



Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 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	248	Skilled (SNF)	248	90,520	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	48,608	4,280	29,507	82,395	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,608	4,280	29,507	82,395	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.02%

D. How many bed-hold days during this year were paid by the Department? N/A (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  Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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

I. On what date did you start providing long term care at this location?  
Date started 01/31/92

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 01/31/92 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 248 and days of care provided 17,425

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.

**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	590,939	63,652	55,935	710,526		710,526	4,868	715,394		1
2	Food Purchase		659,286		659,286		659,286	(63,721)	595,565		2
3	Housekeeping	356,374	91,010		447,384		447,384	9,113	456,497		3
4	Laundry	97,508	53,948		151,456		151,456		151,456		4
5	Heat and Other Utilities			431,726	431,726		431,726	7,001	438,727		5
6	Maintenance	122,755	19,277	248,219	390,251		390,251	27,141	417,392		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,167,576</b>	<b>887,173</b>	<b>735,880</b>	<b>2,790,629</b>		<b>2,790,629</b>	<b>(15,598)</b>	<b>2,775,031</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			108,250	108,250		108,250		108,250		9
10	Nursing and Medical Records	5,851,251	350,258	60,643	6,262,152		6,262,152	26,175	6,288,327		10
10a	Therapy										10a
11	Activities	150,838	14,337	127,110	292,285		292,285	5,665	297,950		11
12	Social Services	148,248		23,709	171,957		171,957		171,957		12
13	CNA Training										13
14	Program Transportation	23,988			23,988		23,988		23,988		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>6,174,325</b>	<b>364,595</b>	<b>319,712</b>	<b>6,858,632</b>		<b>6,858,632</b>	<b>31,840</b>	<b>6,890,472</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	232,548		1,354,728	1,587,276		1,587,276	(1,298,763)	288,513		17
18	Directors Fees										18
19	Professional Services			247,668	247,668		247,668	(13,811)	233,857		19
20	Dues, Fees, Subscriptions & Promotions			61,575	61,575		61,575	4,687	66,262		20
21	Clerical & General Office Expenses	553,113	82,374	48,868	684,355		684,355	110,556	794,911		21
22	Employee Benefits & Payroll Taxes			1,409,246	1,409,246		1,409,246	63,721	1,472,967		22
23	Inservice Training & Education							900	900		23
24	Travel and Seminar			4,743	4,743		4,743	217	4,960		24
25	Other Admin. Staff Transportation			30,143	30,143		30,143	2,127	32,270		25
26	Insurance-Prop.Liab.Malpractice			927,004	927,004		927,004	100,677	1,027,681		26
27	Other (specify):* <b>Home Office Benefit</b>							53,607	53,607		27
28	<b>TOTAL General Administration</b>	<b>785,661</b>	<b>82,374</b>	<b>4,083,975</b>	<b>4,952,010</b>		<b>4,952,010</b>	<b>(976,082)</b>	<b>3,975,928</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>8,127,562</b>	<b>1,334,142</b>	<b>5,139,567</b>	<b>14,601,271</b>		<b>14,601,271</b>	<b>(959,840)</b>	<b>13,641,431</b>		<b>29</b>

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

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

Facility Name & ID Number The Imperial Grove Pavilion

#0037754

Report Period Beginning:

01/01/13

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			265,241	265,241	265,241	539,088	804,329				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			83,544	83,544	83,544	610,197	693,741				32
33	Real Estate Taxes						511,260	511,260				33
34	Rent-Facility & Grounds			1,782,813	1,782,813	1,782,813	(1,782,313)	500				34
35	Rent-Equipment & Vehicles			144,186	144,186	144,186	11,542	155,728				35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,275,784	2,275,784	2,275,784	(110,226)	2,165,558				37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	265,183	1,077,016	3,201,376	4,543,575	4,543,575	(32,362)	4,511,213				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			533,256	533,256	533,256		533,256				42
43	Other (specify):* <b>Non-Allowable Co</b>			687,516	687,516	687,516	(687,516)					43
44	<b>TOTAL Special Cost Centers</b>	265,183	1,077,016	4,422,148	5,764,347	5,764,347	(719,878)	5,044,469				44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,392,745	2,411,158	11,837,499	22,641,402	22,641,402	(1,789,944)	20,851,458				45

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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	(19,561)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	110,371	30		9
10	Interest and Other Investment Income	(160,927)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(445)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,153)	43		18
19	Entertainment	(2,611)	43		19
20	Contributions	(35,575)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(224,394)	43		24
25	Fund Raising, Advertising and Promotional	(98,398)	43		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	(613,555)	Var.		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (1,046,248)</b>		<b>\$</b>	<b>30</b>

**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)	(743,696)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (743,696)</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (1,789,944)</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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

BHF USE ONLY						
48		49		50		51
						52

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Labs - Part A	\$ (143,724)	43	1
2	X-Rays - Part A	(84,186)	43	2
3	Offset Misc. Income	(385)	21	3
4	Disallow Non-Allowable Professional Fees	(4,000)	19	4
5	Disallow Non-Allowable Legal Expenses	(44,615)	19	5
6	To adjust RE Taxes for portion applicable to SNF	(111,253)	33	6
7	To adjust RE Taxes for refunds	(2,710)	33	7
8	Disallow prior year adjustment	(77,469)	43	8
9	Disallow marketing salaries	(145,213)	43	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(613,555)	49

**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
Robert Hartman	30%	See PG 6-Supp		See PG 6-Supp		
Barry Carr	10%					
Michael Harris	20%					
Jack Rajchenbach	20%					
Bernard Hollander	20%					

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	20 Dues & Subscriptions	\$	The Claridge, L.L.C.	100.00%	\$ 210	\$ 210	1
2	V	30 Depreciation		The Claridge, L.L.C.	100.00%	402,399	402,399	2
3	V	32 Interest		The Claridge, L.L.C.	100.00%	740,940	740,940	3
4	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	14,873	14,873	4
5	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	605,687	605,687	5
6	V	34 Rent	1,782,813	The Claridge, L.L.C.	100.00%		(1,782,813)	6
7	V	26 Insurance		The Claridge, L.L.C.	100.00%	69,707	69,707	7
8	V	26 Insurance		The Claridge, L.L.C.	100.00%	27,429	27,429	8
9	V	19 Professional Fees		The Claridge, L.L.C.	100.00%	16,763	16,763	9
10	V	21 Bank Charges		The Claridge, L.L.C.	100.00%	638	638	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,782,813			\$ 1,878,646	\$ * 95,833	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	NuCare Services Corp.	70.00%	\$ 2,792	\$ 2,792 15
16	V	6 Repairs and Maintenance		NuCare Services Corp.	70.00%	7,668	7,668 16
17	V	10 Clinical Salaries		NuCare Services Corp.	70.00%	6,876	6,876 17
18	V	11 Activities Salaries		NuCare Services Corp.	70.00%	1,041	1,041 18
19	V	17 Management Fees	1,354,728	NuCare Services Corp.	70.00%	43,080	(1,311,648) 19
20	V	19 Professional Fees		NuCare Services Corp.	70.00%	8,396	8,396 20
21	V	20 Dues, Subscriptions		NuCare Services Corp.	70.00%	1,806	1,806 21
22	V	21 Office Expense		NuCare Services Corp.	70.00%	262,517	262,517 22
23	V	24 Education and Seminars		NuCare Services Corp.	70.00%	1,117	1,117 23
24	V	25 Other Admin Transportation		NuCare Services Corp.	70.00%	2,124	2,124 24
25	V	26 Insurance		NuCare Services Corp.	70.00%	1,852	1,852 25
26	V	27 Employee Benefits		NuCare Services Corp.	70.00%	53,607	53,607 26
27	V	30 Depreciation Expense		NuCare Services Corp.	70.00%	15,451	15,451 27
28	V	32 Interest & Amortization		NuCare Services Corp.	70.00%	1,932	1,932 28
29	V	33 Real Estate Taxes		NuCare Services Corp.	70.00%	6,930	6,930 29
30	V	34 Facility Rent		NuCare Services Corp.	70.00%	500	500 30
31	V	35 Auto Rental		NuCare Services Corp.	70.00%	4,012	4,012 31
32	V	35 Equipment Rental		NuCare Services Corp.	70.00%	2,502	2,502 32
33	V	30 Depreciation Expense		NuCare Services Corp.	70.00%	(1,745)	(1,745) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,354,728			\$ 422,458	\$ * (932,270) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	\$ 151,183	Integra Healthcare Equipment	95.61	\$ 144,551	\$ (6,632)
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		\$ 151,183			\$ 144,551	\$ * (6,632)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Respiratory	\$ 60,567	Integra Respiratory Service	79.93%	\$ 48,409	\$ (12,158)
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		\$ 60,567			\$ 48,409	\$ * (12,158)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Ambulance	\$ 77,641	Lifeline Ambulance LLC	82.52%	\$ 64,069	\$ (13,572)
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		\$ 77,641			\$ 64,069	\$ * (13,572)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	<u>1</u> Dietary	\$	<u>ITEX-A.K. Care</u>	70.00%	\$ 4,868	\$	4,868	15
16	V	<u>3</u> Housekeeping		<u>ITEX-A.K. Care</u>	70.00%	9,113		9,113	16
17	V	<u>5</u> Utilities		<u>ITEX-A.K. Care</u>	70.00%	4,209		4,209	17
18	V	<u>6</u> Repair and Maintenance		<u>ITEX-A.K. Care</u>	70.00%	9,060		9,060	18
19	V	<u>19</u> Professional Services		<u>ITEX-A.K. Care</u>	70.00%	11,000		11,000	19
20	V	<u>20</u> Dues and Subscriptions		<u>ITEX-A.K. Care</u>	70.00%	2,671		2,671	20
21	V	<u>21</u> Clerical		<u>ITEX-A.K. Care</u>	70.00%	40,220		40,220	21
22	V	<u>25</u> Education & Seminar		<u>ITEX-A.K. Care</u>	70.00%	3		3	22
23	V	<u>26</u> Insurance		<u>ITEX-A.K. Care</u>	70.00%	1,689		1,689	23
24	V	<u>30</u> Depreciation		<u>ITEX-A.K. Care</u>	70.00%	12,612		12,612	24
25	V	<u>32</u> Interest		<u>ITEX-A.K. Care</u>	70.00%	13,379		13,379	25
26	V	<u>33</u> Real Estate Taxes		<u>ITEX-A.K. Care</u>	70.00%	11,251		11,251	26
27	V	<u>35</u> Equipment Rental		<u>ITEX-A.K. Care</u>	70.00%	5,028		5,028	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>		\$			\$ 125,103	\$ *	125,103	39

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

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	See Page 6		Bronzeville Park	Chicago	Nucare Services	Lincolnwood	Bookeeping Mgmt	1
2			California Gardens Corp.	Chicago	7257 N. Lincoln Ave L	Lincolnwood	Building Rental	2
3			Claremont Rehab & Living	Buffalo Grove	Diamond Insurance	Northbrook	Work Comp Ins	3
4			Calremont - Hanover Park	Hanover Park	Maple Leaf Insurance	Grand Cayman	Liab/Work Comp In	4
5			Claridge Imperial, LTD	Chicago	Seasons Hospice	Park Ridge	Hospice	5
6			Jackson Corp	Chicago	JLR Management	Lincolnwood	Management Co	6
7			Monroe Pavillion	Chicago	KFT Services, LLC	Lincolnwood	Management Co	7
8			Renaissance at 87th Street	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co	8
9			Renaissance at Midway	Chicago	Integra Healthcare Eq	Elmhurst	DME & Med Supp	9
10			Renaissance at South Shore	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	10
11			Renaissance Park South	Chicago				11
12			Aria Post Acute Care	Hillside				12
13			Seven Oaks	Glendale, Wisconsin	Symphony Healthcare	Morton Grove	Sub Lessor	13
14			Renaissance East	Mesa, Arizona	Symphony M.L., LLC	Morton Grove	Main Lessor	14
15			Renaissance West	Mesa, Arizona	Symphony HMG, LLC	Morton Grove	Sub Lessor	15
16			Renaissance Village IL	Mesa, Arizona	Symphony Financial S	Morton Grove	Mgmt Co.	16
17			Renaissance Village AL	Mesa, Arizona				17
18								18
19								19
20			Symphony Aspen Ridge, LLC D/B/A Symphony Decatur					20
21			Symphony Countryside, LLC D/B/A Countrysid Aurora					21
22			Symphony Crestwood, LLC D/B/A Symphony of Crestwood					22
23			Symphony Deerbrook, LLC D/B/A Symphony of Joliet					23
24			Symphony Maple Crest, LLC D/B/A Maple Cre Belvidere					24
25			Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					25
26			Symphony McKinley, LLC D/B/A McKinley Co Decatur					26
27			Symphony Northwoods, LLC D/B/A Northwood Belvidere					27
28								28
29								29
30								30

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Michael Harris	Administrative	Administrative	20.00	0	40	100.00	Salary	\$ 77,976	17(1)
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$ 77,976	13

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

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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 North Lincoln Avenue  
 City / State / Zip Code Lincolnwood, IL 60645  
 Phone Number (847) 933-2600  
 Fax Number (847) 933-2601

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed days available	1,205,960	13	\$ 37,199	90,520	\$ 2,792	1	
2	6	Repairs and Maintenance	Bed days available	1,205,960	13	102,157	12,620	90,520	7,668	2
3	10	Clinical Salaries	Bed days available	1,205,960	13	91,606	91,606	90,520	6,876	3
4	11	Activities Salaries	Bed days available	1,205,960	13	13,872	13,872	90,520	1,041	4
5	17	Management Fees	Bed days available	1,205,960	13	573,931		90,520	43,080	5
6	19	Professional Fees	Bed days available	1,205,960	13	111,853		90,520	8,396	6
7	20	Dues, Subscriptions	Bed days available	1,205,960	13	24,065		90,520	1,806	7
8	21	Office Expense	Bed days available	1,205,960	13	3,497,400	3,139,005	90,520	262,517	8
9	24	Education and Seminars	Bed days available	1,205,960	13	14,876		90,520	1,117	9
10	25	Other Admin Transportation	Bed days available	1,205,960	13	28,298		90,520	2,124	10
11	26	Insurance	Bed days available	1,205,960	13	24,669		90,520	1,852	11
12	27	Employee Benefits	Bed days available	1,205,960	13	714,188		90,520	53,607	12
13	30	Depreciation Expense	Bed days available	1,205,960	13	205,852		90,520	15,451	13
14	32	Interest & Amortization	Bed days available	1,205,960	13	25,740		90,520	1,932	14
15	33	Real Estate Taxes	Bed days available	1,205,960	13	92,330		90,520	6,930	15
16	34	Facility Rent	Bed days available	1,205,960	13	6,664		90,520	500	16
17	35	Equipment Rental	Bed days available	1,205,960	13	53,447		90,520	4,012	17
18	35	Auto Rental	Bed days available	1,205,960	13	33,335		90,520	2,502	18
19	30	Depreciation Expense	Direct allocation						(1,745)	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,651,482	\$ 3,257,103	\$	422,458	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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  
 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	DME and Medical Supplies	Direct Allocation		\$			\$ 144,551	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				\$	\$		\$ 144,551	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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		\$	\$		\$ 48,409	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				\$	\$		\$ 48,409	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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		\$	\$		\$ 64,069	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				\$	\$		\$ 64,069	25

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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

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	Dietary	Bed Days Available	359,890	4	\$ 19,355	\$ 90,520	\$ 4,868	1
2	3	Housekeeping	Bed Days Available	359,890	4	36,232	90,520	9,113	2
3	5	Utilities	Bed Days Available	359,890	4	16,733	90,520	4,209	3
4	6	Repair and Maintenance	Bed Days Available	359,890	4	36,022	90,520	9,060	4
5	19	Professional Services	Bed Days Available	359,890	4	43,733	90,520	11,000	5
6	20	Dues and Subscriptions	Bed Days Available	359,890	4	10,618	90,520	2,671	6
7	21	Clerical	Bed Days Available	359,890	4	159,905	90,520	40,220	7
8	25	Education & Seminar	Bed Days Available	359,890	4	10	90,520	3	8
9	26	Insurance	Bed Days Available	359,890	4	6,715	90,520	1,689	9
10	30	Depreciation	Bed Days Available	359,890	4	50,144	90,520	12,612	10
11	32	Interest	Bed Days Available	359,890	4	53,191	90,520	13,379	11
12	33	Real Estate Taxes	Bed Days Available	359,890	4	44,734	90,520	11,251	12
13	35	Equipment Rental	Bed Days Available	359,890	4	19,991	90,520	5,028	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					\$ 497,383	\$	\$ 125,103	25

**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	Cambridge Realty Corporation		X	Mortgage	Interest only	6/16/04	\$ 19,153,100	\$ 13,686,021	3/31/38	0.0525	\$ 740,940					
2																
3	Judy Harris Trust		X	Working capital	\$744.00	11/1/12	52,095	38,415	10/31/19	0.0065	3,144					
4																
5																
<b>Working Capital</b>																
6	Shareholder Loans	X		Working Capital	Interest only	12/21/00	550,000	550,000	12/31/13	0.0800						
7	Shareholder Loans	X		Working Capital	Interest only	8/31/03	4,400,000	2,315,400	12/31/2014	0.0825	80,400					
8																
9	<b>TOTAL Facility Related</b>				\$744.00		\$ 24,155,195	\$ 16,589,836			\$ 824,484					
<b>B. Non-Facility Related*</b>																
10								Amortization of loan costs			14,873					
11								Allocation from NuCare & ITEX			15,311					
12								Interest income offset			(80,527)					
13								Shareholder interest			(80,400)					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (130,743)					
15	<b>TOTALS (line 9+line14)</b>						\$ 24,155,195	\$ 16,589,836			\$ 693,741					

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

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

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

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

**B. Real Estate Taxes**

		<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.				\$	521,236																				
					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.)	2012			\$	549,719																				
					2																				
3. Under or (over) accrual (line 2 minus line 1).				\$	28,483																				
					3																				
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	577,204																				
					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>		Adjust taxes to 67%		(111,253)																					
				\$	1,355																				
					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.		Allocation from NuCare & ITEX		18,181																					
<b>TOTAL REFUND</b> \$ <b>2,710</b> For <b>00-03</b> Tax Year. <b>(Attach a copy of the real estate tax appeal board's decision.)</b>				\$	(2,710)																				
					6																				
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	511,260																				
					7																				
Real Estate Tax History:																									
Real Estate Tax Bill for Calendar Year:	2008	404,409	8	<b>FOR BHF USE ONLY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 75%;">FROM R. E. TAX STATEMENT FOR 2012</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%;"></td> </tr> <tr> <td>13</td> <td></td> <td></td> <td style="text-align: right;">13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">16</td> </tr> </table>			FROM R. E. TAX STATEMENT FOR 2012	\$		13			13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
	FROM R. E. TAX STATEMENT FOR 2012	\$																							
13			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	477,693	9																						
	2010	498,488	10																						
	2011	496,415	11																						
	2012	549,719	12																						
<b>2013 Real Estate Tax Accrual Based on Prior Year</b>	<b>* 2012 Real Estate Tax Bill</b>	<b>654,427</b>																							
	Imperial portion for F/S	549,719	84%																						
	Imperial portion for cost report	438,466	67%																						

**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.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT Jay Flatt

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

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

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>14-29-321-040-0000</u>	<u>Nursing Home</u>	\$ <u>654,427.00</u>	\$ <u>438,466.00</u>
2. <u>10-27-319-028-0000</u>	<u>Nursing Home-NuCare Services Corp</u>	\$ <u>42,421.61</u>	\$ <u>6,930.00</u>
3. <u>10-35-312-022-0000</u>	<u>Nursing Home-ITEX A.K. Care</u>	\$ <u>53,305.60</u>	\$ <u>11,251.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>750,154.21</u></u>	\$ <u><u>456,647.00</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      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.**

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754 Report Period Beginning:

01/01/13 Ending:

12/31/13

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>		<u>1998</u>	<u>\$ 40,000</u>	1
2	<u>Allocated from NuCare Services Corp.</u>			<u>12,010</u>	2
3	<b>TOTALS</b>			<b>\$ 52,010</b>	3

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	248	1998	1984	\$ 14,437,336	\$	40	\$ 360,933	\$ 360,933	\$ 5,601,681	4
5	Allocated from Related Parties:									5
6	NuCare Services Corp.	2004		108,087		40	3,088	3,088	31,268	6
7	ITEX-A.C. Care			403,453		40	10,345	10,345	237,267	7
8										8
	Improvement Type**									
9	Leasehold Improvements	1992		60,378		20			60,378	9
10	Leasehold Improvements	1993		59,308		20	1,488	1,488	59,308	10
11	Leasehold Improvements	1994		10,638		20	532	532	10,373	11
12	Leasehold Improvements	1995		43,191		20	2,160	2,160	39,957	12
13	Furnace	1996		1,843		20	92	92	1,611	13
14	Door Locks	1996		2,357		20	118	118	2,064	14
15	Windows	1996		8,365		20	418	418	7,317	15
16	Electrical Wiring	1996		4,880		20	244	244	4,270	16
17	Fence	1996		1,067		20	53	53	930	17
18	Gutters	1996		1,574		20	79	79	1,380	18
19	Brick Wall	1996		2,560		20	128	128	2,240	19
20	Ceiling Lights	1996		5,501		20	275	275	4,803	20
21	Nurse Station	1996		2,500		20	125	125	2,177	21
22	Countertops	1996		2,610		20	131	131	2,288	22
23	Convection Oven	1996		7,515		20	376	376	6,578	23
24	Boiler	1996		2,927		20	146	146	2,557	24
25	Fence	1997		1,050		20			1,050	25
26	Electrical Improvements	1997		1,671		20	84	84	1,383	26
27	Nurse Call Station	1997		3,501		20	175	175	2,888	27
28	Public Address System	1997		1,360		20	68	68	1,122	28
29	Brick Wall	1997		5,110		20	256	256	4,221	29
30	Floor Tile	1997		21,705		20	1,085	1,085	17,905	30
31	Fire Doors	1997		4,096		20	205	205	3,381	31
32	Carpeting	1997		3,243		20	162	162	2,674	32
33	Inspection Improvements	1997		9,884		20	494	494	8,152	33
34	Door Restrictors	1997		8,475		20	424	424	6,995	34
35	Fire Alarm	1997		2,082		20	104	104	1,708	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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## 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	
37	Sheet Metal	1998	\$ 11,981	\$	20	\$ 599	\$ 599	\$ 9,285	37
38	Lighting	1998	7,156		20	358	358	5,549	38
39	Screens	1998	2,704		20	135	135	2,093	39
40	Piping	1998	4,145		20	207	207	3,209	40
41	Fire Alarms & Fire Proofing	1998	12,534		20	627	627	9,718	41
42	Tile	1998	967		20	49	49	759	42
43	Driveway	1998	7,342		20	367	367	5,689	43
44	Tuckpointing	1998	39,242		20	1,962	1,962	30,410	44
45	Ground Fuel Tank	1999	17,985		20	899	899	13,036	45
46	Carpet	1999	28,114		20	1,406	1,406	20,387	46
47	Wallcovering	1999	36,585		20	1,830	1,830	26,534	47
48	Floor in Dining Room	1999	9,850		20	493	493	7,148	48
49	Signs	1999	1,765		20	88	88	1,276	49
50	Electrical Work	1999	20,508		20	1,025	1,025	14,863	50
51	Brick & Masonry Work	1999	12,345		20	617	617	8,946	51
52	Gas Line Improvements	1999	1,633		20	82	82	1,189	52
53	Alarm System	1999	1,388		20	69	69	1,001	53
54	Wallcovering	2000	21,554		20	1,078	1,078	14,553	54
55	Flooring	2000	13,293		20	664	664	8,964	55
56	Carpet	2000	8,284		20	414	414	5,589	56
57	Over Bed Lights	2000	4,593		20	230	230	3,105	57
58	Compactor	2000	6,800		20	340	340	4,590	58
59	Paging System	2000	9,909		20	496	496	6,696	59
60	CCTV System	2000	5,456		20	272	272	3,672	60
61	Wander Guard System	2000	18,540		20	928	928	12,528	61
62	Handrails, Kickplates, Wallbases	2000	6,038		20	302	302	4,077	62
63	Fuel Tank Project	2000	1,444		20	72	72	972	63
64	FirstQ System	2000	1,378		20	68	68	918	64
65	Chain Link Fence	2000	745		20	38	38	513	65
66	Alarm System	2000	5,051		20	252	252	3,402	66
67	Service P.A. System	2000	1,924		20	96	96	1,296	67
68	Remodel 13 Bedrooms	2000	18,112		20	906	906	12,231	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,567,632	\$		\$ 400,756	\$ 400,756	\$ 6,374,123	70

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,567,632	\$		\$ 400,756	\$ 400,756	\$ 6,374,123	1
2	Repair Elevator	2000	990		20	50	50	675	2
3	Remodel Smoking Room	2000	23,565		20	1,178	1,178	15,903	3
4	Remodel Old Smoking Room to Library	2000	4,690		20	234	234	3,159	4
5	Remodel 1st Floor	2000	10,540		20	528	528	7,128	5
6	Remodel 6th Floor Dining Room	2000	4,970		20	248	248	3,348	6
7	Remodel 3rd Floor Dining Room	2000	959		20	48	48	648	7
8	Call Station	2000	4,475		20	224	224	3,024	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830		20	192	192	2,400	10
11	Masonry repair	2001	15,227		20	762	762	9,555	11
12	Stainless steel toilet bars	2001	1,645		20	80	80	1,000	12
13	Masonry repair	2001	3,700		20	186	186	2,325	13
14	New tile	2001	3,633		20	182	182	2,276	14
15	Tile coating	2001	4,540		20	228	228	2,850	15
16	New Wanderguard system	2001	4,407		20	220	220	2,311	16
17	New relay rack	2001	3,788		20	189	189	1,908	17
18	CCTV	2002	1,146		20	57	57	656	18
19	CCTV	2002	1,440		20	72	72	828	19
20	Masonry repair	2002	10,000		20	500	500	5,750	20
21	Roof repair	2002	3,350		20	168	168	2,691	21
22	Masonry repair	2002	15,760		20	788	788	9,062	22
23	Masonry repair	2002	4,275		20	214	214	2,461	23
24	Locking system	2002	1,843		20	92	92	1,058	24
25	Pallet warmer	2002	3,272		20	164	164	1,886	25
26	Cooler/freezer doors	2003	3,391		20	170	170	1,785	26
27	Doors	2003	13,650		20	683	683	7,172	27
28	Fence	2003	1,259		20	63	63	661	28
29	Stem repair, heater gasket	2003	1,667		20	84	84	882	29
30	Nubrite coil	2003	572		20	29	29	304	30
31	High voltage, valve	2003	1,432		20	72	72	756	31
32	Gravel removal	2003	4,750		20	238	238	2,499	32
33	Switches, exit glass, thermometer	2003	10,945		20	548	548	5,753	33
34	TOTAL (lines 1 thru 33)		\$ 15,740,128	\$		\$ 409,247	\$ 409,247	\$ 6,476,837	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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Ending:

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## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,740,128	\$		\$ 409,247	\$ 409,247	\$ 6,476,837	1
2	Riser cleaning, pipe fitting	2003	1,311		20	66	66	693	2
3	Locks	2003	5,123		20	258	258	2,709	3
4	Cable	2003	2,300		20	114	114	1,197	4
5	Downspout	2003	950		20	48	48	504	5
6	Carpet	2003	780		20	40	40	420	6
7	Handrails	2003	1,595		20	80	80	840	7
8	Washer	2003	1,352		20	68	68	714	8
9	Outdoor card reader	2003	1,124		20	56	56	588	9
10	Transport	2003	1,271		20	64	64	672	10
11	Security system	2003	25,405		20	1,270	1,270	13,335	11
12	Alarm system	2003	7,587		20	378	378	3,969	12
13	Tile	2003	10,408		20	520	520	5,460	13
14	Nurse call system	2003	2,583		20	130	130	1,365	14
15	Carpet	2004	853		20	42	42	399	15
16	Wanderguard system	2004	5,834		20	292	292	2,774	16
17	Kitchen repairs	2004	3,513		20	176	176	1,672	17
18	Keys and locks	2004	1,001		20	100	100	950	18
19	Tile	2004	2,837		20	142	142	1,349	19
20	Wiring	2004	3,679		20	184	184	1,748	20
21	Electrical line	2004	600		20	30	30	285	21
22	Elevator repair	2004	4,800		20	240	240	2,280	22
23	Dryer repair	2004	730		20	36	36	342	23
24	Wiring	2004	5,900		20	296	296	2,812	24
25	CCTV system	2004	8,480		20	424	424	4,028	25
26	Pump monitoring relay	2004	830		20	42	42	399	26
27	30 amp line	2004	2,805		20	140	140	1,330	27
28	Lexan face panels	2004	2,492		20	124	124	1,178	28
29	Security system	2004	854		20	42	42	399	29
30	Wireless call system	2004	1,925		20	96	96	912	30
31	Roofing	2004	1,660		20	84	84	798	31
32	Data cable	2004	614		20	30	30	285	32
33	Safety switches	2004	1,850		20	92	92	874	33
34	TOTAL (lines 1 thru 33)		\$ 15,853,174	\$		\$ 414,951	\$ 414,951	\$ 6,534,117	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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## 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 12C, Carried Forward</b>		\$ 15,853,174	\$		\$ 414,951	\$ 414,951	\$ 6,534,117	1
2	Safety locks	2004	7,596		20	380	380	3,610	2
3	Locks	2004	1,566		20	78	78	741	3
4	Activity room phones	2004	5,571		20	278	278	2,641	4
5	Roof flashing	2004	2,500		20	126	126	1,197	5
6	Brick firewall	2004	16,000		20	800	800	7,600	6
7	Exit door alarm system	2004	4,116		20	206	206	1,957	7
8	Roofing	2004	1,500		20	76	76	722	8
9	Wallpaper	2004	24,748		20	1,238	1,238	11,761	9
10	Bathroom renovation	2004	2,070		20	104	104	988	10
11	Carpet	2004	589		20	30	30	285	11
12	Video recorder and wiring	2004	5,378		20	268	268	2,546	12
13	Electrical smoke door closer	2004	4,145		20	208	208	1,976	13
14	Wanderguard system	2004	2,819		20	140	140	1,330	14
15	Interior design	2004	2,927		20	146	146	1,387	15
16	Generator	2005	4,108		20	205	205	1,743	16
17	Security camera	2005	1,230		20	62	62	527	17
18	Wallcoverings	2005	6,976		20	349	349	2,966	18
19	Carpet	2005	23,239		20	1,162	1,162	9,877	19
20	Telephone system	2005	2,465		20	123	123	1,046	20
21	Hand held transmitters	2005	4,130		20	207	207	1,759	21
22	Digital keypad	2005	1,498		20	75	75	637	22
23	Armstrong Tiles	2005	1,047		20	52	52	442	23
24	Tuckpointing exterior	2005	46,900		20	2,345	2,345	19,933	24
25	Rubber cove base	2005	857		20	43	43	365	25
26	Canopies	2005	5,868		20	293	293	2,491	26
27	Nursing station & closet door refacing	2005	34,800		20	1,740	1,740	14,790	27
28	Lamps	2005	1,535		20	77	77	654	28
29	Interior design services	2005	8,164		20	408	408	3,468	29
30	Elevator	2005	54,840		20	2,741	2,741	23,300	30
31	Asphalt resurface parking lot	2005	29,282		20	1,464	1,464	12,444	31
32	Art work	2005	27,208		20	1,360	1,360	11,560	32
33	Signs	2005	1,071		20	54	54	459	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,189,917	\$		\$ 431,789	\$ 431,789	\$ 6,681,319	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

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Report Period Beginning:

01/01/13

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## 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 12D, Carried Forward</b>		\$ 16,189,917	\$		\$ 431,789	\$ 431,789	\$ 6,681,319	1
2	Handrails	2005	3,344		20	167	167	1,420	2
3	Paint	2005	773		20	39	39	331	3
4	Carpeting	2005	66,986		20	3,349	3,349	28,467	4
5	Vent gas pipe	2005	1,370		20	69	69	586	5
6	Landscaping	2005	16,026		20	801	801	6,809	6
7	Roof	2005	64,300		20	3,215	3,215	27,328	7
8	Corner guards	2005	1,279		20	64	64	544	8
9	Flooring	2006	15,305		20	765	765	5,740	9
10	Sconces, Overbed Lights, Chandeliers	2006	6,246		20	312	312	2,342	10
11	Wallpaper	2006	12,584		20	629	629	4,719	11
12	Door Alarms	2006	4,272		20	214	214	1,602	12
13	Fire Service Overlay Panels & Full Load Safety Mechanisms	2006	13,584		20	679	679	5,094	13
14	Lobby Signage	2006	5,348		20	267	267	2,006	14
15	Door Controller	2006	2,691		20	135	135	1,009	15
16	Sprinkler System	2006	4,942		20	247	247	1,854	16
17	Cabinets	2006	26,199		20	1,310	1,310	9,825	17
18	Dining Room Column	2006	3,800		20	190	190	1,425	18
19	Window Treatments	2006	112,936		20	5,647	5,647	42,351	19
20	Elevator Recall System	2006	27,936		20	1,397	1,397	10,476	20
21	Handrails	2006	7,848		20	392	392	2,943	21
22	Carpeting	2006	50,970		20	2,549	2,549	19,114	22
23	Therapy Room Remodel	2006	32,150		20	1,608	1,608	12,057	23
24	Roof Replacement	2006	53,200		20	2,660	2,660	19,950	24
25	Condensor	2006	73,494		20	3,675	3,675	27,560	25
26	Beauty Shop Remodel	2006	5,475		20	274	274	2,053	26
27	Tuckpointing	2006	5,900		20	295	295	2,213	27
28	Lobby Remodel	2006	52,700		20	2,635	2,635	19,763	28
29	Dining Room Remodel	2006	15,925		20	796	796	5,972	29
30	Awnings	2006	4,000		20	200	200	1,500	30
31	Cabinetry	2006	1,975		20	99	99	740	31
32	Smoke Detectors	2006	2,447		20	122	122	917	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 16,885,922	\$		\$ 466,589	\$ 466,589	\$ 6,950,028	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

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Report Period Beginning:

01/01/13

Ending:

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**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 12E, Carried Forward</b>		\$ 16,885,922	\$		\$ 466,589	\$ 466,589	\$ 6,950,028	1
2	4&5th Floor Office, Storage Both, etc	2007	9,140		20	457	457	2,971	2
3	4th Floor Painting & Lighting	2007	3,559		20	178	178	1,157	3
4	Tile Flooring Replaced	2007	3,846		20	192	192	1,250	4
5	Telephone System	2007	64,130		20	3,207	3,207	20,842	5
6	Flooring Repair	2007	11,554		20	578	578	3,755	6
7	Hot Water Piping	2007	11,343		20	567	567	3,686	7
8	Built-In Cabinets	2007	11,000		20	550	550	3,575	8
9	Ceiling Tiles	2007	4,050		20	203	203	1,316	9
10	Drapery Track System	2007	10,753		20	538	538	3,495	10
11	Pull Chain Outlets	2007	8,395		20	420	420	2,728	11
12	Removal of Cables & Moldings	2007	6,000		20	300	300	1,950	12
13	16 Channel Digital Video Processor	2007	3,365		20	168	168	1,093	13
14	Fireproofing 6th Floor	2007	5,197		20	260	260	1,689	14
15	Remodel Room 216 - Paint, Floor, etc	2007	8,041		20	402	402	2,613	15
16	Remodel Room 316 - Paint, Floor, etc	2007	8,338		20	417	417	2,710	16
17	Wallpapering	2007	3,600		20	180	180	1,170	17
18	Brick Wall	2007	21,888		20	1,094	1,094	7,114	18
19	Air-condition System	2007	5,633		20	282	282	1,831	19
20	Remove & Replace Closet Carriers	2007	4,000		20	200	200	1,300	20
21	Limestone Wall Repair	2007	23,000		20	1,150	1,150	7,475	21
22	4th Floor Hallway & Dining Room Floors	2007	42,400		20	2,120	2,120	13,780	22
23	Drain Pipe & Water Lines installed	2007	4,120		20	206	206	1,339	23
24	4th Floor Nursing Station Cabinets	2007	11,000		20	550	550	3,575	24
25	Boiler Repairs	2007	3,990		20	200	200	1,297	25
26	4th & 6th Capering	2007	5,612		20	281	281	1,824	26
27	Paint Elevators	2007	3,071		20	154	154	998	27
28	Wood Moldings for 20 rooms	2007	2,680		20	134	134	871	28
29	Security System Installed	2007	21,708		20	1,085	1,085	7,055	29
30	Repair Groen Skillet in Kitchen	2007	3,113		20	156	156	1,012	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,210,447	\$		\$ 482,815	\$ 482,815	\$ 7,055,498	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning:

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Ending:

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**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 12F, Carried Forward</b>		\$ 17,210,447	\$		\$ 482,815	\$ 482,815	\$ 7,055,498	1
2	Cabinets & Tiles	2008	6,045		20	302	302	1,662	2
3	Windows	2008	110,553		20	5,528	5,528	30,402	3
4	Painting Cellings	2008	9,564		20	478	478	2,630	4
5	Plubming Values	2008	7,985		20	399	399	2,196	5
6	Doors	2008	2,719		20	136	136	748	6
7	Front Desk & Nursing Stations	2008	15,920		20	796	796	4,378	7
8	Wall Paper	2008	2,890		20	145	145	795	8
9	Counter Tops	2009	18,438		20	922	922	4,149	9
10	Blind & Shade	2009	19,905		20	995	995	4,479	10
11	Door Locks & Closers	2009	14,166		20	708	708	3,187	11
12	Roof Replacement	2009	18,000		20	900	900	4,050	12
13	Bulletin Wall Cabinets	2009	22,919		20	1,146	1,146	5,157	13
14	Window & Exterier Wall Repairs	2009	78,400		20	3,920	3,920	17,640	14
15	Replace Waste Water Line	2009	9,850		20	493	493	2,216	15
16	Elevator Repairs	2009	14,120		20	706	706	3,177	16
17	AC Repairs	2009	9,526		20	476	476	2,143	17
18	Counter Tops Nurse Station	2010	3,000		20	150	150	525	18
19	Nurse Call Box & System	2010	71,909		20	3,595	3,595	12,584	19
20	2nd Floor Replace Floor & Wall Tile and Carpet	2010	18,501		20	925	925	3,238	20
21	Cooling Tower Replace Valves & Gaskets	2010	3,657		20	183	183	640	21
22	Power Connect & Wireless Cabling	2010	5,796		20	290	290	1,015	22
23	Sprinklers Run to Elevator Shafts	2010	7,765		20	388	388	1,359	23
24	Wallpaper & Paint 15 Rooms	2010	17,885		20	894	894	3,130	24
25	Hallway Carpeting, Painting, and Floor Repairs	2010	31,665		20	1,583	1,583	5,541	25
26	Dinning Rooms Wallpapering & Painting	2010	2,545		20	127	127	446	26
27	4th Floor Hallways Flooring & Painting	2010	7,100		20	355	355	1,243	27
28	Overhaul 3 Washers	2010	4,823		20	241	241	844	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 17,746,093	\$		\$ 509,598	\$ 509,598	\$ 7,175,071	34

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

Facility Name &amp; ID Number The Imperial Grove Pavilion

# 0037754

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 12G, Carried Forward</b>		\$ 17,746,093	\$		\$ 509,598	\$ 509,598	\$ 7,175,071	1
2	Remove old doors, install new doors	2011	2,610		20	131	131	196	2
3	Carpeting	2011	21,350		20	1,067	1,067	1,601	3
4	installation of new windows	2011	18,625		20	931	931	1,397	4
5	Heat and A/C repairs	2011	84,619		20	4,231	4,231	6,346	5
6	Roof, pavement, gutter repairs	2011	26,701		20	1,335	1,335	2,003	6
7	Cabinets, countertops, Wallpaper install/repairs	2011	64,401		20	3,220	3,220	4,830	7
8	dining room, 6th floor Hall, 9th floor office, Bistro, Beauty								8
9	Salon								9
10	Fire alarm: Upgrade fire suppression system, replace fire	2011	87,878		20	4,394	4,394	6,591	10
11	alarm control panel & devices, install sprinkler system devices								11
12									12
13	Install Awnings	2012	12,525		20	626	626	939	13
14	Install Door magnet	2012	3,500		20	175	175	263	14
15	Replace brick building east side	2012	10,500		20	525	525	788	15
16	Furnish/install ATS pole	2012	3,700		20	185	185	278	16
17	5 year safety test of elevator cars	2012	9,489		20	475	475	712	17
18	Welding and cutting staircases	2012	7,425		20	371	371	557	18
19	Custom made awning	2012	2,900		20	145	145	218	19
20	Power supply panel trim to nurses station	2012	3,666		20	183	183	275	20
21	DDC backflow preventor for fire sprinkler system	2012	5,000		20	250	250	375	21
22	Lift motor for cleveland skillet	2012	3,103		20	155	155	233	22
23									23
24	Fire sprinkler-install backflow preventor, replace leak	2013	6,031		20	151	151	151	24
25	Painting and decorating 6th floor	2013	5,181		20	130	130	130	25
26	Fabricate awning and aluminum sheet metal cover awnings	2013	4,100		20	103	103	103	26
27	Materials and labor to pull/install cable, WiFi	2013	8,000		20	200	200	200	27
28	Labor and materials for wall mounted kiosks in hallways	2013	4,625		20	116	116	116	28
29	Plant 8 trees on southport ave. and remove old trunks	2013	3,800		20	95	95	95	29
30	Asphalt Sealcoating and re-stripe pavement	2013	4,700		20	118	118	118	30
31	Car 5,4,2 Secure Elevator on top hatch,brake shoes, generator	2013	15,155		20	379	379	379	31
32	Carpet one roll, adhesive	2013	3,714		20	93	93	93	32
33	To tie to book depreciation			265,241			(265,241)		33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,169,391	\$ 265,241		\$ 529,379	\$ 264,138	\$ 7,204,057	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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 12H, Carried Forward</b>		\$ 18,169,391	\$ 265,241		\$ 529,379	\$ 264,138	\$ 7,204,057	1
2	<b>Allocated from NuCare:</b>								2
3	Security & Fire Alarm System	2004	2,148		20	107	107	1,020	3
4	Sprinkler System	2005	9,853		20	623	623	5,272	4
5	Renovation - Alarm System	2003	879		20	44	44	445	5
6	Renovation and Buildout	2004	17,850		20	894	894	8,677	6
7	Data Cables, Lights, Heat Exchanger	2005	1,058		20	53	53	468	7
8	Renovation - Cooling Unit	2006	1,435		20	72	72	528	8
9	Asphalt and Carpet	2008	1,512		20	76	76	398	9
10	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers,	2009	24,351		20	1,218	1,218	5,613	10
11	Alarm Systems, Kitchen Remodel, Wallcovings, etc..)								11
12	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repair	2010	3,742		20	187	187	656	12
13	Hot Water Heater	2011	202		20	10	10	29	13
14	Paint 2nd floor windows	2012	225		20	11	11	20	14
15									15
16									16
17	Allocated from ITEX-A.C. Care	1993	50,766		20	299	299	50,766	17
18	Allocated from ITEX-A.C. Care	1994	27,268		20	709	709	26,286	18
19	Allocated from ITEX-A.C. Care	1995	4,647		20	12	12	4,227	19
20	Allocated from ITEX-A.C. Care	1996	263		20			237	20
21	Allocated from ITEX-A.C. Care	1997	7,839		20	201	201	6,467	21
22	Allocated from ITEX-A.C. Care	1999	870		20	22	22	653	22
23	Allocated from ITEX-A.C. Care	2005	3,812		20			1,596	23
24	Allocated from ITEX-A.C. Care	2007	4,719		20	110	110	1,477	24
25	Allocated from ITEX-A.C. Care	2008	17,986		20	461	461	3,317	25
26	Allocated from ITEX-A.C. Care	2009	980		20	25	25	441	26
27	Allocated from ITEX-A.C. Care	2010	2,093		20	88	88	353	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 18,353,889	\$ 265,241		\$ 534,601	\$ 269,360	\$ 7,323,003	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,228,729	\$	\$ 232,274	\$ 232,274	10	\$ 3,188,081	71
72	Current Year Purchases	134,577		18,497	18,497	10	18,497	72
73	Fully Depreciated Assets							73
74	Allocated from NuCare & ITEX	289,988		7,530	7,530	10	241,451	74
75	TOTALS	\$ 3,653,294	\$	\$ 258,301	\$ 258,301		\$ 3,448,029	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	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$	\$		\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449					20,449	77
78	See Schedule 13A			110,701		11,294	11,294	5	66,360	78
79	Allocated from NuCare Services Corp.			665		133	133	5	454	79
80	TOTALS			\$ 162,565	\$	\$ 11,427	\$ 11,427		\$ 118,013	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)	\$ 22,221,758	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 265,241	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 804,329	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 539,088	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,889,045	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

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

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

The Imperial Grove Pavillion  
 Provider# 0037754  
 1/1/13-12/31/13

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

1	Model, Make Use and Year	Year Acquired	4 Cost	Current Bo Depreciatio	Straight Line Depreciati	Adjustmen	Life in Years	8	Accumulated Depreciation	9
	Patient Ca 2003 Ford	2003	49,856						49,856	
	Patient Ca 2012 Ford	2012	52,095		10,419			5	15,629	
	Patient Ca 2007 Ford	2013	8,750		875			5	875	
			<u>110,701</u>		<u>11,294</u>				<u>66,360</u>	

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report Period Beginning: 01/01/13

Ending: 12/31/13

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6	Allocation from management company				500			6
7	TOTAL				\$ 500			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 N/A.

N/A

N/A

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 151,716 Description: Copier 29,582; Therapy Equip 1,485; Mgmt. Alloc 7,530, Storage Rental 2,589, Bed Rental-110,530

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	Mgmt. Co. Allocation			4,012	19
20					20
21	TOTAL		\$	\$ 4,012	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.

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

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

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><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.

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	L39, C3	hrs	\$	16,755	\$	1,206,386	\$	16,755	\$	1,206,386	1			
2	Licensed Speech and Language Development Therapist	L39, C3	hrs		4,416		317,970		4,416		317,970	2			
3	Licensed Recreational Therapist		hrs									3			
4	Licensed Physical Therapist	L39, C3	hrs		21,475		1,546,200		21,475		1,546,200	4			
5	Physician Care		visits									5			
6	Dental Care		visits									6			
7	Work Related Program		hrs									7			
8	Habilitation		hrs									8			
9	Pharmacy	L39, C2	# of prescripts					1,001,434			1,001,434	9			
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10			
11	Academic Education		hrs									11			
12	Other (specify): <u>Respiratory Therapist</u>	L39, C3			914		65,774		914		65,774	12			
13	Other (specify): <u>See Schedule 16A</u>	L39(1,2,3)	8480 hrs		265,183		65,046	75,582	8,480		405,811	13			
14	TOTAL			\$	265,183		43,560	\$	3,201,376	\$	1,077,016	52,040	\$	4,543,575	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.

The Imperial Grove Pavillion  
 Provider# 0037754  
 1/1/13-12/31/13

SCH 16A

XIV. Special Services  
 Line 13 Other(specify):

<u>Service</u>	<u>Line Reference</u>	<u>Staff</u>		<u>Outside Practioner</u>		<u>Supplies</u>
		<u>Units</u>	<u>Cost</u>	<u>Units</u>	<u>Cost</u>	
Wound Care	L39(1,2,3)	8,480	265,183			48,189
Ambulance	L39(3)				65,046	
Oxygen	L39(2)					27,393
		<u>8,480</u>	<u>265,183</u>	<u>-</u>	<u>65,046</u>	<u>75,582</u>

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

Report 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	\$ 972,382	\$ 2,286,817	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>422,473</u> )	7,877,149	8,381,149	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,345	72,141	6
7	Other Prepaid Expenses	7,085	7,085	7
8	Accounts Receivable (owners or related parties)	1,287,744	1,688,009	8
9	Other(specify): <u>See Schedule 17A</u>	1,211,366	1,211,366	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 11,360,071	\$ 13,646,567	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		52,010	13
14	Buildings, at Historical Cost		14,948,874	14
15	Leasehold Improvements, at Historical Cost	2,072,234	3,405,015	15
16	Equipment, at Historical Cost	2,948,499	3,815,859	16
17	Accumulated Depreciation (book methods)	(3,161,014)	(10,889,045)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		1,047,693	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Cost</u>		455,680	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,859,719	\$ 12,836,086	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,219,790	\$ 26,482,653	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 437,655	\$ 437,655	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	38,415	38,415	29
30	Accrued Salaries Payable	517,814	517,814	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,076	33,076	31
32	Accrued Real Estate Taxes(Sch.IX-B)		577,204	32
33	Accrued Interest Payable		63,606	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Schedule 17A</u>	3,688,059	3,979,698	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,715,019	\$ 5,647,468	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	2,865,400	16,551,421	39
40	Mortgage Payable			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>	\$ 2,865,400	\$ 16,551,421	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,580,419	\$ 22,198,889	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 5,639,371	\$ 4,283,764	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 13,219,790	\$ 26,482,653	48

\*(See instructions.)

Provider# 0037754  
1/1/13-12/31/13

Schedule 17A

XV. Balance Sheet-Unrestricted Operating Fund

A. Current Assets

Line 9 Other Current Assets

	<u>Operating</u>	<u>After Consolidation</u>
Employee Loans		
Due from shareholders	400,000	400,000
Insurance Claims Exchange	(10,267)	(10,267)
Accrued Management Fees-Nucare	382,275	382,275
Accrued Management Fees-Quest		
Accrued Management Fees-CCS		
Accrued Management Fees-AK Care	385,000	385,000
Due to Claremont Expense		
Due to Forest Villa Expense		
Due to AK Care	49,895	49,895
Due to D. Hartman	4,463	4,463
	<u>1,211,366</u>	<u>1,211,366</u>

C. Current Liabilities

Line 36-Other Current Liabilities

	<u>Operating</u>	<u>After Consolidation</u>
Short Term Loan Exchange		291,639
Due to Public Aid	581,082	581,082
Accrued Accounts Payable	622,978	622,978
Professional Claims Liability	1,213,149	1,213,149
Accrued City Taxes	932	932
Accrued Utilities	27,475	27,475
Due Employees-Old Payroll Checks	19,750	19,750
Short Term Loan Exchange	6,142	6,142
Due to Imperial Building	400,265	400,265
Due to IVY Apartments Bank	9,809,728	9,809,728
Due to IVY Apartments Expense	(8,023,461)	(8,023,461)
Due to Renaissance at 87Th Street Expense		
Due to Renaissance Park South Expense		
Due to Quest Services Expense		

Due to Clinical Consulting Expense		
Due to NuCare Service Corp Expense	27,823	27,823
Due to NuVision Holdings Expense	(997,804)	(997,804)
Due Ren Healthcare		
	<u>3,688,059</u>	<u>3,979,698</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,945,550</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Prior Period Adjustment</b>	<b>(112,511)</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>4,833,039</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>106,332</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>700,000</b>	<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>806,332</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>5,639,371</b>	<b>24</b> *

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 15,493,724	1
2	Discounts and Allowances for all Levels	(4,492,112)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,001,612</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,492,555	6
7	Oxygen	45,100	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 8,537,655</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,442,143	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	267,360	19
20	Radiology and X-Ray	131,189	20
21	Other Medical Services	201,157	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 3,041,849</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	161,820	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 161,820</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Sch 19A</u>	4,798	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 4,798</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 22,747,734</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,790,629	31
32	Health Care	6,858,632	32
33	General Administration	4,952,010	33
<b>B. Capital Expense</b>			
34	Ownership	2,275,784	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	5,231,091	35
36	Provider Participation Fee	533,256	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>\$ 22,641,402</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>106,332</b>	<b>41</b>
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 106,332</b>	<b>43</b>

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,196,632	44
45	Private Pay - Net Inpatient Revenue	871,358	45
46	Medicare - Net Inpatient Revenue	2,313,620	46
47	Other-(specify) <u>Managed Care</u>	(166,209)	47
48	Other-(specify) <u>See 19A</u>	786,211	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,001,612</b>	<b>49</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.

\*\*\* 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.

^ - Entity files on the cash basis.

The Imperial Grove Pavillion  
Provider# 0037754  
1/1/13-12/31/13

19A

**I. Revenue**

Line 28	
Transportation	279
Other Revenue-Misc. Income	385
Other Revenue-Jury Duty Income	69
Other Revenue-Real Estate Tax Refund	<u>4,065</u>
	<u><u>4,798</u></u>

**III. Net Inpatient Revenue detailed by Payer Source**

Line 48	
Payor	Amount
CCHHS	84,404
Hospice	<u>701,807</u>
	<u><u>786,211</u></u>

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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	2,471	2,794	\$ 155,496	\$ 55.65	1
2	Assistant Director of Nursing	2,262	2,543	146,499	57.61	2
3	Registered Nurses	63,381	68,244	2,199,021	32.22	3
4	Licensed Practical Nurses	36,045	39,414	990,785	25.14	4
5	CNAs & Orderlies	161,824	178,018	2,165,316	12.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,441	2,980	67,825	22.76	9
10	Activity Assistants	7,015	8,701	87,637	10.07	10
11	Social Service Workers	8,341	8,600	148,248	17.24	11
12	Dietician	5,005	5,373	133,986	24.94	12
13	Food Service Supervisor					13
14	Head Cook	10,343	11,248	147,812	13.14	14
15	Cook Helpers/Assistants	26,610	29,544	309,141	10.46	15
16	Dishwashers					16
17	Maintenance Workers	6,941	7,615	133,168	17.49	17
18	Housekeepers	30,507	33,449	356,374	10.65	18
19	Laundry	8,225	9,292	97,508	10.49	19
20	Administrator	3,306	3,652	245,433	67.21	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	13,096	14,834	360,679	24.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	9,751	10,504	389,933	37.12	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,584	2,702	88,683	32.82	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Prg Trans &amp; Mark</u>	5,273	5,373	169,201	31.49	33
34	TOTAL (lines 1 - 33)	405,421	444,880	\$ 8,392,745 *	\$ 18.87	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	\$ 27,660	1(3)	35
36	Medical Director	Monthly	108,250	9(3)	36
37	Medical Records Consultant				37
38	Nurse Consultant	391	21,346	10(3)	38
39	Pharmacist Consultant	Monthly	17,047	10(3)	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	10	595	12(3)	45
46	Other(specify)				46
47	Medical Consultant	Monthly	16,050	10(3)	47
48	Alzheimers Director	Monthly	46,291	11(3)	48
49	TOTAL (lines 35 - 48)	881	\$ 237,239		49

**C. CONTRACT NURSES**

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

Facility Name & ID Number The Imperial Grove Pavilion

# 0037754

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	
Michael Harris	Administrator	20	\$ 77,976	Workers' Compensation Insurance	\$ 322,645	IDPH License Fee	\$ 1,990	
Gina McCarthy	Administrator	0	64,794	Unemployment Compensation Insurance	77,448	Advertising: Employee Recruitment	25	
Donald-Jay Evans	Administrator	0	89,778	FICA Taxes	617,416	Health Care Worker Background Check		
				Employee Health Insurance	223,077	(Indicate # of checks performed <u>420</u> )	6,880	
				Employee Meals	63,721	Patient Background Checks	66	
				Illinois Municipal Retirement Fund (IMRF)*		Illinois Council on Long-Term Care Dues	24,455	
				Chicago Head Tax	3,360	Miscellaneous Dues & Subscriptions	2,119	
				Miscellaneous Employee Benefits	98,671	Misc. Licenses	25,032	
				401K Plan	8,917	Allocated from NuCare & ITEX	4,477	
				Uniforms for Employees	57,712	Allocated from Real Estate	210	
						Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 232,548				\$ 1,472,967			\$ 66,262	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
Management Fees (eliminated in Col. 7)	\$ 1,354,728			N/A		\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 1,354,728				\$			3,843	
C. Professional Services							Allocated from NuCare Services Corp.	
Vendor/Payee	Type	Amount					1,117	
Personnel Planners, Inc.	UC Tax Consultant	\$ 4,409						
McGladrey	Accounting	38,572					Entertainment Expense	
FR&R	Accounting	6,395					( )	
AP Accrual	Legal	35,000					TOTAL (agree to Sch. V, line 24, col. 8)	
Lewis Brisbois Bisgaard & Smith	Legal	402					\$ 4,960	
Much Shelist	Legal	1,100						
Ashman & Stein	Legal	1,504						
Stone McGuire and Siegel	Legal	14,546						
Stone Pogrund & Korey LLC	Legal	7,447						
Madigan & Getzendanner	Legal	1,355						
See Sch 21C		136,938						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 247,668								

\* Attach copy of IMRF notifications

\*\*See instructions.

**The Imperial Grove Pavillion**  
**Provider# 0037754**  
**1/1/13-12/31/13**

**Schedule 21C**

XIX. Support Schedule  
C. Professional Services

<u>Vendor/Payee</u>	<u>Type</u>	<u>Amount</u>
Ability Network, Inc.	Computer Services	157
CDW Government, Inc.	Computer Services	100
Curaspan, Inc.	Computer Services	2,800
Dan Baburich	Computer Services	199
Efax Corporate	Computer Services	5,621
E-Health Data Solutions	Computer Services	5,112
HDSI Health Data System	Computer Services	5,132
It's Never 2 Late	Computer Services	2,125
Ivans, Inc.	Computer Services	1,777
MDI Achieve, Inc.	Computer Services	25,120
Medifax-EDI, LLC	Computer Services	1,429
On Shift, Inc.	Computer Services	15,344
Providence Management & Development	Computer Services	15,456
Providigm, LLC	Computer Services	660
PSD Solutions	Computer Services	1,000
Surequest Systems, Inc.	Computer Services	3,058
Transworld Systems, Inc.	Computer Services	4,200
Comcast Cable	Internet Services	4,201
Paetec	Internet Services	14,105
TIK TEK IT Solutions	Internet Services	277
Commitment Consulting, LLC	Office Consulting	7,980
Zachary Mixdorf	Office Consulting	9
Achieve Accreditation	Computer Services	12,373
Pinnacle Quality Insight BP	Computer Services	1,950
Risk Management Services, LLC	Risk Management	2,500
Service Trac, Inc.	Computer Services	244
Suburban Lung Associates	Consulting	9
Year End Accrual	Accrual	4,000
		<u>136,938</u>

Total (agree to Schedule V, line 19, Column 3)	247,668
Disallowed legal fees:	
Out of period legal	(8,415)
Accrual Legal	(36,200)
Accrual Professional Fees	(4,000)
Reclassified to Real Estate Taxes:	(1,355)
Professional fees allocated from Claridge	16,763
Professional fees allocated from NuCare:	8,396
Professional fees allocated from ITEX-A.C. Care:	11,000
Total (agree to Schedule V, line 19, column 8)	<u>233,857</u>

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number The Imperial Grove Pavilion# 0037754Report Period Beginning: 01/01/13Ending: 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. Illinois Council on Long-Term Care \$24,455
- (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. \$ 2,963 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 533,256  
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. \$ 63,721 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation. N/A
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0%
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.