1985	189,803		20			180,084	14
15	Various		1986	36,791		20			42,181	15
16	Various		1987	26,840		20			23,840	16
17	Various		1988	41,929		20			41,929	17
18	Various		1989	614,857		20			501,126	18
19	Various		1990	84,534		20			121,841	19
20	Various		1991	30,632		20			4,223	20
21	Various		1992	18,213		20			18,213	21
22	Various		1993	10,084		20			10,084	22
23	Various		1994	31,384		20	425	425	8,067	23
24	Various		1995	4,965		20				24
25	Various		1996	5,267		20	287	287	5,267	25
26	Various		1997	28,305		20	599	599	9,580	26
27	Various		1998	2,109,189		20	105,459	105,459	1,581,892	27
28	Various		1999	180,129		20	9,005	9,005	126,086	28
29	Various		2000	4,050,990		20	200,835	200,835	2,610,850	29
30	Various		2001	104,552		20			104,552	30
31	Various		2002	60,740		20			60,740	31
32	Various		2003	88,626		20	1,098	1,098	10,976	32
33	Various		2004	79,166		20	3,958	3,958	35,313	33
34	Various		2005	17,390		20	870	870	6,957	34
35	Various		2006	55,760		20	2,788	2,788	19,516	35
36	Various		2007	134,749		20	6,737	6,737	36,754	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

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 Various	2008	\$ 163,760	\$	20	\$ 9,166	\$ 9,166	\$ 37,838	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 Related Building Company (Pages 12F & 12G)								67
68 Related Party Allocations (Pages 12H & 12I)								68
69 Financial Statement Depreciation					468,945	(468,945)		69
70 TOTAL (lines 4 thru 69)		\$ 9,759,555	\$ 468,945		\$ 378,276	\$ (90,669)	\$ 8,807,698	70

**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	Totals from Page 12A, Carried Forward		\$ 9,759,555	\$ 468,945		\$ 378,276	\$ (90,669)	\$ 8,807,698	1
2	Emergency Lighting Upgrades	2009	14,594		20	730	730	2,919	2
3	Building Plumbing	2009	2,825		20	141	141	565	3
4	Annunciator Panel Upgrade	2009	6,790		20	3,640	3,640	4,320	4
5	Sprinkler Repairs	2009	12,255		20	613	613	1,839	5
6	Card Access System	2009	9,670		20	484	484	1,452	6
7	Water Heater	2009	14,300		20	715	715	2,145	7
8	Smoke Detectors	2009	16,052		20	803	803	2,409	8
9	Heater Repairs	2009	3,077		20	154	154	462	9
10	Generator Repair	2009	3,038		20	152	152	456	10
11	Repairs To Hot Cold Water Valves/Proper Temperature	2009	2,648		20	132	132	396	11
12	Repairs To Roof Drain/Installation Of New Hanger	2009	2,775		20	139	139	417	12
13	Painting And Minor Repairs To Majority Of Walls	2009	2,560		20	128	128	384	13
14	Door Opener Replacement	2010	4,703		20	235	235	705	14
15	Brandel Remodeling - Architecture And Window Treatments	2010	12,741		20	637	637	1,274	15
16	Re-Key Brandel Care Center	2010	15,107		20	735	735	1,490	16
17	Plumbing Work	2010	20,600		20	1,030	1,030	2,060	17
18	Brandel Therapy Wing Remodel - Walls, Floors, Ceilings, Windows	2010	353,493		20	17,675	17,675	35,350	18
19	Walking Garden	2010	14,950		20	748	748	1,496	19
20	Fiber Optic Installation Bcc	2011	10,792		20	540	540	540	20
21	Brandel Plumbing Repairs	2011	23,902		20	1,195	1,195	1,195	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	34

**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		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	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		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	34

**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	Improvement Type**	3	4	5	6	7	8	9	
		Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
		Constructed		Depreciation	in Years	Depreciation		Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	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
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	34

**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		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	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		\$ 10,306,427	\$ 468,945		\$ 408,902	\$ (60,043)	\$ 8,869,572	34

**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	Improvement Type**	3	Year	4	Cost	5	Current Book	6	Life	7	Straight Line	8	Adjustments	9	Accumulated	
			Constructed				Depreciation		in Years		Depreciation				Depreciation	
1	Building Company Information			\$		\$				\$		\$		\$		1
2	Buildings:															2
3																3
4																4
5																5
6																6
7																7
8																8
9																9
10																10
11																11
12																12
13																13
14																14
15																15
16																16
17																17
18																18
19																19
20																20
21																21
22																22
23																23
24																24
25																25
26																26
27																27
28																28
29																29
30																30
31																31
32																32
33																33
34	TOTAL (lines 1 thru 33)			\$		\$				\$		\$		\$		34

**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		\$	\$		\$	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34		\$	\$		\$	\$	\$

**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	Improvement Type**	3	Year	4	Cost	5	Current Book	6	Life	7	Straight Line	8	Adjustments	9	Accumulated	
			Constructed				Depreciation		in Years		Depreciation				Depreciation	
1	Related Party Information			\$		\$				\$		\$		\$		1
2	Buildings:															2
3																3
4																4
5																5
6																6
7																7
8	Leasehold Improvements:															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
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25																25
26																26
27																27
28																28
29																29
30																30
31																31
32																32
33																33
34	TOTAL (lines 1 thru 33)			\$		\$				\$		\$		\$		34

**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	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	Related Party Information Continued		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**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	\$ 1,536,972	\$	\$ 147,586	\$ 147,586	10	\$ 810,893	71
72	Current Year Purchases	98,792		9,879	9,879	10	9,879	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,635,764	\$	\$ 157,465	\$ 157,465		\$ 820,772	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		Van	1987	\$ 24,339	\$	\$	\$	5	\$ 24,339	76
77		Bus	2010	5,869		1,174	1,174	5	2,348	77
78										78
79										79
80	TOTALS			\$ 30,208	\$	\$ 1,174	\$ 1,174		\$ 26,687	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)	\$ 12,043,120	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 468,945	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 567,541	83**
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 98,596	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,717,031	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								5
6								6
7	TOTAL				\$			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: \$ 9,393 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			\$	\$	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>/2013</u>	\$ _____
13.	<u>/2014</u>	\$ _____
14.	<u>/2015</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.

Covenant Health Care Center - Northbrook

0033779

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1/1/11-12/31/11

<u>Description</u>	<u>Amount</u>
Copiers	9,393
	<u>9,393</u>

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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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.)

1	Service	Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 23,569	\$		\$ 23,569	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			191,670			191,670	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			198,995			198,995	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 prescripts				117,551		117,551	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>					20,610	39,736		60,346	13
14	TOTAL			\$		\$ 434,844	\$ 157,287		\$ 592,131	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 Covenant Health Care Center - Northbrook

0033779

Report Period Beginning: 02/01/11

Ending:

01/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 01/31/12

(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	\$		1
2	Cash-Patient Deposits	32,027		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	955,312		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,434		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>	96,316		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,090,089	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	70,272		13
14	Buildings, at Historical Cost	9,312,176		14
15	Leasehold Improvements, at Historical Cost	42,526		15
16	Equipment, at Historical Cost	1,064,113		16
17	Accumulated Depreciation (book methods)	(6,764,721)		17
18	Deferred Charges	63,112		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 Supplemental Schedule</u>	15,337,404		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,124,882	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,214,971	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 126,929	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	322,002		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,472		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	62,907		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	128,830		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 649,140	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	1,527,274		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,527,274	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,176,414	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 18,038,557	\$ #REF!	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 20,214,971	\$ #REF!	48

*(See instructions.)

Covenant Health Care Center - Northbrook

0033779

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1/1/11-12/31/11

Other Current Assets:	Amount	Amount
Bond Sinking Fund	33,184	
Bond Interest Fund	14,287	
Acc Int Debt Service Reserves	1,869	
Other Receivables	46,976	

96,316

Other Non-Current Assets:	Amount	Amount
Benevolent Care Fund	1,088,549	
Property Replacement Fund	902,088	
Capital Reserve Fund	4,617,842	
Debt Service Reserve Fund	244,952	
Asset Clearing	410,358	
Original Issue Discount (Oid)	11,238	
Admin - Zone 91	8,062,377	

15,337,404

Other Current Liabilities:	Amount	Amount
Accrued Other Expense	5,338	
Resident Trust Funds	32,027	
Other Current Liabilities	78,482	
Design Contributions-General	12,983	

128,830

Other Non-Current Liabilities:	Amount	Amount
---------------------------------------	---------------	---------------

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 16,872,709	1
2	Restatements (describe):		2
3	Tie to PY Equity	2	3
4	Rounding	(2)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 16,872,709	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,165,848	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	()	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)	\$ 1,165,848	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)	\$ 18,038,557	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	\$ 8,222,463	1
2	Discounts and Allowances for all Levels	(953,465)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,268,998	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	753,208	6
7	Oxygen	4,829	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 758,037	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	38,430	13
14	Non-Patient Meals	4,599	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	4,465	16
17	Sale of Drugs	128,416	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	12,973	19
20	Radiology and X-Ray		20
21	Other Medical Services	185,927	21
22	Laundry	49,730	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 424,540	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	365,793	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 365,793	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	8,353	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,353	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,825,721	30

2

Expenses		Amount	
A. Operating Expenses			
31	General Services	1,534,538	31
32	Health Care	2,979,094	32
33	General Administration	1,809,583	33
B. Capital Expense			
34	Ownership	572,982	34
C. Ancillary Expense			
35	Special Cost Centers	592,131	35
36	Provider Participation Fee	171,545	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,659,873	40
41	Income before Income Taxes (line 30 minus line 40)**	1,165,848	41
42	Income Taxes	#REF!	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ #REF!	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,012,174	44
45	Private Pay - Net Inpatient Revenue	1,927,424	45
46	Medicare - Net Inpatient Revenue	1,081,296	46
47	Other-(specify) <u>Managed Care</u>	39,975	47
48	Other-(specify) <u>Contractual Allowances/Discounts</u>	3,161,594	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,222,463	49

* This must agree with page 4, line 45, column 4.
 ** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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 Covenant Health Care Center - Northbrook

0033779

Report Period Beginning:

02/01/11

Ending:

01/31/12

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,298	\$ 97,309	\$ 42.35	1
2	Assistant Director of Nursing					2
3	Registered Nurses	41,411	45,752	944,419	20.64	3
4	Licensed Practical Nurses	14,364	15,869	327,580	20.64	4
5	CNAs & Orderlies	51,434	56,825	1,123,120	19.76	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,638	1,770	36,700	20.73	9
10	Activity Assistants	6,838	7,387	153,189	20.74	10
11	Social Service Workers	5,624	6,076	125,994	20.74	11
12	Dietician					12
13	Food Service Supervisor	1,081	1,171	13,125	11.21	13
14	Head Cook	7,512	8,138	91,240	11.21	14
15	Cook Helpers/Assistants	15,647	16,952	190,057	11.21	15
16	Dishwashers					16
17	Maintenance Workers	6,231	6,988	101,545	14.53	17
18	Housekeepers	9,902	11,104	161,368	14.53	18
19	Laundry	1,673	1,876	27,267	14.53	19
20	Administrator	1,821	1,990	88,531	44.49	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,660	10,591	170,414	16.09	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	1,718	1,898	39,186	20.65	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	#REF!	#REF!			33
34	TOTAL (lines 1 - 33)	#REF!	#REF!	\$ 3,691,044 *	\$	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	Monthly	\$ 114,471	01-03	35
36	Medical Director	Monthly	16,560	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	1,547	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	4	113	11-03	44
45	Social Service Consultant	16	421	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	20	\$ 133,112		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	1,682	25,224	10-03	52
53	TOTAL (lines 50 - 52)	1,682	\$ 25,224		53

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN and AAHSA \$17,414
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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. \$ 48,143 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? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 171,545
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? N/A
- (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. \$ None Has any meal income been offset against related costs? None Indicate the amount. \$ None
- (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? Line 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? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Deloitte
- (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.

Covenant Health Care Center - Northbrook
Legal Services
02/01/2011-1/31/2012

Vendor	Amount
Erickson-Papanek-Peterson-Rose	4,719.94
Illionois Charity Bureau	560.00
James E. McParland	242.50
CRC - In-House Legal	6,944.40
Total Legal	12,466.84
Less P 5 Adj.	<u>(7,467.00)</u>
Allowable Legal	<u>4,999.84</u>

Covenant Health Care Center - Northbrook

0033779

02/01/2011-01/31/2012

Seminar Schedule

ACCOUNT- ACCT-UNIT	DESCRIPTION	GLT-FIELDS	GLT-AMT
CONFEREN	4140 Nursing	02 03/31/11 AP 1910023 21198BANK OF AM	104.3
CONFEREN	4140 Nursing	04 05/31/11 AP 1910039 46484Pamela Blat	150
CONFEREN	4140 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	12
CONFEREN	4140 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	69.3
CONFEREN	4140 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	38
CONFEREN	4140 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	104.3
CONFEREN	4140 Nursing	07 08/31/11 GL N 15 Incorrect Account us	140
CONFEREN	4140 Nursing	09 10/31/11 AP 1910142 21198BANK OF AM	524.3
CONFEREN	4140 Nursing	10 11/30/11 GL N 4 Seminar - Nursing	100
CONFEREN	4141 Activities	04 05/30/11 AP 1910017 999001202Northern	33.95
CONFEREN	4141 Activities	10 11/30/11 AP 1910047 20679COVENANT \	60
CONFEREN	4141 Activities	12 01/31/12 AP 1910173 20679COVENANT \	5
CONFEREN	4142 Chaplains	08 09/30/11 AP 1910121 999001347BeFriende	179.7
CONFEREN	4180 Administra	01 02/28/11 AP 1910027 46603Northern Il	540
CONFEREN	4180 Administra	01 02/28/11 AP 1910027 999001130Fred Pryor	80.55
CONFEREN	4180 Administra	02 03/01/11 AP 1910001 46603Northern Il	31.5
CONFEREN	4180 Administra	05 06/30/11 AP 1910119 43233Alice Lau R	118.5
CONFEREN	4180 Administra	06 07/31/11 AP 1910151 21198BANK OF AM	547.34
CONFEREN	4180 Administra	12 01/31/12 GL N 18 Reclass Credit Card	436
CONFEREN	4180 Administra	12 01/31/12 GL N 18 Reclass Credit Card	99
CONFEREN	4180 Administra	12 01/31/12 GL N 18 Reclass Credit Card	130
CONFEREN	4640 Nursing	02 03/31/11 AP 1910023 21198BANK OF AM	44.7
CONFEREN	4640 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	28.95
CONFEREN	4640 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	29.7
CONFEREN	4640 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	15.98
CONFEREN	4640 Nursing	04 05/31/11 AP 1910039 21198BANK OF AM	44.7
CONFEREN	4640 Nursing	09 10/31/11 AP 1910142 21198BANK OF AM	224.7
CONFEREN	4640 Nursing	10 11/30/11 GL N 4 Seminar - Nursing	60
CONFEREN	4642 Chaplains	08 09/30/11 AP 1910121 999001347BeFriende	59.9
CONFEREN	4680 Administra	01 02/28/11 AP 1910027 46603Northern Il	180
CONFEREN	4680 Administra	01 02/28/11 AP 1910027 999001130Fred Pryor	30.43
CONFEREN	4680 Administra	02 03/01/11 AP 1910001 46603Northern Il	10.5
CONFEREN	4680 Administra	05 06/30/11 AP 1910119 43233Alice Lau R	39.5
CONFEREN	4680 Administra	06 07/31/11 AP 1910151 21198BANK OF AM	234.58
CONFEREN	4680 Administra	09 10/31/11 AP 1910142 21198BANK OF AM	96
CONFEREN	4680 Administra	12 01/31/12 GL N 18 Reclass Credit Card	90
CONFEREN	4680 Administra	12 01/31/12 GL N 18 Reclass Credit Card	55
TRAINING	4140 Nursing	09 10/31/11 GL N 4 Training - June 2011	22.5
TRAINING	4140 Nursing	09 10/31/11 GL N 4 ALW Nurse Training J	15
TRAINING	4141 Activities	01 02/28/11 AP 1910027 20976The Comprel	120
TRAINING	4150 Dining Serv	01 02/28/11 GL N 2 Training	3.6
TRAINING	4150 Dining Serv	02 03/31/11 GL N 4 Training	7.18
TRAINING	4150 Dining Serv	03 04/30/11 GL N 2 Training	103.5
TRAINING	4150 Dining Serv	04 05/31/11 GL N 2 Training	37.8
TRAINING	4150 Dining Serv	05 06/30/11 GL N 2 Training	31.05
TRAINING	4150 Dining Serv	06 07/31/11 GL N 2 Training	76.5
TRAINING	4150 Dining Serv	07 08/31/11 GL N 2 Training	81.45
TRAINING	4150 Dining Serv	08 09/30/11 GL N 2 Training	4.5
TRAINING	4150 Dining Serv	10 11/30/11 GL N 2 Training	36
TRAINING	4170 Maintenanc	04 05/31/11 AP 1910064 42550BANK OF AM	8.4
TRAINING	4170 Maintenanc	04 05/31/11 AP 1910064 42550BANK OF AM	2.94
TRAINING	4170 Maintenanc	08 09/30/11 AP 1910141 21198BANK OF AM	0.9
TRAINING	4170 Maintenanc	09 10/31/11 AP 1910104 50078WMI Techno	98.1
TRAINING	4170 Maintenanc	12 01/28/12 AP 1910142 21198BANK OF AM	9.17
TRAINING	4170 Maintenanc	12 01/31/12 AP 1910210 42550BANK OF AM	5.74
TRAINING	4180 Administra	04 05/31/11 AP 1910039 21198BANK OF AM	30
TRAINING	4180 Administra	11 12/31/11 AP 1910142 51047HEALTHCARE	107.99
TRAINING	4641 Activities	01 02/28/11 AP 1910027 20976The Comprel	60
TRAINING	4650 Dining Serv	01 02/28/11 GL N 2 Training	1.6
TRAINING	4650 Dining Serv	02 03/31/11 GL N 4 Training	3.19
TRAINING	4650 Dining Serv	03 04/30/11 GL N 2 Training	46
TRAINING	4650 Dining Serv	04 05/31/11 GL N 2 Training	16.8
TRAINING	4650 Dining Serv	05 06/30/11 GL N 2 Training	13.8
TRAINING	4650 Dining Serv	06 07/31/11 GL N 2 Training	33.99
TRAINING	4650 Dining Serv	07 08/31/11 GL N 2 Training	36.2
TRAINING	4650 Dining Serv	08 09/30/11 GL N 2 Training	2
TRAINING	4650 Dining Serv	10 11/30/11 GL N 2 Training	15.99
TRAINING	4670 Maintenanc	04 05/31/11 AP 1910064 42550BANK OF AM	1.26
TRAINING	4670 Maintenanc	08 09/30/11 AP 1910141 21198BANK OF AM	0.3
TRAINING	4670 Maintenanc	09 10/31/11 AP 1910104 50078WMI Techno	32.7
TRAINING	4670 Maintenanc	12 01/28/12 AP 1910142 21198BANK OF AM	3.06
TRAINING	4670 Maintenanc	12 01/31/12 AP 1910210 42550BANK OF AM	2.46
TRAINING	4680 Administra	04 05/31/11 AP 1910039 21198BANK OF AM	15
TRAINING	4680 Administra	11 12/31/11 AP 1910142 51047HEALTHCARE	36.01
		CRC Board Member Meetings	16
		Total Seminar Expense	5887.06

ACCOUNT-DESC	ACCT-UNIT DESCRIPTION	GLT-FIELDS	GLT-AMT
TRAVEL AND AUTO	4140 Nursing	02 03/31/11 AP 1910043 46484Pamela Blat	167.48
TRAVEL AND AUTO	4140 Nursing	06 07/31/11 AP 1910088 46484Pamela Blat	59.87
TRAVEL AND AUTO	4140 Nursing	10 11/30/11 AP 1910033 46484Pamela Blat	47.3
TRAVEL AND AUTO	4140 Nursing	10 11/30/11 AP 1910033 39231Sean Matula	59.05
TRAVEL AND AUTO	4140 Nursing	10 11/30/11 AP 1910093 46484Pamela Blat	47.3
TRAVEL AND AUTO	4140 Nursing	11 12/01/11 AP 1910054 46484Pamela Blat	47.3
TRAVEL AND AUTO	4140 Nursing	11 12/31/11 AP 1910031 46484Pamela Blat	47.3
TRAVEL AND AUTO	4141 Activities	02 03/31/11 AP 1910043 38920Kandace Ber	13.8
TRAVEL AND AUTO	4141 Activities	05 06/30/11 AP 1910119 38920Kandace Ber	104.7
TRAVEL AND AUTO	4141 Activities	08 09/30/11 AP 1910121 20679COVENANT VI	8.88
TRAVEL AND AUTO	4142 Chaplains	01 02/28/11 AP 1910027 38566RICHARD BER	76.44
TRAVEL AND AUTO	4142 Chaplains	08 09/30/11 AP 1910121 21487BRUCE THORS	38.21
TRAVEL AND AUTO	4142 Chaplains	09 10/17/11 AP 1910025 21487BRUCE THORS	24.13
TRAVEL AND AUTO	4142 Chaplains	09 10/31/11 AP 1910018 38566RICHARD BER	130.98
TRAVEL AND AUTO	4142 Chaplains	09 10/31/11 AP 1910104 21487BRUCE THORS	7.33
TRAVEL AND AUTO	4143 Social Services	01 02/28/11 AP 1910027 49003Deanna Wried	10
TRAVEL AND AUTO	4143 Social Services	01 02/28/11 AP 1910027 49003Deanna Wried	14.28
TRAVEL AND AUTO	4143 Social Services	02 03/31/11 AP 1910023 49003Deanna Wried	5.6
TRAVEL AND AUTO	4143 Social Services	02 03/31/11 AP 1910060 49003Deanna Wried	12.6
TRAVEL AND AUTO	4143 Social Services	03 04/30/11 AP 1910020 49003Deanna Wried	7
TRAVEL AND AUTO	4143 Social Services	03 04/30/11 AP 1910020 49330Kerri Galla	5.71
TRAVEL AND AUTO	4143 Social Services	03 04/30/11 AP 1910067 49330Kerri Galla	63.88
TRAVEL AND AUTO	4143 Social Services	04 05/31/11 AP 1910039 49330Kerri Galla	20.71
TRAVEL AND AUTO	4143 Social Services	04 05/31/11 AP 1910084 49330Kerri Galla	19.28
TRAVEL AND AUTO	4143 Social Services	06 07/31/11 AP 1910017 49330Kerri Galla	24.78
TRAVEL AND AUTO	4143 Social Services	06 07/31/11 AP 1910120 49330Kerri Galla	24.86
TRAVEL AND AUTO	4143 Social Services	06 07/31/11 AP 1910143 49330Kerri Galla	23.1
TRAVEL AND AUTO	4143 Social Services	07 08/31/11 AP 1910074 49330Kerri Galla	52.05
TRAVEL AND AUTO	4143 Social Services	07 08/31/11 AP 1910150 49330Kerri Galla	43.9
TRAVEL AND AUTO	4143 Social Services	08 09/30/11 AP 1910026 49330Kerri Galla	54
TRAVEL AND AUTO	4143 Social Services	08 09/30/11 AP 1910121 49330Kerri Galla	29.53
TRAVEL AND AUTO	4143 Social Services	09 10/31/11 AP 1910027 49330Kerri Galla	42.35
TRAVEL AND AUTO	4143 Social Services	09 10/31/11 AP 1910104 49330Kerri Galla	15.54
TRAVEL AND AUTO	4143 Social Services	10 11/30/11 AP 1910019 49330Kerri Galla	26.42
TRAVEL AND AUTO	4143 Social Services	10 11/30/11 AP 1910093 49330Kerri Galla	38.07
TRAVEL AND AUTO	4143 Social Services	10 11/30/11 AP 1910163 49330Kerri Galla	39.24
TRAVEL AND AUTO	4143 Social Services	11 12/31/11 AP 1910104 49330Kerri Galla	50.12
TRAVEL AND AUTO	4143 Social Services	11 12/31/11 AP 1910139 49330Kerri Galla	35.74
TRAVEL AND AUTO	4143 Social Services	12 01/31/12 AP 1910111 49330Kerri Galla	56.94
TRAVEL AND AUTO	4143 Social Services	12 01/31/12 AP 1910173 49330Kerri Galla	64.44
TRAVEL AND AUTO	4170 Maintenance	06 07/31/11 AP 1910088 50011Douglas Fen	172.28
TRAVEL AND AUTO	4170 Maintenance	06 07/31/11 AP 1910120 50011Douglas Fen	24.69
TRAVEL AND AUTO	4180 Administrative and General	07 08/31/11 AP 1910059 21198BANK OF AME	489.5
TRAVEL AND AUTO	4180 Administrative and General	08 09/30/11 AP 1910020 21198BANK OF AME	261.95
TRAVEL AND AUTO	4180 Administrative and General	08 09/30/11 AP 1910093 49330Kerri Galla	5
TRAVEL AND AUTO	4180 Administrative and General	08 09/30/11 AP 1910121 20679COVENANT VI	23
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 39435Jonathan Ka	107.77
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	820.74
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	25.9
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	17.5
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	25.2
TRAVEL AND AUTO	4180 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	17.5
TRAVEL AND AUTO	4180 Administrative and General	10 11/30/11 AP 1910047 20679COVENANT VI	11
TRAVEL AND AUTO	4180 Administrative and General	11 12/31/11 AP 1910076 49330Kerri Galla	11.2
TRAVEL AND AUTO	4180 Administrative and General	12 01/31/12 AP 1910173 20679COVENANT VI	33
TRAVEL AND AUTO	4640 Nursing	02 03/31/11 AP 1910043 46484Pamela Blat	71.77
TRAVEL AND AUTO	4640 Nursing	10 11/30/11 AP 1910033 46484Pamela Blat	20.28
TRAVEL AND AUTO	4640 Nursing	10 11/30/11 AP 1910033 39231Sean Matula	25.31
TRAVEL AND AUTO	4640 Nursing	10 11/30/11 AP 1910093 46484Pamela Blat	20.28
TRAVEL AND AUTO	4640 Nursing	11 12/01/11 AP 1910054 46484Pamela Blat	20.28
TRAVEL AND AUTO	4640 Nursing	11 12/31/11 AP 1910031 46484Pamela Blat	20.28
TRAVEL AND AUTO	4641 Activities	08 09/30/11 AP 1910141 45742Naranne Ap	9.93
TRAVEL AND AUTO	4642 Chaplains	08 09/30/11 AP 1910121 21487BRUCE THORS	12.74
TRAVEL AND AUTO	4642 Chaplains	09 10/17/11 AP 1910025 21487BRUCE THORS	8.04
TRAVEL AND AUTO	4642 Chaplains	09 10/31/11 AP 1910104 21487BRUCE THORS	2.44
TRAVEL AND AUTO	4643 Social Services	01 02/28/11 AP 1910027 49003Deanna Wried	4.28
TRAVEL AND AUTO	4643 Social Services	01 02/28/11 AP 1910027 49003Deanna Wried	6.12
TRAVEL AND AUTO	4643 Social Services	02 03/31/11 AP 1910023 49003Deanna Wried	2.4
TRAVEL AND AUTO	4643 Social Services	02 03/31/11 AP 1910060 49003Deanna Wried	5.4
TRAVEL AND AUTO	4643 Social Services	03 04/30/11 AP 1910020 49003Deanna Wried	3
TRAVEL AND AUTO	4643 Social Services	03 04/30/11 AP 1910020 49330Kerri Galla	2.45
TRAVEL AND AUTO	4643 Social Services	03 04/30/11 AP 1910067 49330Kerri Galla	27.37
TRAVEL AND AUTO	4643 Social Services	04 05/31/11 AP 1910039 49330Kerri Galla	8.87
TRAVEL AND AUTO	4643 Social Services	04 05/31/11 AP 1910084 49330Kerri Galla	8.26
TRAVEL AND AUTO	4643 Social Services	06 07/31/11 AP 1910017 49330Kerri Galla	10.62
TRAVEL AND AUTO	4643 Social Services	06 07/31/11 AP 1910120 49330Kerri Galla	10.66
TRAVEL AND AUTO	4643 Social Services	06 07/31/11 AP 1910143 49330Kerri Galla	9.9
TRAVEL AND AUTO	4643 Social Services	07 08/31/11 AP 1910074 49330Kerri Galla	22.32
TRAVEL AND AUTO	4643 Social Services	07 08/31/11 AP 1910150 49330Kerri Galla	18.82
TRAVEL AND AUTO	4643 Social Services	08 09/30/11 AP 1910026 49330Kerri Galla	23.15
TRAVEL AND AUTO	4643 Social Services	08 09/30/11 AP 1910121 49330Kerri Galla	12.65
TRAVEL AND AUTO	4643 Social Services	09 10/31/11 AP 1910027 49330Kerri Galla	18.15
TRAVEL AND AUTO	4643 Social Services	09 10/31/11 AP 1910104 49330Kerri Galla	6.66
TRAVEL AND AUTO	4643 Social Services	10 11/30/11 AP 1910019 49330Kerri Galla	11.32
TRAVEL AND AUTO	4643 Social Services	10 11/30/11 AP 1910093 49330Kerri Galla	16.32
TRAVEL AND AUTO	4643 Social Services	10 11/30/11 AP 1910163 49330Kerri Galla	16.82
TRAVEL AND AUTO	4643 Social Services	11 12/31/11 AP 1910104 49330Kerri Galla	21.48
TRAVEL AND AUTO	4643 Social Services	11 12/31/11 AP 1910139 49330Kerri Galla	15.32
TRAVEL AND AUTO	4643 Social Services	12 01/31/12 AP 1910111 49330Kerri Galla	6.33
TRAVEL AND AUTO	4643 Social Services	12 01/31/12 AP 1910173 49330Kerri Galla	7.16
TRAVEL AND AUTO	4670 Maintenance	06 07/31/11 AP 1910088 50011Douglas Fen	57.42
TRAVEL AND AUTO	4670 Maintenance	06 07/31/11 AP 1910120 50011Douglas Fen	8.23
TRAVEL AND AUTO	4680 Administrative and General	03 04/30/11 AP 1910040 20679COVENANT VI	35.5
TRAVEL AND AUTO	4680 Administrative and General	07 08/31/11 AP 1910059 21198BANK OF AME	209.5
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 39435Jonathan Ka	46.19
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	351.74
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	11.1
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	7.5
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	10.8
TRAVEL AND AUTO	4680 Administrative and General	09 10/31/11 AP 1910142 21198BANK OF AME	7.5
TRAVEL AND AUTO	4680 Administrative and General	11 12/31/11 AP 1910076 49330Kerri Galla	4.8
Total Travel Expense			4440