



Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	<u>302</u>	Skilled (SNF)	<u>302</u>	<u>110,230</u>	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	<u>302</u>	TOTALS	<u>302</u>	<u>110,230</u>	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			<u>12,081</u>	<u>12,081</u>	8
9	SNF/PED					9
10	ICF	<u>70,550</u>	<u>6,548</u>	<u>4,883</u>	<u>81,981</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>70,550</u>	<u>6,548</u>	<u>16,964</u>	<u>94,062</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.33%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 07/01/1994

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

YES  Date 07/01/1944 NO

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

YES  NO  If YES, enter number of beds certified 302 and days of care provided 10,888

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number

Bronzeville Park N &amp; Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	425,179	108,278	22,660	556,117		556,117		556,117		1
2	Food Purchase		447,191		447,191		447,191	(311)	446,880		2
3	Housekeeping		14,975	350,139	365,114		365,114		365,114		3
4	Laundry	34,176	68,959	218,975	322,110		322,110		322,110		4
5	Heat and Other Utilities			259,881	259,881		259,881	(6,948)	252,933		5
6	Maintenance	64,937	86,460	224,062	375,459		375,459	15,503	390,962		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	524,292	725,863	1,075,717	2,325,872		2,325,872	8,244	2,334,116		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			68,800	68,800		68,800		68,800		9
10	Nursing and Medical Records	5,209,391	955,461	62,187	6,227,039		6,227,039	(41,526)	6,185,513		10
10a	Therapy	201,629			201,629		201,629		201,629		10a
11	Activities	144,329	29,643		173,972		173,972	1,268	175,240		11
12	Social Services	237,081			237,081		237,081		237,081		12
13	CNA Training										13
14	Program Transportation			3,174	3,174		3,174		3,174		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,792,430	985,104	134,161	6,911,695		6,911,695	(40,258)	6,871,437		16
	<b>C. General Administration</b>										
17	Administrative	135,160		982,791	1,117,951		1,117,951	(930,331)	187,620		17
18	Directors Fees										18
19	Professional Services			200,057	200,057	(27,728)	172,329	(28,146)	144,183		19
20	Dues, Fees, Subscriptions & Promotions			131,791	131,791		131,791	(79,652)	52,139		20
21	Clerical & General Office Expenses	380,995	42,133	567,184	990,312		990,312	(210,935)	779,377		21
22	Employee Benefits & Payroll Taxes			1,302,844	1,302,844		1,302,844		1,302,844		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,180	14,180		14,180	(86)	14,094		24
25	Other Admin. Staff Transportation			526	526		526	2,376	2,902		25
26	Insurance-Prop.Liab.Malpractice			929,547	929,547		929,547	21,217	950,764		26
27	Other (specify):*							65,280	65,280		27
28	<b>TOTAL General Administration</b>	516,155	42,133	4,128,920	4,687,208	(27,728)	4,659,480	(1,160,278)	3,499,202		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,832,877	1,753,100	5,338,798	13,924,775	(27,728)	13,897,047	(1,192,292)	12,704,755		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number

Bronzeville Park N &amp; Lvg Ctr

#0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			306,106	306,106		306,106	180,206	486,312			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			149,977	149,977		149,977	479,903	629,880			32
33	Real Estate Taxes					27,728	27,728	108,375	136,103			33
34	Rent-Facility & Grounds			1,477,561	1,477,561		1,477,561	(1,472,319)	5,242			34
35	Rent-Equipment & Vehicles			37,941	37,941		37,941	7,932	45,873			35
36	Other (specify):*							87,730	87,730			36
37	<b>TOTAL Ownership</b>			1,971,585	1,971,585	27,728	1,999,313	(608,172)	1,391,140			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		626,768	1,626,189	2,252,957		2,252,957	(8,804)	2,244,153			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			675,589	675,589		675,589		675,589			42
43	Other (specify):*	200,560			200,560		200,560	(200,560)				43
44	<b>TOTAL Special Cost Centers</b>	200,560	626,768	2,301,778	3,129,106		3,129,106	(209,364)	2,919,742			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,033,437	2,379,868	9,612,161	19,025,466		19,025,466	(2,009,828)	17,015,638			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning: 01/01/13

Ending: 12/31/13

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,348)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(137,446)	30		9
10	Interest and Other Investment Income	(4,926)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(311)	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	(8,176)	21		18
19	Entertainment	(914)	24		19
20	Contributions	(22,050)	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	(409,182)	21		24
25	Fund Raising, Advertising and Promotional	(52,016)	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	(903,839)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,549,208)</b>		<b>\$</b>	<b>30</b>

BHF USE ONLY					
48		49		50	
				51	
				52	

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)	(460,620)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (460,620)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (2,009,828)</b>		<b>37</b>

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

## Bronzeville Park N &amp; Lvg Ctr

ID# 0040592

Report Period Beginning: 01/01/13

Ending: 12/31/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Patient Needs	\$ (10,134)	10	1
2	Patient Clothing	(5,529)	10	2
3	Veterans Expense	(33,144)	10	3
4	Community Relations Salary	(62,083)	43	4
5	Bank Charges	(20,579)	21	5
6	Sequestration Fee	(82,763)	21	6
7	Jury Duty Income	(86)	10	7
8	Medical Records Revenue	(1,006)	10	8
9	Building Company - Bank Charges	(225)	21	9
10	Building Company - License and Inspection	(100)	20	10
11	Building Company - Legal Fees	(250)	19	11
12	Building Company - Accounting and Audit Fees	(10,515)	19	12
13	Building Company - IL Replacement Tax	(8,024)	21	13
14	Building Company - Amortization of Loan Fees	(191,360)	36	14
15	Building Company - Penalty	(288,918)	21	15
16	Collections Expense	(9,717)	21	16
17	Web Media	(195)	21	17
18	Annual Report	(175)	20	18
19	Non-Allowable Legal	(38,370)	19	19
20	Out of period Seminars	(532)	24	20
21	Additional R&M	6,165	06	21
22	COPE Dues	(7,611)	20	22
23	Marketing Salaries	(138,477)	43	23
24	Non-Allowable Travel	(211)	25	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	<b>Total</b>	(903,839)	49

Bronzeville Park N & Lvg Ctr

ID# 0040592

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98	<b>Total</b>		0	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(311)											(311)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(10,348)		3,400									(6,948)	5
6	Maintenance	6,165		9,338									15,503	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(4,494)</b>		<b>12,738</b>									<b>8,244</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(49,899)		8,373									(41,526)	10
10a	Therapy													10a
11	Activities			1,268									1,268	11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(49,899)</b>		<b>9,641</b>									<b>(40,258)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(930,331)									(930,331)	17
18	Directors Fees													18
19	Professional Services	(49,135)	10,765	10,224									(28,146)	19
20	Fees, Subscriptions & Promotions	(81,952)	100	2,200									(79,652)	20
21	Clerical & General Office Expenses	(827,779)	297,167	319,678									(210,935)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(1,446)		1,360									(86)	24
25	Other Admin. Staff Transportation	(211)		2,587									2,376	25
26	Insurance-Prop.Liab.Malpractice		18,962	2,255									21,217	26
27	Other (specify):*			65,280									65,280	27
28	<b>TOTAL General Administration</b>	<b>(960,523)</b>	<b>326,994</b>	<b>(526,749)</b>									<b>(1,160,278)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(1,014,916)</b>	<b>326,994</b>	<b>(504,370)</b>									<b>(1,192,292)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(137,446)	298,837	18,816									180,206	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(4,926)	482,476	2,353									479,903	32
33	Real Estate Taxes		99,936	8,439									108,375	33
34	Rent-Facility & Grounds		(1,472,928)	609									(1,472,319)	34
35	Rent-Equipment & Vehicles			7,932									7,932	35
36	Other (specify):*	(191,360)	279,090										87,730	36
37	<b>TOTAL Ownership</b>	<b>(333,732)</b>	<b>(312,589)</b>	<b>38,149</b>									<b>(608,172)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(1,214)	(6,138)	(1,452)				(8,804)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(200,560)											(200,560)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(200,560)</b>					<b>(1,214)</b>	<b>(6,138)</b>	<b>(1,452)</b>				<b>(209,364)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(1,549,208)</b>	<b>14,405</b>	<b>(466,221)</b>			<b>(1,214)</b>	<b>(6,138)</b>	<b>(1,452)</b>				<b>(2,009,828)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,472,928	Chevy Chase Associates	100.00%	\$	\$ (1,472,928)	1
2	V	32 Interest	580	Chevy Chase Associates	100.00%	483,056	482,476	2
3	V	21 Bank Charges		Chevy Chase Associates	100.00%	225	225	3
4	V	26 Gen. & Professional Liability		Chevy Chase Associates	100.00%	18,962	18,962	4
5	V	20 License and Inspection		Chevy Chase Associates	100.00%	100	100	5
6	V	19 Legal Fees		Chevy Chase Associates	100.00%	250	250	6
7	V	19 Accounting and Audit Fees		Chevy Chase Associates	100.00%	10,515	10,515	7
8	V	21 IL Replacement Tax		Chevy Chase Associates	100.00%	8,024	8,024	8
9	V	33 Real Estate Taxes		Chevy Chase Associates	100.00%	99,936	99,936	9
10	V	30 Depreciation		Chevy Chase Associates	100.00%	298,837	298,837	10
11	V	36 Amortization of Loan Fees		Chevy Chase Associates	100.00%	191,360	191,360	11
12	V	36 MIP Expense		Chevy Chase Associates	100.00%	87,730	87,730	12
13	V	21 Penalty		Chevy Chase Associates	100.00%	288,918	288,918	13
14	Total		\$ 1,473,508			\$ 1,487,913	\$ * 14,405	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 UTILITIES	\$	NUCARE SERVICES CORP.	100.00%	\$ 3,400	\$	3,400	15
16	V	6 MAINTENANCE SALARIES		NUCARE SERVICES CORP.	100.00%	1,154		1,154	16
17	V	6 REPAIRS AND MAINT.		NUCARE SERVICES CORP.	100.00%	8,184		8,184	17
18	V	10 CLINICAL SALARIES		NUCARE SERVICES CORP.	100.00%	8,373		8,373	18
19	V	11 ACTIVITY SALARIES		NUCARE SERVICES CORP.	100.00%	1,268		1,268	19
20	V	17 ADMINISTRATIVE SALARIES - NON-OWNER		NUCARE SERVICES CORP.	100.00%	52,460		52,460	20
21	V	19 PROFESSIONAL FEES		NUCARE SERVICES CORP.	100.00%	10,224		10,224	21
22	V	20 FEES SUBSCRIPTIONS		NUCARE SERVICES CORP.	100.00%	2,200		2,200	22
23	V	21 CLERICAL & GENERAL SALARIES		NUCARE SERVICES CORP.	100.00%	286,919		286,919	23
24	V	21 CLERICAL & GENERAL		NUCARE SERVICES CORP.	100.00%	32,759		32,759	24
25	V	24 SEMINARS AND EDUCATION		NUCARE SERVICES CORP.	100.00%	1,360		1,360	25
26	V	25 ADMIN. STAFF TRAVEL		NUCARE SERVICES CORP.	100.00%	2,587		2,587	26
27	V	26 INSURANCE		NUCARE SERVICES CORP.	100.00%	2,255		2,255	27
28	V	27 EMPLOYEE BEN. GEN. ADMIN.		NUCARE SERVICES CORP.	100.00%	65,280		65,280	28
29	V	30 DEPRECIATION		NUCARE SERVICES CORP.	100.00%	18,816		18,816	29
30	V	32 INTEREST EXPENSE		NUCARE SERVICES CORP.	100.00%	2,353		2,353	30
31	V	33 REAL ESTATE TAX		NUCARE SERVICES CORP.	100.00%	8,439		8,439	31
32	V	34 PARKING LOT RENT		NUCARE SERVICES CORP.	100.00%	609		609	32
33	V	35 AUTO LEASE		NUCARE SERVICES CORP.	100.00%	4,885		4,885	33
34	V	35 EQUIPMENT RENTAL		NUCARE SERVICES CORP.	100.00%	3,047		3,047	34
35	V								35
36	V	17 BOOKKEEPING FEE	982,791	NUCARE SERVICES CORP.	100.00%			(982,791)	36
37	V								37
38	V								38
39	Total		\$ 982,791			\$ 516,570	\$ *	(466,221)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	22 WORKERS COMPENSATION	\$ 60,651	DIAMOND INSURANCE	100.00%	\$ 60,651	\$	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		\$ 60,651			\$ 60,651	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	22 WORKERS COMPENSATION	\$ 146,478	MAPLE LEAF INSURANCE	100.00%	\$ 146,478	\$	15
16	V	26 LIABILITY INSURANCE	447,187	MAPLE LEAF INSURANCE	100.00%	447,187		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$ 593,665			\$ 593,665	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 AMBULANCE	\$ 6,945	LIFELINE AMBULANCE	100.00%	\$ 5,731	\$ (1,214)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 6,945			\$ 5,731	\$ * (1,214)

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	39 DME AND MEDICAL SUPPLIES	\$ 139,926	INTEGRA HEALTHCARE EQUIPMENT	100.00%	\$ 133,788	\$ (6,138)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 139,926			\$ 133,788	\$ * (6,138)

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	39 RESPIRATORY SERVICES	\$ 7,231	INTEGRA RESPIRATORY SERVICES LLC	100.00%	\$ 5,779	\$ (1,452)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 7,231			\$ 5,779	\$ * (1,452)

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. RELATED PARTIES (continued)**

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	BARRY & RANDY CARR	4.7500%	CALIFORNIA GARDENS CORP.	CHICAGO	CHEVY ASSOCIATES	LINCOLNWOOD	BUILDING CO.	1
2	GARY HOKIN	25.0000%	CLAREMONT EXTENDED HEALTHCARE, L.L.C.	BUFFALO GROVE	MAPLE LEAF INSURANCE	GRAND CAYMAN	LIABILITY INSURANCE	2
3	GERRY JENICH	5.0000%	CLARIDGE IMPERIAL, LTD.	CHICAGO	JLR FINANCIAL SERVICES	LINCOLNWOOD	MANAGEMENT CO.	3
4	RAJCHENBACH FAMILY TRUST	4.7500%	JACKSON CORP.	CHICAGO	SEASONS HOSPICE	PARK RIDGE	HOSPICE	4
5	ROBERT HARTMAN	55.7500%	MONROE CORP.	CHICAGO	7257 N. LINCOLN AVENUE, LLC	LINCOLNWOOD	BUILDING RENTAL	5
6	SHARON HOLLANDER DISCRETIONARY TRUST	1.5833%	RENAISSANCE EAST	MESA, ARIZONA	NUCARE SERVICES	LINCOLNWOOD	BOOKKEEPING	6
7	MARK HOLLANDER DISCRETIONARY TRUST	1.5833%	RENAISSANCE VILLAGE AL	MESA, ARIZONA	KFT SERVICES, LLC	LINCOLNWOOD	MANAGEMENT CO.	7
8	FEIGE KNOBEL DISCRETIONARY TRUST	1.5834%	RENAISSANCE VILLAGE IL	MESA, ARIZONA	DRAKE LOUIS ENTERPRISE	LINCOLNWOOD	MANAGEMENT CO.	8
9			RENAISSANCE WEST	MESA, ARIZONA	DIAMOND INSURANCE	NORTHBROOK	WORKERS COMP INS	9
10			RENAISSANCE PARK SOUTH	CHICAGO	INTEGRA HEALTHCARE EQUIP	ELMHURST	DME & MEDICAL SUPPLIES	10
11			THE RENAISSANCE AT 87TH STREET, INC.	CHICAGO	LIFELINE AMBULANCE, LLC	CHICAGO	AMBULANCE	11
12			ARIA POST ACUTE CARE	HILLSIDE	INTEGRA RESPIRATORY SERV	ELMHURST	RESPIRATORY SERV.	12
13			THE RENAISSANCE AT MIDWAY, INC.	CHICAGO				13
14			THE RENAISSANCE AT SOUTH SHORE, INC.	CHICAGO				14
15			SEVEN OAKS	GLENDALE, WISC.				15
16			CLAREMONT HANOVER PARK	HANOVER PARK				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	N/A								\$	17-7	1	
2											2	
3											3	
4											4	
5											5	
6											6	
7											7	
8											8	
9											9	
10											10	
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11	
12	anticipated to be considered allowable by the IL. Dept. of HFS.										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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS 1,205,960	16	\$ 37,199	\$	110,230	\$ 3,400	1
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	12,620	12,620	110,230	1,154	2
3	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS 1,205,960	16	89,537		110,230	8,184	3
4	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	91,606	91,606	110,230	8,373	4
5	11	ACTIVITY SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	13,872	13,872	110,230	1,268	5
6	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS 1,205,960	16	573,931	573,931	110,230	52,460	6
7	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS 1,205,960	16	111,853		110,230	10,224	7
8	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS 1,205,960	16	24,065		110,230	2,200	8
9	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS 1,205,960	16	3,139,005	3,139,005	110,230	286,919	9
10	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS 1,205,960	16	358,395		110,230	32,759	10
11	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS 1,205,960	16	14,876		110,230	1,360	11
12	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS 1,205,960	16	28,298		110,230	2,587	12
13	26	INSURANCE	AVAIL. CENSUS DAYS 1,205,960	16	24,669		110,230	2,255	13
14	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS 1,205,960	16	714,188		110,230	65,280	14
15	30	DEPRECIATION	AVAIL. CENSUS DAYS 1,205,960	16	205,852		110,230	18,816	15
16	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS 1,205,960	16	25,740		110,230	2,353	16
17	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS 1,205,960	16	92,330		110,230	8,439	17
18	34	PARKING LOT RENT	AVAIL. CENSUS DAYS 1,205,960	16	6,664		110,230	609	18
19	35	AUTO LEASE	AVAIL. CENSUS DAYS 1,205,960	16	53,447		110,230	4,885	19
20	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS 1,205,960	16	33,335		110,230	3,047	20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 5,651,481	\$ 3,831,033		\$ 516,570	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	DIRECT ALLOCATION		\$	\$		\$ 60,651	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				\$	\$		\$ 60,651	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Maple Leaf Insurance  
 Street Address PO Box 69, 720 West Bay Rd  
 City / State / Zip Code Grand Cayman, KY1-1102  
 Phone Number ( )  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	WORKERS COMPENSATION	DIRECT ALLOCATION		\$	\$		\$ 146,478	1
2	26	LIABILITY INSURANCE	DIRECT ALLOCATION					447,187	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				\$	\$		\$ 593,665	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Lifeline Ambulance LLC  
 Street Address 2424 S. Wabash Avenue  
 City / State / Zip Code Chicago, IL 60616  
 Phone Number ( 312) 949-9595  
 Fax Number ( 312) 949-9262

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	AMBULANCE	DIRECT ALLOCATION		\$	\$		\$ 5,731	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				\$	\$		\$ 5,731	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Integra Healthcare Equipment, LLC  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	DME AND MEDICAL SUPPLIE	DIRECT ALLOCATION		\$	\$		\$ 133,788	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				\$	\$		\$ 133,788	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Integra Respiratory Service  
 Street Address 747 Church Road  
 City / State / Zip Code Elmhurst, IL 60126  
 Phone Number ( 630) 834-3700  
 Fax Number ( 630) 834-1500

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	RESPIRATORY SERVICES	DIRECT ALLOCATION		\$	\$		\$ 5,779	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				\$	\$		\$ 5,779	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	HUD Loan Payable		X	Mortgage			\$	\$ 15,919,210			\$ 483,056	1				
2												2				
3												3				
4												4				
5												5				
<b>Working Capital</b>																
6	Bank of America		X	Working Capital				2,296,000			10,280	6				
7	The Private Bank		X	Loan Payable - Line of Credit				856,585			139,697	7				
8	See Supplemental Schedule										2,353	8				
9	<b>TOTAL Facility Related</b>						\$	\$ 19,071,795			\$ 635,386	9				
<b>B. Non-Facility Related*</b>																
10	Interest Income		X								(4,926)	10				
11	Interest Income-Bldg. Co.		X								(580)	11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (5,506)	14				
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 19,071,795			\$ 629,880	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 87,730 Line # 36

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

(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

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

(See instructions.)

Facility Name & ID Number

Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1							\$	\$			\$					
2																
3																
4																
5																
6																
7	<b>TOTAL Long-Term</b>															
	<b>Working Capital</b>															
8	Allocated from NuCare		X				\$	\$			\$ 837					
9	Allocated from 7257 N. Lincoln Ave.		X								1,516					
10																
11																
12																
13																
14	<b>TOTAL Working Capital</b>										2,353					
	<b>B. Non-Facility Related*</b>															
15							\$	\$			\$					
16																
17																
18																
19																
20	<b>TOTAL Non-Facility Related</b>															

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>																	
1. Real Estate Tax accrual used on 2012 report.		\$	<b>458,738</b>		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.)		\$	<b>285,011</b>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(173,727)</b>		3														
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>282,103</b>		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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<b>27,728</b>		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. <b>TOTAL REFUND \$ 70,202 For 2009 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>136,103</b>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2008	<b>386,154</b>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td style="text-align: center;">16</td> </tr> </table>		<b>FOR BHF USE ONLY</b>		13	FROM R. E. TAX STATEMENT FOR 2012 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
<b>FOR BHF USE ONLY</b>																			
13	FROM R. E. TAX STATEMENT FOR 2012 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2009	<b>432,781</b>	9																
	2010	<b>451,622</b>	10																
	2011	<b>449,743</b>	11																
	2012	<b>276,571</b>	12																
<b>2013 Accrual: \$276,571 x 1.02 = \$282,103</b>																			
<b>Allocated from NuCare: \$8,439</b>																			

**NOTES:**

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

SEE ACCOUNTANTS' COMPILATION REPORT



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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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.**



4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592 Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>80,457</u>	<u>1984</u>	<u>\$ 240,000</u>	1
2	<u>Allocated from 7257 N. Lincoln</u>			<u>14,625</u>	2
3	<b>TOTALS</b>	<b>80,457</b>		<b>\$ 254,625</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	302		1977	\$ 4,471,948	\$ 298,837	35	\$ 127,770	\$ (171,067)	\$ 3,667,295	4
5			1984	92,611		35	2,646	2,646	78,609	5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Various		1980	8,303		20	149	149	7,274	9
10	Various		1981	1,872		20			1,872	10
11	Various		1982	5,523		20			5,523	11
12	Various		1983	1,550		20			1,550	12
13	Various		1984	5,062		20			5,062	13
14	Various		1985	24,500		20			24,500	14
15	Various		1986	8,802		20			8,802	15
16	Various		1987	5,151		20	164	164	4,258	16
17	Various		1988	14,372		20	456	456	11,425	17
18	Various		1989	55,710		20	1,769	1,769	42,520	18
19	Various		1990	4,899		20	155	155	3,583	19
20	Various		1991	9,582		20	304	304	6,705	20
21	Various		1992	4,834		20	153	153	3,229	21
22	Various		1993	13,785		20	353	353	7,084	22
23	Various		1994	23,773		20	1,047	1,047	20,025	23
24	Various		1995	20,890		20	1,045	1,045	19,369	24
25	Various		1996	87,605		20	4,380	4,380	76,172	25
26	Various		1997	40,122		20	1,976	1,976	33,686	26
27	Various		1998	132,735		20	6,637	6,637	101,853	27
28	Various		1999	419,788		20	20,989	20,989	299,793	28
29	Various		2000	90,604		20	4,530	4,530	61,014	29
30	Various		2001	75,436		20	3,772	3,772	46,959	30
31	Various		2002	39,859		20			39,859	31
32	Various		2003	55,783		20	2,976	2,976	47,142	32
33	Various		2004	70,089		20	7,009	7,009	67,385	33
34	Various		2005	356,449		20	20,922	20,922	258,066	34
35	Various		2006	75,373		20	4,865	4,865	40,651	35
36	Various		2008	173,917		20	17,135	17,135	96,628	36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**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	2009	\$ 147,562	\$	20	\$ 12,277	\$ 12,277	\$ 55,937	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 <u>Related Building Company (Pages 12F &amp; 12G)</u>		142,031			9,958	9,958	59,536	67
68 <u>Related Party Allocations (Pages 12H &amp; 12I)</u>		208,654	9,463		7,774	(1,689)	66,238	68
69 <u>Financial Statement Depreciation</u>			306,106			(306,106)		69
70 <b>TOTAL (lines 4 thru 69)</b>		\$ 6,889,174	\$ 614,406		\$ 261,211	\$ (353,195)	\$ 5,269,605	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,889,174	\$ 614,406		\$ 261,211	\$ (353,195)	\$ 5,269,605	1
2	Repair Two Tub Shower Faucets In Showers On 2Nd And 3Rd Flo	2010	4,400		20	293	293	1,173	2
3	Finish/Install Upholstered Cornices, Panels And Rollershades	2010	3,129		20	313	313	1,252	3
4	5 Upholstered Cornices, Panels And Rollershades	2010	2,909		20	291	291	1,139	4
5	Clean Wood Fence And Put Protective Coat	2010	8,800		20	880	880	3,300	5
6	Chiller Replacement Project	2010	126,400		20	18,057	18,057	67,714	6
7	4 Exhaust Fans #7-10	2010	7,078		20	1,416	1,416	5,073	7
8	Exhaust Fan 6, Replace Motor On Fan 23	2010	4,883		20	977	977	3,499	8
9	8 Sets, 3-Position Assist Rails	2010	2,587		20	129	129	464	9
10	Replace 2 Tub Shower Faucetsand New Throttle On 3Rd Floor Sho	2010	3,650		20	243	243	852	10
11	4 Red Oak Architectural Grade Doors, 3 Machine Cylender Lock,	2010	5,796		20	290	290	1,014	11
12	Shower Room Project-8 Custom Wraparound Ss Grab Bar, 8 Show	2010	9,158		20	916	916	3,129	12
13	3Rd Floor Shower Room Remodeling-Demolish, Install New Dry V	2010	5,800		20	580	580	1,982	13
14	Electrical Work	2010	6,540		20	654	654	2,235	14
15	3Rd Floor Shower Room Project- 6 Misc. Terrazzobas 48X48X4, V	2010	4,620		20	462	462	1,578	15
16	Century Tile- 40 Pcs. Field 12X12, 95 Pcs 8X10, 378 Pcs Cap 3X8, J	2010	5,496		20	366	366	1,252	16
17	1 4-Ton R\$10 Fan Coil W/ Payne Condenser-Replacement Air Con	2010	2,739		20	228	228	780	17
18	Remodel 1St Floor Shower Room - Demolition, New Walls, Tile, SF	2010	5,980		20	598	598	1,993	18
19	Materials For 3Rd Floor Shower Room Project - Wraparound Bar	2010	9,159		20	916	916	3,053	19
20	Remodel 2Nd Floor Shower Room, Demolish, Parts And Labor	2010	6,070		20	607	607	1,973	20
21	Remove And Replace Trash Chute With New Hopper With Pipe P	2010	3,648		20	365	365	1,186	21
22	Remodel 3Rd Floor Shower Room, Demolish Walls, Install Drywal	2010	5,800		20	580	580	1,885	22
23	Remodel 4Th Floor Shower Room, Demolition, New Walls, Floorin	2010	6,107		20	611	611	1,934	23
24	Cctv Installation Nursing Station, Elevator Area	2010	6,980		20	698	698	2,327	24
25	Bathroom 1St Flr S. & 2Nd Flr N. Side Tub/Shower/Faucet	2010	11,983		20	1,198	1,198	4,194	25
26	Vaudeville Laminate	2010	2,680		20	268	268	983	26
27	Shower Room Tile Flooring	2010	3,195		20	320	320	1,145	27
28	Shower Room Tiles & Supplies (Adhesive, Perma Laticrete)	2010	10,485		20	1,049	1,049	3,757	28
29	Remodel 4Th Floor Shower Room-New Dry Wall, Ceramic Tiles, V	2010	8,623		20	862	862	2,946	29
30	Shower Room Project - Shower Tile Flooring	2010	5,954		20	595	595	2,084	30
31	Power & Cable Outlets	2010	3,600		20	360	360	1,110	31
32	Furnish/Instal 3 Bomber Heavy Duty Stainless Steel Bumpers	2011	3,783		20	378	378	1,135	32
33	Linear Ft Chair Rail 5/8" X 2 1/2" Polar W/ 2 Impulse Angle Nail	2011	2,905		20	291	291	872	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,190,111	\$ 614,406		\$ 297,002	\$ (317,404)	\$ 5,398,616	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,190,111	\$ 614,406		\$ 297,002	\$ (317,404)	\$ 5,398,616	1
2	<u>New Roof For Canopies And Repair Existing Roof Around The Bu</u>	2011	3,800		20	380	380	1,077	2
3	<u>Removal Of Old Concrete Pad And Construct New Concrete Pad I</u>	2011	71,000		20	7,100	7,100	20,117	3
4	<u>Vestibule: Remove Existing Ceramic Tile, Furnish/Install Pedimat</u>	2011	2,700		20	180	180	510	4
5	<u>Replace 2 Dvrs For Camera System, Speco Channel 16 With 1 Tb I</u>	2011	3,240		20	324	324	837	5
6	<u>Fabricate Ductwork For Kitchen Exhaust And Fan Blower, Set Up</u>	2011	2,902		20	290	290	750	6
7	<u>Cut Out 4 Intake Doors, Furnish Bottom Hinged Operated UI "B"</u>	2011	2,611		20	261	261	653	7
8	<u>Install New Storm Drain Pipe</u>	2011	5,200		20	520	520	1,300	8
9	<u>2Nd Floor Bathrooms - Toilets, Vanity, Hardware</u>	2011	7,163		20	478	478	1,154	9
10	<u>1 Commercial Gas Water Heater</u>	2011	6,067		20	607	607	1,668	10
11	<u>Installation 16 Medium Duty Door Closers</u>	2011	3,108		20	311	311	881	11
12	<u>Fluorescent Lighting</u>	2012	4,400		20	440	440	880	12
13	<u>Remove Wallpaper,Baseboards,Replace Drywall,Paint,New Floor</u>	2012	4,400		20	440	440	880	13
14	<u>Piping</u>	2012	3,000		20	300	300	550	14
15	<u>Data Cable For Wi-Fi</u>	2012	6,026		20	603	603	803	15
16	<u>Remove Drop Ceiling,Tile Floor &amp; Baseboard,Tub,Toilet,Sink Plu</u>	2012	5,850		20	585	585	683	16
17	<u>Protective Pipe Cover</u>	2012	4,843		20	484	484	565	17
18	<u>Door Lever Passage</u>	2012	5,465		20	547	547	592	18
19	<u>2 Commercial Steel Doors</u>	2012	2,669		20	267	267	289	19
20	<u>Sprinkler System Devices</u>	2012	13,595		20	1,942	1,942	2,104	20
21	<u>Epoxy-Lined Water Tank</u>	2012	3,942		20	394	394	460	21
22	<u>Wall Mounted Lighting Rooms 222,224-232</u>	2012	3,580		20	716	716	716	22
23	<u>2Nd Flr Dining Room - 2 Entry Doors, Windows, Drywall, Patchin</u>	2012	4,375		20	438	438	438	23
24	<u>Bathroom Wall Extensions</u>	2012	5,100		20	270	270	270	24
25	<u>2 Commercial Steel Doors</u>	2012	3,819		20	382	382	382	25
26	<u>Elevator Work - Replaced Obsolete Intermittent Relays With New</u>	2012	5,892		20	295	295	417	26
27	<u>Replaced Smoke Detector Bases</u>	2012	2,801		20	140	140	257	27
28	<u>Elevator Repair - New Tac 32 Controllers, Power Units, Hall &amp; Ca</u>	2012	72,795		20	3,640	3,640	3,943	28
29	<u>Conduit For Sprinkler System</u>	2013	5,643		20	517	517	517	29
30	<u>Fire Dampers</u>	2013	4,100		20	205	205	205	30
31	<u>New Motor &amp; Controls For Walk In Freezer</u>	2013	4,778		20	398	398	398	31
32	<u>Piping</u>	2013	3,800		20	190	190	190	32
33	<u>Removing Mulch, Installing Weed Fabric, Brick Patio</u>	2013	5,808		20	97	97	97	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,474,582	\$ 614,406		\$ 320,741	\$ (293,665)	\$ 5,443,197	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,474,582	\$ 614,406		\$ 320,741	\$ (293,665)	\$ 5,443,197	1
2	2 Commercial Steel Doors	2013	6,444		20	588	588	588	2
3	2 Commercial Steel Doors & Frame	2013	6,979		20	174	174	174	3
4	3 Hypower Mod, Drypower Unit, Snapcab	2013	203,775		20	3,396	3,396	3,396	4
5	Resurface 200 Doors	2013	18,000		20	300	300	300	5
6	East & West Elevator Repairs	2013	113,341		20	4,653	4,653	4,653	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,823,121	\$ 614,406		\$ 329,852	\$ (284,554)	\$ 5,452,309	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Bronzeville Park N & Lvg Ctr**

# **0040592**

Report Period Beginning:

**01/01/13**

Ending:

**12/31/13**

**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		\$ 7,823,121	\$ 614,406		\$ 329,852	\$ (284,554)	\$ 5,452,309		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 7,823,121	\$ 614,406		\$ 329,852	\$ (284,554)	\$ 5,452,309		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Building Company Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements</b>								8
9	Bar Cabinets	2007	4,500		20	450	450	3,150	9
10	New Flooring	2007	4,500		20	300	300	2,100	10
11	Door Circuitry And Wiring Components	2007	3,950		20	395	395	2,633	11
12	Fencing	2007	2,600		20	173	173	1,111	12
13	Lavatory Faucets	2007	2,849		20	190	190	1,187	13
14	Telephone System	2007	22,988		20	3,284	3,284	21,620	14
15	Perga Flooring	2008	2,800		20	140	140	630	15
16	Sliding Door	2008	5,346		20	400	400	2,399	16
17	Patio Aluminum Door and Door Frame	2008	8,401		20	420	420	2,520	17
18	Mounted Rear Pull Pump and Pump for Air Conditioning Unit	2008	9,141		20	457	457	2,742	18
19	Canopy Projector	2008	5,325		20	266	266	1,597	19
20	Kitchen Station	2008	2,500		20	125	125	750	20
21	Crack Filling, Sealing, and Stripping	2008	6,210		20	311	311	1,865	21
22	Car Door Sill and Hoistway Entrance Units	2009	9,843		20	492	492	2,460	22
23	Install & Furnish New Fire Doors	2009	7,980		20	399	399	1,995	23
24	5 Wallboxes; Check Valves; Laundry Tub	2009	9,340		20	467	467	2,335	24
25	Rooftop Exhaust Fans; Pump for Water Tower	2009	5,995		20	300	300	1,499	25
26	New Pump for Suction Diffuser	2009	4,640		20	232	232	1,160	26
27	Roof Exhaust Fans	2009	5,990		20	300	300	1,499	27
28	Concrete Wall	2009	6,000		20	300	300	1,500	28
29	1 Buffet Cabinet & Counter Top	2009	5,000		20	250	250	1,250	29
30	Repair Radiator	2009	6,133		20	307	307	1,534	30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Building Company Information Continued</b>								
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12F &amp; 12G lines 1 thru 33)</b>		\$ 142,031	\$		\$ 9,958	\$ 9,958	\$ 59,536	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Related Party Information</b>		\$	\$		\$	\$	\$	1
2	<b>Buildings:</b>								2
3	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2004</u>	<u>131,622</u>	<u>3,375</u>	<u>20</u>	<u>3,761</u>	<u>386</u>	<u>38,076</u>	3
4									4
5									5
6									6
7									7
8	<b>Leasehold Information</b>								8
9	<u>Allocated from NuCare Services</u>	<u>2003</u>	<u>1,071</u>	<u>103</u>	<u>20</u>	<u>54</u>	<u>(49)</u>	<u>542</u>	9
10	<u>Allocated from NuCare Services</u>	<u>2004</u>	<u>21,737</u>	<u>2,091</u>	<u>20</u>	<u>1,088</u>	<u>(1,003)</u>	<u>10,567</u>	10
11	<u>Allocated from NuCare Services</u>	<u>2005</u>	<u>1,289</u>	<u>124</u>	<u>20</u>	<u>65</u>	<u>(59)</u>	<u>570</u>	11
12	<u>Allocated from NuCare Services</u>	<u>2006</u>	<u>1,747</u>	<u>168</u>	<u>20</u>	<u>87</u>	<u>(81)</u>	<u>643</u>	12
13	<u>Allocated from NuCare Services</u>	<u>2008</u>	<u>1,842</u>	<u>177</u>	<u>20</u>	<u>92</u>	<u>(85)</u>	<u>484</u>	13
14	<u>Allocated from NuCare Services</u>	<u>2009</u>	<u>29,654</u>	<u>2,853</u>	<u>20</u>	<u>1,483</u>	<u>(1,370)</u>	<u>6,835</u>	14
15	<u>Allocated from NuCare Services</u>	<u>2010</u>	<u>4,557</u>	<u>438</u>	<u>20</u>	<u>228</u>	<u>(210)</u>	<u>799</u>	15
16	<u>Allocated from NuCare Services</u>	<u>2011</u>	<u>246</u>	<u>24</u>	<u>20</u>	<u>12</u>	<u>(12)</u>	<u>36</u>	16
17	<u>Allocated from NuCare Services</u>	<u>2012</u>	<u>274</u>	<u>26</u>	<u>20</u>	<u>14</u>	<u>(12)</u>	<u>24</u>	17
18									18
19	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2005</u>	<u>11,999</u>	<u>84</u>	<u>20</u>	<u>759</u>	<u>675</u>	<u>6,420</u>	19
20	<u>Allocated from 7257 N. Lincoln Avenue</u>	<u>2004</u>	<u>2,616</u>		<u>20</u>	<u>131</u>	<u>131</u>	<u>1,242</u>	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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		\$	\$		\$	\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (12H &amp; 12I lines 1 thru 33)</b>		\$ 208,654	\$ 9,463		\$ 7,774	\$ (1,689)	\$ 66,238	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,233,247	\$ 8,690	\$ 155,492	\$ 146,802	10	\$ 852,998	71
72	Current Year Purchases	17,570	584	799	215	10	799	72
73	Fully Depreciated Assets	757,512		6	6	10	757,512	73
74								74
75	<b>TOTALS</b>	\$ 2,008,330	\$ 9,274	\$ 156,297	\$ 147,023		\$ 1,611,310	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from NuCare	2013	\$ 810	\$ 78	\$ 162	\$ 84	5	\$ 553	76
77										77
78										78
79										79
80	<b>TOTALS</b>			\$ 810	\$ 78	\$ 162	\$ 84		\$ 553	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)	\$ 10,086,885	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 623,758	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 486,312	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (137,446)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,064,171	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	<b>TOTALS</b>	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Window Glazing	\$ 25,000	92
93			93
94			94
95		\$ 25,000	95

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Storage				4,633			5
6	Allocated from NuCare (Parking Lot)				609			6
7	TOTAL				\$ 5,242			7

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

13. \_\_\_\_\_ /2015                      \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016                      \$ \_\_\_\_\_

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: \$ 40,988 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	Allocated from NuCare		\$	\$ 4,885	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 4,885	21

\* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	568,806	\$		\$	568,806	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				356,244				356,244	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				602,014				602,014	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescrpts					363,874			363,874	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>						99,125	262,894			362,019	13
14	<b>TOTAL</b>			\$		\$	1,626,189	\$	626,768	\$	2,252,957	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592Report Period Beginning: 01/01/13

Ending:

12/31/13

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 21,847	\$ 820,496	1
2	Cash-Patient Deposits	25,241	25,241	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	4,616,340	4,616,340	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	19,000	19,000	5
6	Prepaid Insurance	3,455	25,178	6
7	Other Prepaid Expenses	12,056	12,056	7
8	Accounts Receivable (owners or related parties)	4,984,176	4,984,176	8
9	Other(specify): <u>See Attached Schedule</u>	3,156	1,425,257	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 9,685,271	\$ 11,927,744	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,197,000	13
14	Buildings, at Historical Cost		5,022,126	14
15	Leasehold Improvements, at Historical Cost	2,854,029	8,639,839	15
16	Equipment, at Historical Cost	1,776,197	2,411,314	16
17	Accumulated Depreciation (book methods)	(3,188,523)	(9,790,019)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(5,538)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	25,000	236,465	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,466,703	\$ 7,711,187	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,151,974	\$ 19,638,931	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 2,609,302	\$ 2,609,304	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,072	15,072	28
29	Short-Term Notes Payable	3,152,585	3,152,585	29
30	Accrued Salaries Payable	580,523	580,523	30
31	Accrued Taxes Payable (excluding real estate taxes)	53,358	53,358	31
32	Accrued Real Estate Taxes(Sch.IX-B)		282,103	32
33	Accrued Interest Payable		37,808	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	28,760	28,760	35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	5,288,048	5,383,913	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 11,727,648	\$ 12,143,426	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,919,210	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 15,919,210	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 11,727,648	\$ 28,062,636	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (575,674)	\$ (8,423,705)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 11,151,974	\$ 19,638,931	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>145,109</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Bad Debt Adjustment</b>	<b>(349,993)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(204,884)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(370,790)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(370,790)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(575,674)</b>	<b>24</b> *

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,647,762	1
2	Discounts and Allowances for all Levels	(1,434,067)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 13,213,695</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,166,796	6
7	Oxygen	15,534	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 4,182,330</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	892,118	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	113,712	19
20	Radiology and X-Ray	36,705	20
21	Other Medical Services	139,886	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,182,421</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	10	24
25	Interest and Other Investment Income***	4,926	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 4,936</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	71,294	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 71,294</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 18,654,676</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,325,872	31
32	Health Care	6,911,695	32
33	General Administration	4,687,208	33
<b>B. Capital Expense</b>			
34	Ownership	1,971,585	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,453,517	35
36	Provider Participation Fee	675,589	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 19,025,466</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(370,790)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (370,790)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,376,522	44
45	Private Pay - Net Inpatient Revenue	576,022	45
46	Medicare - Net Inpatient Revenue	2,124,146	46
47	Other-(specify) <u>CCHHS</u>	337,840	47
48	Other-(specify) <u>Managed Care</u>	799,165	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 13,213,695</b>	49

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

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

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

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

**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number Bronzeville Park N & Lvg Ctr

# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13

**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	1,915	2,070	\$ 117,730	\$ 56.87	1
2	Assistant Director of Nursing	2,014	2,234	93,972	42.06	2
3	Registered Nurses	43,222	47,629	1,346,952	28.28	3
4	Licensed Practical Nurses	57,304	62,508	1,666,459	26.66	4
5	CNAs & Orderlies	160,356	177,388	1,924,208	10.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	16,715	18,360	201,629	10.98	8
9	Activity Director	2,906	3,119	54,330	17.42	9
10	Activity Assistants	7,340	8,279	89,999	10.87	10
11	Social Service Workers	7,908	8,624	202,905	23.53	11
12	Dietician	3,152	3,436	80,789	23.51	12
13	Food Service Supervisor					13
14	Head Cook	6,379	7,325	95,526	13.04	14
15	Cook Helpers/Assistants	22,509	24,988	248,864	9.96	15
16	Dishwashers					16
17	Maintenance Workers	2,196	2,435	64,937	26.67	17
18	Housekeepers					18
19	Laundry	1,862	2,109	34,176	16.20	19
20	Administrator	2,008	2,164	113,347	52.38	20
21	Assistant Administrator					21
22	Other Administrative	231	231	21,813	94.43	22
23	Office Manager	1,925	2,075	58,343	28.12	23
24	Clerical	13,682	15,127	322,652	21.33	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	1,043	1,096	33,075	30.18	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	10,184	10,463	261,731	25.01	33
34	TOTAL (lines 1 - 33)	364,851	401,660	\$ 7,033,437 *	\$ 17.51	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	480	\$ 22,660	01-03	35
36	Medical Director	Monthly	68,800	09-03	36
37	Medical Records Consultant	Monthly	37,550	10-03	37
38	Nurse Consultant	135	6,986	10-03	38
39	Pharmacist Consultant	Monthly	17,651	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	615	\$ 153,647		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Bronzeville Park N & Lvg Ctr**

# **0040592**

Report Period Beginning: **01/01/13**

Ending: **12/31/13**

**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	
Joshua Legum	Administrator	0	\$ 96,351	Workers' Compensation Insurance	\$ 300,771	IDPH License Fee	\$ 1,990	
John Stare	Administrator	0	7,091	Unemployment Compensation Insurance	155,375	Advertising: Employee Recruitment	411	
Niquitta Berry	Administrator	0	9,905	FICA Taxes	526,025	Health Care Worker Background Check		
Tony Prather	Reg. Dir. Of Operat	0	21,813	Employee Health Insurance	248,041	(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks	581 7,086	
				Illinois Municipal Retirement Fund (IMRF)*		Trade Association Dues	32,460	
				City Taxes	3,554	Dues and Subscriptions	400	
				Pension	18,333	Licenses and Fees	7,592	
				Dental Insurance	482	Advertising and Promotion	52,016	
				Vision Insurance	364	See Supplemental Schedule	2,200	
				401K Match	2,398	Less: Public Relations Expense	( )	
				Other Employee Benefits	47,501	Non-allowable advertising	(52,016)	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 1,302,844			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description	Line #	Amount	Description	Amount
NuCare Services Corp. - Bookkeeping Fees							Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)							Seminar Expense	12,734
							Allocated from NuCare	1,360
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL		\$	TOTAL	\$ 14,094

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

\*\*See instructions.

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bronzeville Park N & Lvg Ctr# 0040592

Report Period Beginning:

01/01/13

Ending:

12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Council on LTC \$30,125
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 201 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? X YES NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. Chevy Chase Nursing Center, #34892, 07/01/1994
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 675,589  
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. \$ No Has any meal income been offset against related costs? No Indicate the amount. \$ NO
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**